CHAPTER ONE

1.1. INTRODUCTION

A number of studies conducted on sex education have reported limited involvement of parents in the sex education of their children (Fox & Lusawana, 1993; Lubede, 1995; Maposa, 1995; Mayekiso & Twaise, 1992; Oosthuizen, 1990; Petse, 1995; Swana, 1994). Corley and Hoff (1974) reported that 61% of children in their study reported that parents do not provide them with sufficient information about sexual topics. When parents do eventually involve themselves in sex education for their children, they feel embarrassed and uncomfortable. This trend has been observed to be especially true among fathers. According to Gilbert and Bailis (1980), 75% of the mothers and 50% of the fathers in their study and 8% of the fathers had ever mentioned sexual intercourse as an antecedent to pregnancy.

Studies have shown, however, that sexual initiation is beginning at a very young age for many children and adolescents, especially in communities where they are subjected to sexual abuse, incest and rape (United Nations Programmes on HIV/AIDS 2000, as cited in Van Dyk, 2001). In Zambia, it was found that more than 25% of children aged 10 and 60% of adolescents, aged 14 years, had already had sexual intercourse (UNAIDS, 2000, as cited in Van Dyk, 2001) and in South Africa 10% of respondents reported that they started having sex at age 11 years or younger (UNAIDS, as cited in Van Dyk, 2001).

These findings are also supported by a large national survey of South Africans aged 12-17; about one third of the males and females interviewed reported that they have had sexual intercourse and 18% of this group that is, one in five said that their first sexual experience was at the age of 12 or younger (Kaiser Family Foundation, 2000). According to Whiteside and Sunter (2001) about half of all people who acquire HIV become infected before they turn 25 and typically die before their 35^{th} birthday. This age factor makes AIDS uniquely threatening to the upbringing of children. Whiteside and Sunter (2000) report that in the press and elsewhere there is proof of increasing AIDS cases and death. For example, 42% increase in mortality rates at Natalspruit Hospital on the East Rand could be attributed to AIDS.

Another cause for concern is the HIV/AIDS scourge that is ravaging the population on a global scale. The global summary of the AIDS epidemic shows that 39.5 million people are living with HIV, while 37.2 million of which include adults and 2.3 million are children under the age of 15 years (UNAIDS/WHO Epidemic Update, 2006). The report further, indicates people that are newly infected with HIV in 2006 amount to a total of 2.9 million with the adults number reaching 2.6 million and children under the age of 15 years reaching 380 000 (290000-50000).

The report shows that as in the rest of sub-Saharan Africa the epidemic in South Africa disproportionately affects women. Young women (15-24) are four times more likely to be HIV infected than are young men. Prevalence among young women was 17% compared with 4.4% among young man (Pettifor et al 2004 as cited in UNAIDS Epideic update, 2006). Thus,having emerged a little later than most other HIV epidemics in the Subregion, South Africa's epidemic has now reached the stage where increasing numbers of people are dying of AIDS (UNAIDS epidemic update, 2006)

The current study is aimed at determining the attitude of adolescents towards paternal figures as the source of information on sexuality education. In Hadley (1987) it is reported that it is only women who get pregnant and bear children. Historically, it has been women who have raised and cared for them too. That is why feminists argue that women's control over their reproduction is a condition of women's equality and freedom, so that women can choose whether to take up responsibility of children.

Hadley (1987), however, reports that the claims of the 20th century men for the paternal rights have unmistakable echoes of the law of the Roman, which punished women who sought, for example, abortion because she had deprived her husband of his *property*. Research reveals that the positive involvement of a father with his teenage offspring has been shown to lower the risk for teen sex (Gilbert & Bailis, 1980). Internationally it is stated that the rates of the unwanted pregnancy among young, single women are rising – in Latin America as many as 60 per cent of the pregnancies occurring to women between 15 and 19 years old are unwanted (Hadley,1987). Fathers, therefore, have a particularly important role to play (Focus on the family, 2003). Hadley (1987) has reported on how the fathers' positive and constructive role displayed impacted on the daughter's experience and recovery from rape trauma. The mother is also recorded as complementing the father/husband for assisting the daughter during the rape trauma (Hadley, 1987). Husband, fathers, and male friends have much to offer in the recovery of the female rape victims, particularly in the case of the daughters (Hadley, 1987).

It is recommended in Ndlangisa's (1999) study that attention be directed at encouraging fathers to become more involved in their children's sex education. There has been limited research that has been done to explore men's feelings about their partner's pregnancy and commitment to her as well (Hadley, 1987). Until fairly recently and in most-but-not all-parts of the world, having children and caring for them has been regarded largely as a women's role (Hadley 1987). Men with only few exceptions are not involved in these activities. Chalmers (1990) argue that society, however, seems to be changing in this regard. This study attempts to direct attention to the adolescent's perception of the role that the paternal figure (fathers, male guardians, e.g., uncles, step fathers, grandfathers, brothers, etc.) play to the adolescent sexuality education. Chilman (1988) defines adolescence as that period in a person's life that stretches from the onset of puberty to young adulthood.

In South Africa there has been limited study focusing on the paternal figures' responsibility towards the teenage child. Adolescent Sexuality education in this study is defined as the phase at which the adolescent discover their sexual orientations, that is, the dominant sexual behaviour pattern of an individual, specifically a preference for sexual activity with persons of the same/different sex or both. Sexual attraction is usually focused on the person of the opposite sex and heterosexual relationships provide adolescent with the opportunity for a certain degree of sexual gratification and to develop their own identity as sexual beings (Erikson, 1968).

Chilman (1988) defines adolescence as a stage marked by the search for a mature identity, the quest for a mate, and the exploration of the different sets of values and of occupational and other life goals. Furthermore, she states that throughout adolescence, sexuality is the major theme that the young person grows towards womanhood or manhood with many roles and functions of becoming a feminine or masculine adult (Chilman, 1988). Communication between parents and children about matters of sexuality is therefore essential. In the study conducted by Mayekiso and Twaise (1993), the extent of parental involvement in imparting sexual knowledge to 50 adolescent girls (aged 15-16 years) was examined. It was indicated that a high percentage (45.8%) of the adolescent's sexuality knowledge had been received from their peers, whereas a low percentage (14.2%) of the sample had received sexual knowledge from their parents. This is consistent with Nxumalo's (1997) investigation in Natal, on the implications teenage pregnancy had for a group of school-going mothers.

She discovered that a high percentage (85%) of the sample did not receive education from their parents. It is because parents feel very shy to discuss sexually related matters with their adolescent children (Onya, Madu & Modiba, 1999). Chalmers (1990) also showed that as traditional role definitions of appropriate behaviour for men (e.g. at work) and women (e.g. at home) break down, so men are feeling more and more comfortable at participating in child care. According to Kelly (1998), the average age of first sexual intercourse experience for the youth in South Africa was 11.8 years among males and 15.6 among females. Kelly (1998) indicates that the youth of today live in an age of very rapid change. To this end, there exists a need for sexuality and life skills education to be introduced to children and adolescents at a younger age (Kelly 1998; Van Dyk, 2001).

Oosthuizen (1990) attributed the lack of parent-adolescent communication about sexual matters to the refusal of many parents to acknowledge that girls have sexual feelings and sexual desires are continuously with their daughters as they grow towards womanhood. Nevertheless, most teenage sexual activities, including intercourse are unplanned, unintentional (Clarke, 1998). She argues that a reason that may contribute to the lack of the use of the contraceptive is the very nature of the sexual activity in adolescent to which she points out that as much as it is unplanned, it also is irregular and infrequent.

She further points out, because teenagers feel embarrassed and fear being perceived as promiscuous by their partners if they demanded the use of contraception, it thus remains unutilized (Lipovesek, Karim, Gutierrez, & del Carmen Castro, 2002, as cited in Mokwena, 2003). Adult society's discomfort with the teenager's sexuality and young women's own lack of information and confidence make it very hard for them to get hold of contraceptives. Often adolescents do not recognize the early signs of the pregnancy. What's more, telling an adult and seeking help may incur heavy punishment for the admission of having had sex resulting in being thrown out of the family. Since a pregnant teenager and young women rarely has access to money, she cannot travel, and in most instances would not know where to go even if she could. If she therefore found someone to help her illegally, or induce an abortion herself, she is often too scared to seek medical help afterwards until it is too late (Hadley, 1987). Rice (1978, 1994) reports that the education of children on sexual matters is often neglected or ignored. Rice (1978, 1994) further points out that by not talking about sex we are telling children that sex is not the topic for discussion or even that sex is wrong, evil and dirty.

1.2. RATIONALE FOR THE STUDY

Studies that have been conducted abroad and locally on issues related to teenage pregnancy have consistently reported positive attitudes of adolescents and parents on sex education (Conley & Hoff, 1974; Nokwe, 1991; Page, 1990; Sorenson, 1972; Twaise & Mayekiso, 1993; Weitsz, 1990 Twaise, 1992 as cited in Ndlangisa, 1999). However, as mentioned above, other studies have shown that the rates of unwanted pregnancy among the young, single women, are rising – in Latin America as many as 60 per cent of the pregnancies occurring to the women between 15 and 19 years old are unwanted. In Kenya, at the Kenyatta National Hospital in Nairobi, one of the largest public hospital in Sub-Saharan Africa, woman suffering from incomplete abortion account for around half the gynaecological admissions. Nearly all of them are under 25 years old (Hadley, 1987; Muriungu, 2005). Inazu and Fox (1980) have noted though that when parents are the main sources of sex education, there is a positive identification with the parent, the use of contraceptives tends to be more effective and the first coital experience occurs at a later stage. It is however shown in other studies that there is limited involvement of parents in the sex education of their children.

According to Mayekiso and Twaise (1993), 1% of the fathers are involved in the sex education of their adolescent children compared to 32% involvement of mothers in Eastern Cape. According to Gilbert and Bailis (1980), 75% of mothers and a 50% of fathers in their study had discussed pregnancy with their children in Eastern Cape. Of these only 15% of mothers and 8% of fathers have mentioned sexual intercourse as an antecedent of pregnancy. However, Berger and Bronx (1980 as cited in Louw & Louw, 1999) considered that because the years 11 and 14 typically include the greatest hormonal changes and physical growth, and the first experience with menarche and ejaculation, this period is ripe with adjustment, for both the parents and the adolescent.

Rice (1978, 1994) reported that some parents are too embarrassed to discuss sex with their children because of their own upbringing that sex is dirty and wrong. He further indicates that in some culture it is considered a taboo to talk about sex with children and parents are uncomfortable, embarrassed or have no skills to impart knowledge on sex (Rice, 1978). Yet, in order to reach adulthood, the young person must forge his or her own identity, which is no easy task, (Rice, 1994).

Furthermore, those young people who do not have parental support may find the psychosocial tasks of late adolescence much more difficult than biological upheavals (Berger & Bronx, 1980 cited in Louw and Louw, 1999). Pistella and Bonati (1999) add that the connectedness of the adolescent to parental relationship also serves as the "protective factor" for the adverse outcome of sexual behaviour. It also cannot be ignored that the majority of parents in our community lack the necessary skills and information needed to empower their children for responsible sexuality.

In Ndlangisa's (1999) study the peer group was shown to be major source of sexual information. Yet it is argued that information received from these sources is often not correct, incomplete and misleading. Research has blamed lack of sexuality education as the major cause of social problems like escalating rate of teenage pregnancy, HIV/AIDS infections and death around women and youth and sexual abuse among adolescence (Driskill & Dekampo, 1992). Another cause for concern is the spread of sexually transmitted infections including HIV/AIDS. HIV has become a global pandemic and phenomenon with the repeated cases in every country (Whiteside & Sunter, 2002). However, the disease is not evenly spread. Sub-Saharan Africa is thought to house 70 percent of the total number of the people of all ages infected by with HIV, with the less developed countries together accounting for more than 90 percent of the world's 42 million HIV positive people (Holden, 2003). According to Endesber (2002), it is hard for teenagers to conceive that sex can make people ill or be life threatening. It is reported that young adults are at risk because they tend to engage in unprotected sexual intercourse more than adults do.

Many sexually active teens do not believe they are at risk of getting sexually transmitted diseases (STDs). Some teens may not believe they would not become infected if they engage in unprotected sex. They may also think they may be safe because they have never had sex before (Endesber, 2000). A particular disturbing finding is that it is the young group who are now most infected. While teenage pregnancy poses risks to the women, almost 46 out every 1000 of this group (teenage mothers) were HIV positive. AIDS Training and Counselling Centre (ATCC, 1998) reported 414 AIDS deaths in 1997 as compared to 230 deaths in 1996 in the Eastern Cape alone. These are the various negative consequences of sexual involvement during adolescence if it is conducted based on limited information.

Literature reveals that positive involvement of a father with his teenage offspring has been shown to lower the risk for teen sex. Fathers have a particular important role to play (Focus on the Family, 2003). In Ndlangisa's (1999) study it was recommended that attention be directed towards encouraging fathers to become involved in their teenage children's sexuality matters. The high rate of sexually-related problems amongst adolescence has resulted, both locally and internationally in attempts to develop sex education programme (Department of Education and Health, 2002; Isberner & Wright, 1990; Weitsz, 1990). There are however, few studies that have been conducted in South Africa on the role of fathers' involvement in the sexuality education as well as in imparting of sex knowledge to adolescence children. Furthermore, it is reported for instance, that fathers, uncles, husbands, and male friends have a very crucial role to play in the rape recovery of the young girl (Hadley, 1987). Hence, the present study seeks to investigate paternal figures' involvement in the sexuality education of the adolescents.

1.3. RESEARCH QUESTIONS

The present study seeks to provide answers to the following questions:

- What is the extent of paternal figures' involvement in the sexuality education of adolescents?

- What is the perception of the adolescents about the knowledge of their paternal figures on sexuality related matters?

- What aspects/topics of sexuality education are covered during discussion between adolescent and paternal figures?
- Are there any gender related differences in the involvement of paternal figures in sexuality education?

1.4. AIMS OF THE STUDY

The main aim of the present study was to establish whether or not adolescents perceive paternal figures' as involved in their sexuality education:

Specifically, the present study had the following objectives:

- What is the degree to which paternal figure is involved in the sexuality education of the adolescent.

- What is the perception of the adolescents about the knowledge provided by the paternal figures on sexuality education matters?

- What are the aspects and/ or topics on sexuality education that are discussed and / or covered during the discussion? This aim also seeks to identify whether or not adolescents perceive such information as rightfully addressed by the paternal figures or.

- Whether or not adolescents perceive gender differences in the process of sexuality education by the paternal figures.

1.5. LAYOUT OF THE REPORT OF THE INVESTIGATION

The following research report is presented in chapters that cover different areas. The second chapter discusses the literature review of the study. The third chapter presents the theoretical framework and basis underlying the dynamics of the period of adolescents and the parental as well as the societal role that are placed in those involved with the upbringing of the adolescent. The fourth chapter gives the overview of the research method applied in the preparation of the study, data collection and analysis as well as necessary procedures that were followed. The fifth chapter is the presentations of the research results of the study. The sixth chapter presents the discussion of the research results, summary, limitations, recommendations and conclusion.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. INTRODUCTION

This chapter reviews relevant literature to the conceptualization of the study. The chapter begins by presenting literature that sets the background for understanding the role of a father figure in the parenting of adolescent children. The lack of the father involvement in adolescents' sexuality and the change in this trend as well as the reasons for this change are covered. The chapter reviews a number of topics from a historical perspective on sexuality issues for both males and females; issues of lobola; fathers' involvement; fathers' forum; and involvement in parenthood. It then turns to review issues of teenage pregnancy, sources of sex education; contents of sex education; gender-related differences in sex education of adolescent by parent and finally discusses HIV as a cultural and psychological phenomenon.

2.2. BACKGROUND

Studies have revealed different outcomes in the study of the role of father figure in the parenting of children. Some studies have revealed lack of involvement of fathers when in others a change in this trend has been observed and reported. Muriungu (2005) states that human society has been revolutionized by the HIV/AIDS phenomenon. She also reported that in Kenya, practices to do with pleasure and the satisfaction of the desire, male domination of the gender relationships, notions of the masculinity among other social and cultural groups and beliefs are affected in extreme ways. According to Sapire (1990), most adolescents want someone who is knowledgeable and unembarrassed to give sexuality education. Koblinsky and Atkinson (1982) have noted a relationship between the sex of parents and the level of comfort in discussing sexuality related topics with adolescents. When parents do eventually involve themselves in sexuality education for their children, they feel uncomfortable and embarrassed. As a result, some topics are avoided. This trend has been observed to be especially true among fathers. Nevertheless, a brief historical perspective reviewed in this chapter on sexuality among black Africans, shares a different view on the subject as well as its view on men. Thus, Hadley (1987) claims that there has been scant research that has been done to explore men's feelings about their partner's pregnancy and commitment to her as well.

2.3. HISTORICAL PERSPECTIVE ON HOMOSEXUALITY

The homoerotic scene that was discovered among the thousands of ancient Zvidoma society's site cave paintings cannot be interpreted as an indication that same-sex relations were rare or disproved (Epprecht, 2004). Anthropologist of the Bushman also declares it and related Khoi in recent times do confirm that same-sex sexual practices not only existed in pre-modern milieu, but also were common enough to be socially accepted (Epprecht, 2004). It however, would be mistaken to assume an unchanging Bushman culture stretching back thousands of years, or to attribute a straightforward, relationship (Epprecht, 2004). Nevertheless, it is argued that we are probably on at least a safe ground to consider those possibilities, however, as to speculate about sexual restraints and infanticide.

2.4. THE INSTITUTION OF LOBOLA IN AFRICA

Epprecht (2004) reports that in the context of state formation, senior men, female, elders, and brothers had strong incentives to maintain careful over younger people's heterosexual contacts. It is reported that the control of female sexuality through the institution of *'lobola'* ("bride price") or a dowry was central. Lobola acknowledges that the woman's labour and offspring were lost to her natal family upon marriage and went instead to contribute to the well-being and prosperity of her-in-laws. Wives so secured produced children who accrued to the man's lineage and whose labour enriched the man further. Lobola protected the husband and his family against inheritance disputes that potentially arose from a wife's infidelity. Any children so conceived belonged to the husband, with all the benefits including *lobola* received for daughters (Epprecht, 2004).

2.5. SOCIAL LIFE OF MALES (CROSS-CULTURALLY)

According to Hadley (1987), young males typically refer to friendship and loyalty at risk as the ability to 'hang out with peers'. Decisions about values, priorities, and how to use leisure are determined by peer acceptance. According to Rice (1984, as cited in Langley 1995), during the late adolescence phase the individuals start to question the existing values in order to arrive at an independent philosophy of Life. Values are defined as having a bearing on preferences for ideals and lifestyles.

Katz (1980 as cited in Langley, 1995) sees values as the starting point in career decision process as they are designed to expand individual freedom and active participation in terms of what satisfaction they are looking for. For instance, Ndlangisa's (1999) study indicates that adolescent males receive sexuality education from peers and spend most of their time with those peers. Other authors note that most males, 11 to 13 years of age, believe peers influence their thoughts and values about sex and attitudes towards females as much or more than parents do (Hadley, 1987). However, according to Epprecht (2004) in other context, especially among Africans, the norms and values of society powerfully colonized children's sexual consciousness. Indeed, children were exposed from a very early age to discrete daily example and instruction about proper sexual demeanour.

Boys in this society also learned from a very early age in largely homosocial environments. As long as they kept quiet, they were allowed to sit in and listen to the men's dare (court). There, sexuality and other political matters came up free wheeling discussion and debate. Direct instructions from uncles and older peers also conveyed not just the notion that sex was normal and natural, but also the seriousness of a man's responsibility in sex. A boy also learned that sex was not something frivolous or of individual preference, but that his performance would ultimately stand before the court of family, community and ancestral opinion (Epprecht, 2004).

Evidence suggests that the cultural construction of a spiritual meaning to sex has deeper roots (Epprecht, 2004). For example, among the Karanga (one of the largest ethnic components within the Shona and the architects of Zimbabwe's first and the most enduring state), the Anthropologist Herbert Aschwanden (1989, as cited in Epprecht, 2004), found that a man's semen "makes him immortal", that "the act of procreation is a sacred event" and that the male orgasm was comparable to God descending to the people.

2.6. FATHERS' INVOLVEMENT IN PARENTHOOD

According to Chalmers (1990), the lack of available literature on the subject reflects the minimal attention paid to the man's experience of becoming a parent. Until fairly recently and in most–but not all–parts of the world, having children and caring for them has been regarded largely as woman's role. Men, with only few expectations, are not included in these activities. Chalmers (1990) however, argues that society seems to be changing in this regard.

A number of reasons may account for this alteration:
Economic necessity in some parts of the world is forcing women to move into the work force. Hence, women's role of childcare is delegated to others, and or at least shared. In these families, fathers are forced to take a more active role in household tasks, including childcare. The existence of nuclear rather than extended family structures make this move inevitable. As traditional role definitions of appropriate behaviour for men (e.g., at work) and women (e.g., at home) break down, so men are feeling more and more comfortable at participating in childcare. Argument extended by Chalmers (1990) is that it is logical that men also have reactions to the experience of becoming a father**.** Hadley (1987) stated that when men have gone to court, with a clamorous backing of the profile pressuring groups, citing their paternal rights and their willingness to raise the child, they have presented themselves as the protectors of the foetus to the would be killer woman.

2.7. FATHERS' FORUM

Men's need for more information about pregnancy and for greater sharing of their experience of becoming a parent, are becoming evident in some parts of the world. Father's Forum, or discussion groups for fathers-to-be only, are being tried, often with success. These group meetings provide an opportunity for men to ask questions and share views on their wives and their own experiences as parents-to-be (Ndlangisa, 1999).

2.8. INVOLVEMENT IN PARENTHOOD

While primary activities of men revolve around their work lives, many fathers also participate in playing with their babies, bathing, changing and feeding them and soothing their cries. Traditionally, it was thought that fathers were not able to care for their offspring as well as mothers. Recent evidence, however, suggests that fathers are as good as mothers are in the parenting role. Men are just as likely to be sensitive to a baby's need and responsive and capable of attending to them as mothers are (Chalmers, 1990). Notions of fatherhood are gradually changing and fathers are now encouraged to develop nurturing that will make them not just better fathers, but better partners (Lindsay, 1985 as cited in Chalmers, 1990).

2.9. TEENAGE PREGNANCY

2.9.1. Family dynamics

Parent-adolescent communication is positively related to self-esteem, mental-health, and inversely related to adolescent loneliness and depression, drug, alcohol abuse, date rape and other deviant behaviours (Helsen, Vollnberg & Meeus, 2000 as cited in Mokoena, 2003). Pistelli and Bonati (1999) add that the connectedness of the adolescent to the parental relationship also serves as a “protective factor” for the adverse outcome of sexual behaviour.

Two main elements of the adult-child relationship have been reportedly shown to be linked to the increased risk of problems in adolescence; these are caring or warmth, and supervision and punishment (Swanson, 2001 as cited in Mokoena, 2003). Mokoena (2003) further cited the study conducted by Vikat, Rimpela, Kosunen and Rimpela (2000) which, indicates that girls who did not live with both parents had a higher pregnancy risk than those who did. On the other hand, girls who lived in stepfamilies had a higher risk than those who lived within one parent family. Similarly, the majority of teenage girls who find themselves pregnant come from homes where one parent is absent (March, 2002). She further point out that they often have volatile relationship with their fathers.

In South Africa, the study conducted by Van Coeverdern de Groot and Greathead (1987) reveals the single parent, female headed family structure and organisation as frequently contributing to the sexual initiation and teenage pregnancy. In their study sample of 265, they found from those who had first experienced coitus at less than 17 years, 37% came from single parent families, compared to 12% of those in whom coitus was delayed until over 19 years.

This study’s findings seem to coincide with Inazu and Fox’s (1980) study findings that when parents are the main source of sexuality education, coital experience occurs at a later stage. Van Coeverdern de Groot and Greathead’s study (1987) is consistent with the investigation by Boult and Cunningham (1992 cited In Mokoena, 2003), which revealed that in the sample of 145 pregnant teenagers, 35.9% lived with their single parent mothers, 18.6% with kinfolk, and 4.1% with single fathers. They thus conclude that family disorganisation is associated with teenage pregnancy.

Furthermore, a study by Williams and Mavundla (1999) as well indicates that most teenage mothers live with their mothers only instead of both parents. It therefore should be taken into cognisance that a father and not the mother only, have some undefined contribution to make towards the sexuality education of the adolescent child in the family. The study conducted by Vundule, Maforah, Jewkels, and Jordan (2001) on the risk factors for teenage-pregnancy among sexually active black adolescents in Cape Town (South Africa), indicates that teenage pregnancy was found to be mostly associated with not living with the biological father and perceiving most friends to be pregnant (Mokoena, 2003).

2.9.2. Fathers of infants born to adolescent mothers

The literature revealed that if the father happens to be unable to provide economic support and to fulfil the traditional role in the family, that may lead to decrease of the contact, or the mother may not allow the father to see the child. If the fathers are still in school or training, they may find it difficult to spend time with the child, especially if they do not reside together (Matusov, 1997). According to the American Academy of Paediatrics (2001), of all pregnancies of the adolescent mother, 30% to 50% involve a father younger than 20 years at the time of the birth of the child.

They established that more than 80% of unwed fathers in their late teens and early 20s lived away from their children, of which one third to one-half visited their children weekly. Some fathers are incarcerated and, therefore, unavailable or unable to be involved. One more interesting finding in Larson, Hussey, Gillmore, and Gilchrist's (1996) research was that nearly 40% of the fathers were adolescents themselves. One would think a non-adolescent father would take more responsibility in the caring for the child, because the father may still be in school, or have other priorities in his life; the adolescent mother is mostly left to pick up the pieces on their own (Matusov, 1997).

As a result, children of adolescent parents with or without paternal involvement remain a group risk, a 31% incidence of depression, a 16 % incidence of incarceration, and 25 % risk of adolescent parenthood (The American Academy of Paediatrics, 2001). These studies show the importance of the need to educate adolescent boys and/or young males about the importance of the sexual development and its consequences.

2.9.3. Contraception

There is a widespread concern about the fact that most teenage pregnancies are unintentional (Mokoena, 2003). She point out that a reason that may contribute to the lack of the use of contraception is the very nature of sexual activity in adolescent which, as well as being unplanned, is also infrequent and irregular. This is because teenagers feel embarrassed and fear being perceived as promiscuous by their partners if they demand the use of contraception (Lipovsek, Karim, Guitierrez, Magnani, & delCarmenCastro, 2002 cited in Mokoena, 2003).

According to Onya et al. (1999), some women use home remedies for contraception, such drinking plenty of water before having sex, drinking ZCC (Zion Christian Church) *mkhukhu* tea before and after sex, tying a rope (normally got from the traditional healer) around the waist before sex, (Mokwena,2003). Their study with teenage mothers at Ga-Mothiba, Polokwane, in South Africa, identified that all teenage mothers had believed that traditional methods of contraception work effectively. Beach (1980 as cited in Epprecht, 2004) revealed and claims that the ancient Zvidoma people, few as they were and in common with the Stone Age societies worldwide, they felt the pressure of 'overpopulation' to the extent that they consciously sought to limit their numbers.

He further speculated that they avoided the danger of too many mouths to feed during the hungry times by practicing (undefined) 'sexual restraints and even infanticide' (Beach, 1989 cited in Epprecht, 2004). According to Mokoena (2003) it is argued that as long as adolescents are conditioned to believe that sexual activity is wrong and that by seeking contraception they admit to an immoral and "illegal" act, such young people will continue to rely on taking chances and not accept responsibility (Clarke,1998). Mogotlane (1997) investigated the use of contraceptives among teenage mothers at St. Peters Clinic in Winterveld, North West, South Africa. He found that most respondents (93.5%) had not used contraceptives before falling pregnant. The onus however lays with the parent, perhaps for a change the father.

2.10. SOURCE OF SEX EDUCATION

Many researchers have identified the home as the major source of sex education (Goldman, 1982). Alexander (1984) found that 95% of parents in his study favoured themselves. Kaplan, Becker and Tenke (1991) observed a similar trend as preferred relatives, teachers and media as sources of sex education for children.

Nokwe (1991) found that 79% of the parents in her study believed that sex education should be offered at schools and only 21% preferred the church. The school has also been favoured by 60% of parents as compared to themselves (40%) in the provision of information regarding sexuality in another study (Majija, 1992). Todres (1990) also found that some parents prefer the school to any other source to be the source of sex education. However, research findings have indicated that teachers are not keen on discussing topics of sexual matters (Hamalained & Keikanen-Kuikaanniemi, 1993; Rogers, 1974; Reiss, 1993).

Several studies show that adolescents prefer parents as the major source of information regarding sex education. Penxa (1992) observed that children in her study preferred parents as the main source of information regarding sex education. Campbell and Campbell (1990 as cited in Ndlangisa, 1999) had similar findings but also noted that parents neglect the responsibility. Corley and Hoff (1974) reported that 61% of children in their study reported that parents do not provide them with sufficient information about sexual topics. According to Sapire (1990), most adolescent want someone who is “knowledgeable and unembarrassed” to give sexuality education.

2.11. CONTENT OF SEX EDUCATION

When parents do eventually involve themselves in sex education for their children, they feel uncomfortable and embarrassed. As a result, some topics are avoided. This trend has been observed to be especially true among fathers. According to Gilbert and Bailis (1980), 75% of the mothers and 50% of the fathers in their study had discussed pregnancy with their children. Of these only 15% of the mothers and 8% of the fathers had never mentioned sexual intercourse as an antecedent to pregnancy. McGill, Smith and Johnson (1989 cited in Ndlangisa, 1999) noted that 96% of parents in their study wanted clinics to provide information about AIDS. According to King, Parisi and O’Dwyer (1993), the media was preferred to deal with birth control, family planning and teenage pregnancy by most parents in their study. Mothers are more likely to discuss birth, reproduction and menstruation. Only 15% of mothers and 8% of fathers provide information about intercourse while 75% of mother and 50% of fathers discuss pregnancy (Maposa, 1995).

Mothers have been observed to be more comfortable when discussing about sexuality issues than fathers. Fathers have been reported to be more comfortable when discussing conception and childbirth. The least topic to be discussed by fathers (15%) is sexual-intercourse. Forty five percent of fathers are more likely to discuss sexual abuse, sexual-related diseases, abortions and wet dreams (Maposa, 1995). Researchers have reported that parents would like to be the primary source of sex education. Unfortunately, this is "easily said than done". It is sad to note that teachers are also not confident in dealing with the subject.

2.12. GENDER- RELATED DIFFERENCES IN SEX EDUCATION OF ADOLESCENTS BY PARENT

Research indicates a strong positive relationship between fathers and adolescent son's gender role beliefs and expectations (Emihovich et al, 1984). Koblinsky and Atkinson (1982) have noted a relationship between the sex of parent and the level of comfort in discussing sex related topics with adolescents. Fathers, who are less traditional in their gender beliefs, holding less stereotyped expectations, have sons who match their fathers in this regard (Lindsey, 1984). According to Emihovich et al (1984), since the father is a critical figure in determining his adolescent son's willingness to accept changes in his own gender role, despite changes in broader society; we cannot expect sons to drastically modify their gender role behaviour unless their fathers support them. As children get older, fathers become more involved with their children and spend more time with them, directing more attention to their sons than their daughters do (Lam, 1979 as cited in Emihovich, 1984). It is evident that relationships are enhanced when fathers are nurturing rather than aloof, visible rather than invisible, and consistent and fair when administering discipline to both their sons and daughters. Notions of fatherhood are gradually changing and fathers are now encouraged to develop those nurturing qualities that will make them not just better fathers but better partners (Emivoch, 1984).

2.13. HIV AS A CULTURAL AND PSYCHOLOGICAL PHENOMENON

According to Umeh (1997) while epidemiological data are informative with regard to quantifying the differential risks HIV/AIDS infection, they provide little insight into the influence of pervasive cultural and psychosocial factors that are the determinants of HIV – associated risk behaviour. In examining the threat of HIV for adolescents, it is important to understand not only broad context in which adolescents takes place, but also the cultural and psychosocial factors that exert considerable influence on behaviour.

HIV is the aetiologic virus associated with AIDS, and while it is a necessary factor in disease pathogenesis, it is not sufficient to drive the epidemic (Umeh, 1997). HIV causes disease but behaviour, more specifically; the lack of appropriate preventive behaviour propels the epidemic. And precisely because HIV disease links sexuality with disease, it is inextricable a psychosocial and a cultural phenomena. To understand the HIV epidemic and the behaviours which results in infection, then we must ultimately confront it as much in socio-cultural as in biomedical terms (Umeh, 1997). HIV associated sexual-risk behaviour is not random, uncontrollable or inevitable. Many factors both individually (intrapersonal) and social (interpersonal) contribute to an adolescent's propensity to engage in HIV-related sexual-risk taking (Umeh, 1997). According to Irga, Irwin and Disclemente (1992 as cited in Umeh, 1997), risk behaviour is not simple behavioural response. But rather, it is the culmination of a complex social and interpersonal interaction, reflecting a multi-factorial decision making process, in which many factors – biological, developmental, social and psychological – underlie the decision-making process Umeh, 1997).

2.14. CONCLUSION

The literature review has thus paid special attention to various interactive factors surrounding the sexuality education of the adolescent ranging from those that entails pregnancy, contraception, family dynamics, and change in the fathers' role in the care of the child, content, source and gender differences in the sexuality education.

CHAPTER THREE

3. THEORETICAL BACKGROUND

3.1. INTRODUCTION

This chapter serves as the theoretical foundation upon which this study is based, and includes relevant and related theories and models. These theories give a general account on the development of the sexuality of the adolescent. In providing a theoretical foundation and understanding to some of the central concepts related to the adolescent sexuality as well as the importance of the parental and other social institutions in the process of adolescent sexuality education, it is anticipated that a more in-depth analysis will be discerned.

Different theories have different ways of explaining adolescent development and behaviour. Psychosexual theories attach great significance on the impact of drives on psychological functioning of the person (Freud, 1956; Freud, 1969; Blos, 1989). An interesting argument is advanced against the Freudian theory of sexuality is that of the social energy theory of sexuality advocated by Fergusson (1983) which is also presented in this section to point out differing perspective on the subject of sexuality and its influences in the development and socialization of the adolescent child. A psychosocial theory sees the environment factors as having a considerable impact on altering and shaping behaviour (Erikson, 1968; Havighurst, 1952). According to cognitive theorists, intellectual development of the individual determines his intellectual developmental behaviour (Piaget, 1972, Elkind, 1967; Kohlberg, 1969; Vartanian, 2005). Socio-cultural factors focus on how cultural factors influence social behaviour. Different cultures have different expectations about adolescent behaviour (Davis, 1985; Benedict, 1934; Mead 1939, Dlamini, 2002, Mbithi, 1990, Clarke 1998, Motapayane, 1995, Langley, 1994).

3.2. HUMAN SEXUALITY

Allen-Meares and Shapiro (1989) consider that human sexuality is often described as including the physical characteristics and capacities for specific sex behaviours, together with the psychosocial learning, values, norms, and attitudes about these behaviours. This definition is broadening here to include sense of gender identity and related concepts, behaviours, and attitudes about the self and others in the context of both the family system and the larger society.

It is also contended by these authors that sexuality pervades virtually every aspect of the person's life. It is affected by the totality of what it means to be male or female person, by the kind of the society which one lives in, as well as the historical background of that society with its particular views regarding adolescence and human sexuality over the generations (Chilman, 1983, 1988 as cited in Allen-Meares & Shapiro, 1989). Hall (1991) argues that the biological and post-Darwinian approach looked at human sexuality in terms of the "fundamental unity sexuality underlying the inconsistent phenomena of sex and reproduction". In Foucault's work 'sexuality' is seen as an historical apparatus and 'sex' is a 'complex idea that was formed within the deployment of sex-uality': '*Sexuality* must not be thought of as a kind of natural given which power tries to hold in check, or as a kind of natural given which knowledge tries to uncover. It is the name that can be given to a historical construct (Foucault, 1978).

3.3. HEALTHY SEXUALITY

Chilman (1989 as cited in Allen-Meares & Shapiro, 1989) defines healthy sexuality as including gradual growth toward an acceptance of the self as a valuable, valued young female or male. Broadly defined, it includes a growing sense of personal and interpersonal competence as a sexual person. It also includes a general understanding of the psychobiology of the sexes and of the reproductive and family planning processes. She contends that the contribution of sexuality to fulfilment of the self and others should also be generally and increasingly understood. She states that this includes the capacity to define sexual gratification through individual and interpersonal activities in a relational context: a context that is characterized by freedom for self-expression within clearly defined boundaries.

These limits include appropriate use of protection from unwanted pregnancies and STIs. She therefore placed much emphasis on the gradual growth towards these attitudes and behaviour as young children move from childhood to early and late adolescence stages to adulthood (Chilman, 1988). Research studies (Adelson, 1975; Chilman, 1983 & 1986 cited in Ndlangisa,1999; Elkind, 1967; Erikson 1968; Kohlberg & Gilligan, 1972; Loevinger, 1978; Marcia, 1978;) revealed that the young person leaves behind such well-documented characteristics of early adolescence as an uncertain sense of personal identity, dependence on external rather than internal means of impulsive control, poor capacity for responsible behaviour and limited ability to foresee probable future outcomes of present outcomes.

According to Allen-Meares and Shapiro (1989), sexuality of each family member, as defined, earlier, is an important component in the development of these members including children and adolescents.

3.4. PSYCHOSEXUAL THEORIES

Freud (1956) described popular received ideas of the sexual instincts, as "absent in childhood, to set in at the time of puberty in connection with the process of maturity and to be revealed in the manifestations of an irresistible attraction exercised by one sex upon the other, while its aim is presumed to be sexual union. Furthermore, he went so far as to maintain that " from the point of view of psychoanalysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not self-evident fact based upon an attraction that is ultimately chemical in nature"**.**

According to Freud (1956), all behaviours, thoughts, and feelings are motivated by drives that are linked to the biological functioning of the individual. He assumed that there are two sets of drives, the sexual energy (libido) and aggressive drive. Psychosexual development involves the transformation of libido to specific body parts resulting in a need to development mechanisms to relieve the tension experienced. Personality therefore is structured to allow for the relief of tension in ways that are socially acceptable and consistent with an individual's conscious and unconscious values and attitudes. Freud described the role of sexuality in personality development in terms of psychosexual stages.

The infant gains gratification through oral stimulation during the oral stage. During the anal stage, children control their anal sphincter muscles. As they learn to control their bodies, they also learn to control the world around them. During the phallic stage, boys and girls experience the oedipal or Electra complex, respectively children are attracted to the opposite-sexed parent and become hostile to the same-sexed parent. The oedipal or Electra conflict is resolved through identification with the same-sexed parent as values and rules of the family and society are understood. Identification for boys is stronger than in girls as boys fear castration by the father. Girls through fantasy have already been castrated and therefore have nothing to fear. Puberty, which comes after the latency stage, is characterized by an increased hormonal output that leads to the re-awakening of sexual energies. Earlier conflicts arise during this stage. The oedipal fantasies for boys surface but constraints of society and super ego do not permit this to proceed. Adolescents learn to channel their sexual energies away from parents toward peers.

According to Freud (1956), the way the adolescent deals with sexual feelings is affected by the way earlier unconscious conflicts were handled. For example, the adolescent may return to oral gratification like binge eating or may show anal concerns expressed as being rebellious or show extreme untidiness due to fixation at those stages. Anna Freud (1969) also believed that libido played an important role in the course of development. She argued that sexual development occurs in an unconscious way. The increase in hormones during puberty leads to an increase in sex drives and therefore re-awakening of infantile unconscious conflicts. The adolescent therefore uses defence mechanisms that are the ego's unconscious strategies of dealing with anxiety. The response to this denial of sexual feelings is shown by alteration of contradictory behaviours exhibited by the adolescent. For example, the adolescent may be loving and affectionate at one moment, angry and aggressive the next; depression may alternate with spontaneity; dependence with independence; submissiveness with rebelliousness. As the adolescent matures more stable defences are used.

This includes asceticism where a pleasurable activity is not allowed to surface in case it becomes overwhelming. Instead, adolescent overdoes something else like dieting, studying, sport, etc. Another coping mechanism frequently used by adolescents is intellectualization. The adolescent may think that nothing wrong can happen to him. For example, a girl may think that she cannot get pregnant at first encounter or get a sexually transmitted infection when engaging in unprotected sex. According to Blos (1989), adolescence is the second stage of individuation. The first step is when the child can move away from the mother and therefore develops a sense of control. During adolescence, the child learns to break some of the emotional ties. The adolescent recognizes that emotional and sexual need must be satisfied outside the family. The strength of these drives cause the process to be urgent. Feelings of isolation, loneliness and confusion create a conflict that results in swings of emotions.

All psychic energy from the family is re-invested in the new relationship. Teenage love can therefore, be seen as rebound from lost relationship with the family. According to Seller (1997), girls of 16 and 17 years of age, stages regarded as the mid-adolescent period, have not yet reached the physical, intellectual and social level of the age group, but are interested in the heterosexual relationships and have usually developed a satisfactory body image. At the age 18 and 19 years, the late adolescent period, these girls are able to maintain stable relationships and the ability to develop a more adult relationship.

3.5. THE SOCIAL ENERGY THEORY OF SEXUALITY

Weeks (1985) argues that over the past few decades, in particular, in structuralist anthropology, psychoanalysis, and Marxist theory, there has been a major theoretical effort to challenge the naturalness of the 'unitary subject' in social theory, to see the individual as the product of social forces, an 'ensemble of social relations', rather than as a simple natural unity. He further states therefore, that 'sexuality' has in many ways been most resistant to this challenge, precisely because its power seems to derive from our biological being, but there have recently been several sustained challenges to sexual essentialism, from quite different theoretical approaches:… taking as its starting point the work of Michel Foucault (1978). According to Ferguson (1983), the concept of sexuality embedded in the notion of 'Sex/Affective energy' differs from the Freudian concept.

While Freud privileged the bodily function of libido to relieve tension (a body drive theory of sexuality), the theory espoused here is a 'social energy' theory of sexuality. That is, sexual or erotic interest in others is presumed to be but one type of emotional or social interest in them. Hartsock (1983 as cited in Ferguson, 1989) declares that sexual energy is merely one form of social, yet bodily based desire to unite with others, (i.e., to incorporate oneself with a loved other). Thus, affectionate attachments and friendships of the Platonic sort, marital and paternal love, kin tie and social bonding with work mates or with a community of identity (racial, ethnic, religious, class-based) are all forms of sex/affective energy.

Gagnon, Simon and Plummer (1979 as cited in Fergurson,1989) seem to accept the existence of bodily potentialities on which 'sexuality' plays upon are 'bodies, organs, somatic localisations, functions, anatamo-physiological systems, sensations, and pleasures', which have no intrinsic unity or 'laws' of their own. In other words, they are unified only through ideological constructs ('scripts' in the terms of, and it is these that construct 'sexuality' (Ferguson, 1989). She argues that sex/affective energy has no particular 'natural object' or bodily functions. Although orgasmic sexual activity may indeed relieve bodily tension, this cannot be construed to be the natural aim of such processes as Freudian and his followers suppose (Ferguson, 1989). Thus Ferguson's point, she claims, that all social construction of sex/affective energy creates the social desire to unite with others as the key focus of this energy. Though orgasm is a healthy release for bodily tension, orgasm *per se* does not indicate emotional health, or the optimal satisfaction of sex/affective desire.

She argues that in advanced capitalist societies which have developed in individuals a self-identity based on a notion of democratic individualism, the model which will best resolve the desire to enjoy sexual pleasure as an end in itself as well as the desire for individual equality is a social construction of sexuality and an affection which values reciprocal (flowing sex/affective energy) rather than solely hierarchical (uni-controlled) affective energy.

She also contends that since sex/affective energy has no natural objects, interest or stages of development, humans must organise a social production of this energy by channelling it into socially presented aims and objects. According to her, what counts as personal and sexual health can only be determined by examining the historical social expectations built into the particular mode of sex /affective production and the ways that the system allows their frustration or achievement for the specific groups of people (Ferguson, 1989). Hatem (1986 as cited in Ferguson, 1989) clearly summarise the argument above by saying that: if homosocial sex/affective energy is potentially as a strong as heterosexual sex/affective attachments, it becomes clearer why all systems of patriarchal sex/affective production must establish systems of compulsory heterosexuality which deal with the potential conflict between same sex bonding and heterosexual bonding. Gagnon and Simon (1973) argues in their book Sexual Conduct, that sexuality is subject to 'socio-cultural moulding to a degree surpassed by few other forms of human behaviour', and in so arguing they are building both on a century of sex research and on a century of questioning the notion of 'natural man' (as cited in Ferguson, 1989).

3.6. PSYCHOSOCIAL THEORIES

According to Erikson (1968), cultural factors mediate conflict associated with the drive process. He assumed that psychological development proceeds through stages across the life span. The feedback that one gets is of prime importance to the clarification of who one is. Erikson (1981) therefore, sees falling in love during adolescence as a means of searching for one's identity. Identity formation for boys centres on career issues and mastery of the environment. This is attributed to the influence of protruding genetalia. For girls with inner genitals identity formation is in the direction of nurturance. However, different socialization for boys and girls may be responsible for the course of development rather than biological differences. According to Erikson (1981), the ego integrates the adolescent's past and future. Although parents are agents of social support, influence of peers increases.

Mavinghurst (1972) sees human development, as a process in which people attempt to learn tasks required of them to which they are adapting tasks change with age as each society has age-graded expectations. The person who learns well receives satisfaction and reward while one who does not, suffers disapproval and unhappiness. According to Mavinghurst (1972), there are sensitive periods for learning, also called teachable moments. Learning does continue even after a sensitive period. A successful culture stimulates behaviours that help its member to learn things that they need for their own survival and that of the group. The researcher believes that the father/paternal figure can contribute a great deal in the sexuality aspect of adolescent development both during sensitive period and after. Tasks may reflect gains in physical, cognitive, social and emotional skills and the ability to conceptualize the self. Success in mastering development tasks is influenced by the resolution of the psychosocial crisis from the previous stage

3.7. COGNITIVE THEORIES

Piaget (1958, 1978) hypothesized that development occurs in four stages. Each stage is characterized by its own unique capacity for organizing and interpreting information. At each new stage, the competence of earlier stages is integrated into a qualitative new approach to thinking and knowing. At the beginning of each stage, the child experiences egocentrism. With experience, children gain objectivity about their perspective and are able to see situation more flexible. According to Piaget (1958, 1978), adolescents are at the formal operational stage of thinking, hypothetical deductive thinking, anticipation of consequences, and introspection. Elkind (1967) stresses the concept of an imaginary audience as well as the personal fable. Teenagers have unjustified concern that they are the focus of other people's attention. Elkind (1967) refers to this as the imaginary audience. According to Vartanian (2005), the imaginary audience and personal fable seem to capture what have been viewed as typical facets of adolescents' behaviour. For example self-consciousness and conformity to the peer group, feelings of isolation and risk-taking behaviour can be viewed as outcomes of a personal fable believing that one is unique and invulnerable. Elkind (1967) stresses that teenagers have an unjustified concern that they are the focus of other peoples' attention. Physical changes during adolescence are a source of major concern and one reason why they turn their thoughts to other's opinion of them.

Teens who believe others are viewing them negatively want privacy in order to escape imaginary audiences. One reason for adolescent to develop egocentric viewpoint is that their new cognitive skills enable them to think about concepts with which they have little or not actual experience, such as sex or romantic love. However, because many of these issues are personal, they seldom discuss them with adults. Lacking a broader perspective for viewing their new thoughts and feelings, they conclude that these thoughts and feelings are unique to them.

Eventually communication with close friends usually helps to dispel personal fables. Kohlberg (1958, 1969) expanded on Piaget's approach producing a six-stage model of how moral reasoning changes with age. He found that in the early teens individuals are at stages of moral development. Kohlberg (1958) calls this stage conventional morality as morality reasoning is based on opinions of others. Actions are motivated by fear of disapproval than by fear of punishment. At this stage, for example, a girl obeys values, seeks approval and conforms to her peers. This means that many young teenagers may be influenced by peer pressure between the ages of 13 and 18 years. At this stage, they may be easily persuaded to have unprotected sex.

The post-conventional or principled morality stage is characterized by moral reasoning based on abstract principles underlining right or wrong. Actions are motivated by a desire to maintain self-respect and respect of peers. Rules from society are integrated with the conscience to produce a hierarchy of moral principles. The concern shifts to avoiding self-condemnation for violating one's own principles. Kohlberg (1969) concluded that pre-conventional morality is characteristic of most children until the age of nine and that most adolescents and adults are at the conventional level of morality. Probably only a minority of people ever reach the post-conventional or principled level of moral reasoning.

3.8. SOCIO-CULTURAL THEORIES

The cause for conflict during adolescence arises due to the generation gap between the parents and their children (Davis, 1940). According to Benedict (1934), the major determinant of difficulty in adolescence is the level to which socialization is discontinuous when the individual has to learn a set of adult behaviours; roles and attitudes different from those learned in childhood. Adolescence is a difficult and stressful time when adolescents are required to become responsible, dominant, sexually active individuals within a short period without having been prepared, instead having been taught and encouraged in patterns directly opposite this behaviour during childhood.

The manner in which society conditions youth for adult responsibilities varies considerably from culture to culture. For instance, in Mokoena (2003) it is contended that in the black African context the belief system seems to play role in the use of contraceptives and broader sexuality. Other researchers have also noted that a lack of spontaneity, the reduction of sexual pleasure, and the idea that sex is no longer "natural" are associated with the non-use of condom. Mokoena (2003) stipulates that the contradictory messages come from peers groups, parental as well as religious and societal pressure where it is "OK" to be "carried away", that good girls do not need contraception, and that the girl's worth is measured in terms of her infertility.

In cultures where children are involved in social tasks according to their abilities and capacities, the less discontinuity, as a result no problems arises during adulthood as the change into adulthood has been gradual. Such children have learnt responsibility as they grow. Children in discontinuous cultures where adult roles are very much distinct from childhood roles experience problems as all of a sudden they are expected to take responsibilities they have never been prepared for. In cultures where children are taught, to be submissive there is a sharp transition into adulthood, as all of a sudden they have to be dominant adults. Another problem has been noted regarding sexual activity; in discontinuous socialization children are expected to behave as non-sexual beings until marriage.

Children experience problems as all of a sudden as adults they are expected to exhibit a mature, well functioning sexual behaviour. It is not easy to unlearn this lesson as result marital problems may arise. Parents find themselves in this dilemma, as they have to talk to their children about sex when they have not discussed sex even with their spouses. Mead (1939) disputes the storm and stress hypothesis of Freud. She maintains that how stormy and stressful adolescence is, depends largely on the demands and expectation of the culture in which adolescence lives. Mead (1939) contends that maintaining continuity during the socialization process can reduce stress during adolescence behaviour and development. Mogotlane (1997) investigated the use of contraceptives among teenage mothers at St. Peter's clinic in Winterveld, North West, South Africa. He found that most respondents (93.5%) had not used contraceptive before falling pregnant. According to Seller (1997), the use of contraceptives by adolescent is erratic while adolescent contraception is not encouraged in most communities. This is because many parents do promote high morality standards and the teaching of sexual abstinence.

3.9. CULTURAL, DEVELOPMENTAL AND RELIGIOUS FACTORS

Cultural factors may have a positive and negative affect on the occurrence of the teenage motherhood (Dlamini, 2002). This is because pre-teens and teens are predisposed to secrets and mysteries pertaining to sex and marriage when, for instance, boys undergo circumcision, and girls undergo clitoridectomy (Mbithi, 1990). As a result, teens are stimulated at a fairly immature age, in the absence of appropriate sexuality knowledge, family planning, control, supervision, and guidance. In addition, " across cultures the highest teenage-motherhood rates are found in countries and societies with the least open attitude towards sex" (Clarke, 1988 p.395).The deeper the factor is embedded culturally, the more difficulty it is to change or adapt it, and the longer it will take to see positive results (Dlamini, 2002).

In such communities there are usually no answers for all the problems they come across so that the teenage mother is again left without the desperately support she needs (Ntombela-Motapanye, 1995). In many South African cultures, including the Northern Sotho, much emphasis is placed on fertility, which in turn is believed to encourage teenage pregnancy (Macleod, 1999). He is of the opinion that child birth confers on the girls the valued status of motherhood, and is often the pathway to adulthood in cases where marriage is delayed by the lack of money, suitable accommodation, or the necessity of amassing bride wealth, (Mokoena, 2003).

3.10. THE FAMILY FUNCTIONING OF AN ADOLESCENT

According to Langley (1994), the family is generally regarded as the main matrix of personality development, laying the foundation for the mental health in the children. A relatively recent research trend has been the development of models conceptualizing the health of the family as a system, which governs that of its individual members (Langley, 1994). These models are defined in terms of psychosocial characteristics of the family which are regarded as the as conducive to family health as well as to the health of the individuals who comprises it (Beavers 1977; Epstein etal., 1978 as cited in Langley, 1994; Lewis etal.1976, Lewis 1978, 1979a, 1979b, 1981; Moos1974; Olson etal., 1978, 1979). Research on these family system models indicate six main dimensions determining healthy psychosocial functioning of the family. These and some of the more important aspects of each, are as follows:

- **Structure**

A family organizational structure with clear but permeable boundaries around individual members and a cohesive parental sub-system (Beavers, 1977, 1981 as cited In Langley, 1994; Lewis, 1979a).

- **Affect**

A broad range of affective expressiveness (Beavers, 1981 as cited in Langley, 1994 ;Lewis, 1978; 1979, 1979a;).

- **Communication**

Clear and direct communication (Epstein etal., 1978; Olson etal., 1979 as cited in Langley, 1994).

- **Behavioural control**

A democratic pattern of behaviour control (Epstein etal., 1978; Olson etal., 1979 as cited in Langley, 1994).

- **External systems**

Clear but permeable external boundaries of the family in its relationships with systems outside the family system (Beavers, 1981 as cited in Langley, 1994; Moos, 1974).

Amongst those concerned with the functioning of family system are writers such as Duvell (1977 as cited in Langley, 1994) who stresses that both the family, and the members who comprises it, must be viewed developmentally. Duvell (1997 as cited in Langley, 1994) sees the family as passing through stages, one of which is that of families with adolescents. For Erikson (1968) adolescent is marked by the need to resolve the crises of identity vs. role confusion. Various developmental tasks confront the adolescent, the achievement of which contributes to the sense of a healthy identity. These include accepting physique and sex role differentiation; relating to the peer culture and developing relationships with the opposite sex; achieving emotional independence from parents; the development of intellectual and vocational skills and a philosophy of life (Garbers, 1981; Rice, 1994; Roelofse, 1984 as cited in Langley, 1994). The laboratory in which these ingredients are mixed and dispensed is the family, the matrix of identity. The qualitative change from the earlier stage that marks the family life cycle of having an adolescent child introduced the need to change the balance between belonging and separateness and to encourage the young person to become increasingly autonomous.

Research studies indicates that families who meet adolescents' needs to grow towards independence, provide an environment conducive to high levels of psychosocial and health and adjustment (Berger, 1980; Erikson, 1976; Lewis, 1978).

3.11. BIO-PSYCHOSOCIAL THEORY

Studies show that by seventh or eight grade, the early-maturing girl is more likely to be respected and liked (Faust, 1990). For one thing, she is attractive to older boys, making her the target of envy more than scorn. After a year or two of awkwardness and embarrassment, she is able to advise her less mature girl friends about topics that they find increasingly important, such as bra-sizes, dating behaviour, and/ or menstrual groups. Because the years between 11 and 14 typically include the greatest hormonal changes and physiological growth, and the first experience with menarche and ejaculation, this period is ripe with adjustment, for the parents and for the adolescent. Adjusting to any change, even positive one puts stress on the people involved. Early adolescent is very stressful for families. Studies confirm that early adolescent is especially difficult (Berger, 1980). Biological changes begin adolescence, culture, rather than, biology ends it (Roberta, 1973). In order to reach adulthood the young person must forge his or her own identity, which is not so easy task (Berger, 1980). Those young people, who do not have the parental support of them, may find the psychosocial tasks of late adolescence much more demanding (Berger, 1980).

3.12. THEORETICAL FACTORS AFFECTING PUBERTY

The average time differential between male and female development depends on the particular event is being compared. The first sign of reproductive capability appear only a few months later in boys than in girls: the average girl reaches menarche at the age of 12 years, while the average boy first ejaculates at the age of 13 (Zacharias, 1976; Schoof-Toms, 1976 as cited in Ndlangisa, 1999). Therefore, since the growth spurt appears later in the sequence of pubertal changes in boys, the average boy is two years behind the average girl in this respect. Consequently between 12 and 14 most girls are taller than their class mates (Louw & Louw, 1998). Genes are also an important factor in the age at which puberty begins. Body weight and proportion of fat are also important in determining the onset of puberty (Louw & Louw, 1998). Thus, Louw and Louw (1998) state that because of the extensive physical development during puberty, adolescents become increasingly aware of their sexuality. Their newly developed sexuality also begins to form a part of their interpersonal relationships.

During this phase, adolescents also discover their sexual orientation. Sexual attraction is usually focused on the opposite sex. According to Chilman (1988 as cited in Allen-Meares & Sapiro, 1988), active adolescents differ among themselves in many ways such as ages at sexual initiation; frequency of intercourse; kinds of activities; number of partners; nature of the total relationships; attitudes; feelings and reactions of the sexual activity; apparent reasons for these activities; use or non-use of contraceptives; total life situation of adolescent within their families and community; and so on. An important developmental task of the adolescent is, therefore to satisfy their sexual needs in a socially acceptable way so that it contributes to the development of their identity. In a relatively small minority, sexual attraction is focused on members of the same sex (Louw & Louw, 1998). Therefore, Louw and Louw (1998), conclude that although sexual activity is a normal consequence of physical development, social factors play an important role in the expression of sexual activity.

3.13. THE SOCIALIZATION OF THE MALE GENDER SEXUALITY

Epprecht (2004) reports that young men normally had to wait for a marriage to a suitable bride to be arranged by his parents even when the prospective groom took the initiative in choosing a partner, the marriage required the negotiation of a *'Lobola'* and the production of at least instalments before the youngster could cohabit. Young men in frustrating position of waiting until their parents could afford to pay *Lobola* were-ill-advised to seek heterosexual gratification outside the properly sanctioned process. A son who showed disrespect in this way not only brought shame upon his father, his family was also required to pay compensation for the damages to the family of the girl (Epprecht, 2004). It should be noted that this practice is still respected and practised among the Black families as a means of regulating sexuality of both the young males and females.

3.14. HISTORY OF MALE SEXUALITY

According to Hall (1991 as cited in Epprecht, 2004), male sexuality has not been accorded the attention given to the female sexuality and/ or to examine changing reproductive behaviour within families. In the latter 19th century and early 20th century, the fear of inhibited male sexuality led to the rise of anti-masturbation literature and propaganda in favour of male purity. In adolescence there may be perturbed or even terrified by spontaneous nocturnal emissions, and worried about the consequences of masturbation, since folk 'wisdom' still carries all sorts of warnings about this practice even if sex-manuals have gone from condemnation to reassurance to advocacy (Hall, 1991 as cited in Epprecht, 2004).

Havelock-Ellis (1982, as cited in Epprecht, 2004) turned a radically critical gaze on the received wisdom concerning masturbation and commented that this field has rarely been viewed in a scientifically sound and morally sane light, simply because it has not been viewed as a whole… He argues that the nature and evils of masturbation are not seen in their true light and proportion until we realize that masturbation is but a specialized form of a tendency which in some form or in some degree affects not only man but all the higher animals (Havelock-Ellis, 1982 as cited in Epprecht, 2004).

He suggested that boys might well be more inclined than girls to internalize very negative attitudes towards masturbation, through encountering prevalent attitudes that it was an 'unmanly' practice and by coming across terrifying quack literature (or indeed religious warnings) on the subject (Hall, 1991 as cited in Epprecht, 2004). He further notes that before the end of the 19th century strong current opinion favoured breaking the 'conspiracy of silence' respecting the dangers of unlicensed sexual conduct (Hall, 1991 as cited in Epprecht, 2004). The young ought to be made aware of these perils in order to avoid them; ignorance could lead to unwitting sin. Girls, to a certain extent, were sheltered; but boys and young men had desires, which could be carelessly aroused and unthinkingly indulged, to the detriment of the individual and of society as a whole. The age of marriage in later 19th century was high, for middle-class man in particular (Hall, 1991 as cited in Epprecht, 2004).

3.15. MASLOW'S THEORY OF HIERARCHICAL NEEDS

Abraham Maslow's (1970, as cited in Franken, 1986) theory of human motivation is the most renowned of the need-fulfilment theories. According to Maslow (1970, as cited in Franken, 1986, p.460), human beings are born with a set of needs that not only "energize but direct behaviour". Furthermore, he argues these needs are organized in a hierarchical order whereby needs in the lowest in the hierarchy must be satisfied first. The needs dominate a person's attention until satisfied. The first needs at the bottom of Maslow's hierarchy needs are "physiological needs" (Franken, 1986). These pertain to the basic needs of eating, drinking, sex, and control in temperature in the environment, and are necessary in order to live and function normally (Franken, 1986). All other needs are thought to be secondary to these physiological needs. Following this is the need to "belong and be loved" (Franken 1986, in Mokoena, 2003). Humans display a strong desire to be belonging, for example, being part of a group, family or even an organization.

The next need on the Maslow's hierarchy of needs is the need for "esteem" (Franken, 1988, in Mokoena, 2003). All people in society generally have a need or desire to have a good opinion of themselves (Mokoena, 2003). Maslow (1978 as cited in Franken, 1986 p. 462) suggests that there are two "subsidiary sets" to esteem. The first pertains to the desire for the strength, achievement, adequacy, mastery, status, recognition, dignity and, or appreciation. Satisfaction of the esteem needs results in feelings of self-confidence, worth, strength, and capacity of self-actualization. Finally, the last need on Maslow's hierarchy needs is the need for "self-actualization" (Franken, 1986).This relates to the identification of a person's unique skills. This sense of uniqueness provides an experience of satisfaction for the individual.

3.16. CONCLUSION

This chapter has covered the theoretical foundations for the study. It has explained and discussed the relevance of various theories and theoretical models for the present study, including those of bio-psychosocial, psychosexual, social energy theory of sexuality, socio-cultural, theory of needs, theoretical models of family cycle, adolescent being one of stages and the issues surrounding the adolescent and that concern, with specific focus on the sexuality development. A focus on argument contrasting Freudian theory of sexuality and that of the social energy theory of sexuality to give a wider background to the subject under study was discussed. Their relevance in the sexuality education of the adolescent and the consequences inculcated were illustrated.

CHAPTER FOUR

4. METHODOLOGY

4.1. INTRODUCTION

The primary aim of this study was to determine the extent to which adolescents perceived paternal figures' involvement in their sexuality education; aspects and/or topics that are covered in the process of discussions; as well as the extent through which knowledge dispensed met the adolescents' expectations. The study was also aimed at addressing whether or not the adolescents perceived gender differences in the sexuality education. In order to address the aims of this study, a quantitative approach to methodology was adopted. This chapter essentially includes a very brief description of the setting in which the study was conducted; the sample; the research design; procedure followed; the data analysis; and ethical considerations.

Thus, numerical information was used to present and illustrate the results of the study. This type of design has advantages in that it lends itself to description of opinions and attitudes and gauging the effects of one event or variable on another (Babbie, 2005). This design is applicable to the main aim of this study, which seeks to assess the adolescents' perceptions of paternal figures' attitudes with regards to their sexuality education. Quantitative research design enables a researcher to know whether a positive or negative relationship exists. In this present study, a relationship on the perception of adolescents towards paternal figures' gender differences on discussion of sexuality is addressed.

4.2. SAMPLE

The sample of the present study was drawn from the Ilinge Secondary School. This school is situated at Vosloorus Township, Ekurhuleni East metropolitan city council, Boksburg city. The sample consisted of 67 learners, both male and female aged between 12–16 and 17-19 years enrolled in Grade 8 and 9.

The learners in the sample were from the surrounding township of Vosloorus and exclusively blacks. The learners in the sample were reported as heterosexually oriented. The learners form a significant section of the community within which valuable information regarding sexual behaviour may be extracted to understand for example, need for developing sexuality education programmes. In the case of this research the paternal figures' information is the main focus.

The expected number of participants for the study was 100; however, only 67 adolescence respondents turned up for the research and of these only 18 males participated in the study. The reason for such small number of males was the difficulty encountered during the assembling and organising of the learners as the study was conducted during the sports day and probably most males were out to prepare for their sporting and the event was organised during the last two periods before school-out. This school is situated at Vosloorus Township, Ekurhuleni East Metropolitan City Council, Boksburg. The sample consisted of 67 learners, both male and female aged between 14–16 and 17-19 years enrolled in Grade 8 and 9.

The learners in the sample were exclusively Blacks and come from the surrounding township of Vosloorus. The learners in the sample were reported as heterosexually oriented and of similar socio-economic background. Prior to the drawing of the sample, the researcher visited the site from which the sample was to be drawn to introduce himself to the principal of the school. Eventually, the researcher was introduced to the school guidance teacher who ultimately aided with organising for the research process. The researcher submitted to the principal a document granting permission from the Gauteng Department of Education (GDE) consenting to the undertaking of the study in the school as per selection of choice of school by the researcher.

4.3. PROCEDURES

Therefore, the researcher obtained the permission from the school principal (see Appendix D) to collect data. A separate consent letter to the parents of the adolescent requesting permission of the participants to the study was sent via the child selected for the study (see Appendix F). Only those parents (2-3) who did not give consent of the adolescents learners concerned by signing were not included in the study. Those learners whose parents gave consent by signing for their participation were included in the study.

The subjects were also given a consent letter to be signed explaining the study and confidentiality as well as anonymity in order to make them feel comfortable to participate in the study (see Appendix C). On the date agreed with the school, researcher with the assistance of the school guidance teacher, assembled learners to the school's library hall. The researcher obtained the last two "free periods" to administer the questionnaire in the afternoon before school-out. This time of the day was considered to avoid disrupting lessons, causing disorganization among learners and interfering with the school lessons routine.

Before the final version of the questionnaire was adopted for the use in this study, a pilot study was conducted where a questionnaire was administered to a group of four learners (two boys and two girls) aged between 13 and 15 years from the different schools in the surrounding neighbourhood. These results were not included in the main study. This was done to assess the questionnaire's level of understandability, its ability to be completed and the time it takes to be completed. The researcher introduced himself to the participants and thanks them for taking part in the study. The researcher started administering the questionnaire by explaining the instructions for completion to the participants. The first part of the questionnaire, which was about the participant's biographical information, was done together, item by item, with the researcher leading and reading out questions to the participants.

From the second part of the questionnaire, (see Appendix A) the participants were encouraged to work individually, quietly, honestly, and as quickly as they could. The questions that were challenging, especially the open-ended were explained to the learners, and they were encouraged to direct their questions to the researcher if they encountered problems. The guidance teacher assisted by maintaining order through attending to those learners who were asking questions and this assisted in keeping order and avoiding disruption from occurring. The questionnaires were collected on the same day and it took participants 30-45 minutes, equalling two periods to complete. After the administration, all the learners were instructed to leave the venue simultaneously to avoid disturbing those that were behind.

4.3.1 SAMPLING PROCEDURES

Non-probability sampling technique was utilized for the purpose of this study (Neuman, 1997; Mouton, 1996). Purposive samples are samples which are selected with a specific purpose in mind, and which are depicted as being specifically informative (Neuman, 1997). In the case of this study a group of adolescents within the age range of 13-19 were chosen purposively for the study to conduct a research that will address perceptions on this group of their paternal figures' involvement in sexuality education within the township setting. The advantage of this technique is that it involves deliberate effort to obtain sample by including presumably typical areas or groups in the sample (Kerlinger, 1986). Rosenthal and Rosnow (1991) consider Non-probability samples as samples that consist of individuals that are easily accessible and willing to respond. It is inexpensive and easy to conduct (Babbie, 2005).

The limitations of this a sampling technique is that we may not be as confident about the conclusions drawn, since the sample may not be an accurate reflection of the population (Neuman, 1997). However, the sample of this study is significantly representative of the group of adolescents that may be found in the surrounding senior secondary schools in Vosloorus who may be facing similar challenges of engaging with their paternal figures about sexuality education. Babbie (2005) also considers that the limitation of this sampling technique is that it produces data that cannot confidently be used to generalize from sample to the whole population of adolescents. Previous studies have indicated that this age group is at risk of sexuality related problems, such as early pregnancy, contracting sexually transmitted infections including HIV/AIDS (Kaiser Family Foundation, 2000; Mayekiso & Twaise, 1993; Ndlangisa, 1999; Umeh, 1997; Van Dyk, 2001). It should also be considered that because 11 and 14 years typically include the greatest hormonal changes and physical growth, and the first experience with menarche and ejaculation, this period is ripe with adjustment, for parents and adolescent (Freud, 1956).

The researcher's aims were identifying certain aspects pertaining to the adolescents' perception of the paternal figures involvement in their sexuality education and were not necessarily intending to generalize the findings to the larger population. These aspects may result in a lack of representativeness to which sampling was not selected to be representative in order to be generalized. Because the research is essentially exploratory and that its primary aim is to generate insights, anomalies, paradoxes, and perceptions of adolescents on specific aspects regarding sexuality, an evaluation may later be formalized into hypothesis that can be rigorously tested (Neuman, 1997).

4.4. RESEARCH DESIGN

An exploratory approach was primarily adopted for the purposes of this study. The quantitative aspects implied that the non-numerical answers of the respondents to the research questionnaire were reduced to codes. The data was limited to descriptive statistics, and was essentially presented in percentages and or fractions; confidence of interval; and frequencies of occurrences of responses. The purpose for the quantitative research strategy is to explain, predict or control phenomena through focused collection and analysis of numerical data (Neuman, 1997). This study specifically employed quantitative strategy in order to be able to gain insight and providing information regarding adolescents' perception of paternal figures' involvement in sexuality education; addressing question of the adequacy of knowledge provided; aspects or topics discussed; sources of information and the gender difference in sexuality education.

To do this the questionnaire comprised of open-ended and close-ended questions that compelled respondents to select a yes or no as well as decide on variety of possible answers based on experience (Barker, 1980).

4.5. METHOD OF DATA COLLECTION

The questionnaire designed by the present researcher was used as the main method of data collection for the study (See Appendix A). The questionnaire based survey poses a structured and standardized set of questions, either to one person, to small population, or most commonly, group of respondents in a sample (Babbie, 2005). Interviews were not conducted but rather a combination of group and self-administered question was conducted. In this study, each learner within the group responded to the questionnaire. The questions constructed are believed to be a relatively reliable exploration of the perceptions adolescents has of the paternal figure's involvement in sexuality education, aspects or topics covered knowledge of the paternal figures, and gender differences in sexuality education. Structure here refers to questions appearing in a consistent predetermined sequence and form. The questions may be deliberately scrambled, or else arranged according to a logical flow of topics or question formats. Where respondents fill in the blank, using original choice of words; or the close-response format, where responses must conform to options supplied by the interlocutor. The questionnaire was administered on a face-to-face schedule (Babbie, 2005). The Data was therefore, collected on a short space of time with the questionnaire (Babbie, 2005). The questionnaire was completed at the school in order to avoid interference from parents and other members of the family.

4.5.1. Reliability and Validity

Validity refers to the extent to which "what is observed or measured is the same as what was purported to be observed or measured" (Rosenthal & Rosnow, 1991, p.632, Foxcroft & Roodt, 2000, p 49). It therefore relates to the fit between the theory and practice of a measure. As mentioned above the questionnaire was constructed primarily with the presenting literature in the field of study. The questionnaire was piloted on four adolescence learners enrolled at grade eight and nine whose data is not included in the final results of the present report. The questionnaire was modified based on the information obtained from the pilot study.

Thus, it can be argued that the degree of validity of the questions is fair (i.e. they seemed suitable in answering the research questions proposed). Finally, it should also be noted that the instrument was given to an expert in the field once constructed. This was done in-order to further ensure reliability and validity of the instrument. According to Rosenthal and Rosnow (1991), when no other instruments are available, the evaluation by an expert is appropriate and necessary to access the content validity and reliability of the given measure.

4.6. ETHICAL CONSIDERATIONS

The research aimed to fulfil the University of the Witwatersrand's standard of the ethics for research. In so doing, the person and property of all the participants were respected to the utmost. Therefore, Ethical clearance was obtained from the Research Ethics Committee. Permission to conduct the study was obtained from the GDE and the Principal of Ilinge Secondary School. Thereafter, the parents of the learners granted permission. Informed consent was obtained (see Appendixes B-F). Participants were assured of their confidentiality and privacy and that their participation is voluntary. Participants were informed that they were free to decline to participate or to withdraw or stop answering the questionnaire if they so choose at any point. They were informed that their choice to participate, decline, or to stop while responding to the questionnaire had no consequences to the study. Participants were also informed that to ask questions if the questionnaire feelings that made them unease.

4.7. DATA ANALYSIS

To analyse the data, first, the questions were coded before inputting them in a computer and run on a computer statistical package, the Statistical Analysis System (SAS). In general, data analysis refers to the systematic search for the patterns of data, whether it is patterns of recurrent behaviours, experiences, expressions, objects or bodies of knowledge (Neuman, 1997). Furthermore, it involves examining, sorting, categorizing, evaluating, comparing, synthesizing and contemplating the coded data as reviewed from the raw data and recorded data, in a constant flux of circulation and transition (Hollway, 1989; Neuman, 1997). From the purpose of this study, the method of data analysis used is essentially quantitative in nature. Quantitative data analysis (Chi-Square test) was involved in conducting the test for significant of differences in the data, confidence interval as well as presenting descriptive statistical results that included frequencies and percentages.

4.8. CONCLUSION

This chapter has outlined the methodology that was employed to conduct the present study. It included the description of the sample, procedure, sampling procedure, research design, and method of data collection which was utilised in the study. The next section addressed the research design; instrumental measure (Questionnaire) employed, the validity and reliability aspects, the procedure regarding the statistical analyses that are used as well as ethical considerations. The following chapter presents the results of the study.

CHAPTER FIVE

5. RESULTS

5.1. INTRODUCTION

The main objective of the present study was to assess adolescents' perceptions of paternal figures' involvement in their sexuality education. These results were derived through an analysis that included quantitative analysis that included descriptive statistics and the Chi-Square test for gender significant differences. The results pertaining to the adolescents' perception of the paternal figure involvement are presented, followed by gender differences; topics that paternal figures are reported to having discussed with adolescents; the perceptions of the appropriate age for the onset of sexuality education; if information obtained from paternal figures is adequate and or inadequate; whether or not paternal figures' knowledge is competent/incompetent on the discussion of certain sexuality topics; as well as gender differences obtained from the "yes" respondents' responses to paternal figures' involvement in adolescents' sexuality education.

5.2. PATERNAL FIGURES' INVOLVEMENT IN ADOLESCENTS' SEXUALITY EDUCATION

One of the main aims of this study was to establish whether or not adolescents' perceive their paternal figures as involved in their sexuality education. Adolescents' perceptions of the paternal figures' involvement in sexuality education was investigated from which a "yes/no" answer was required. A gender differences is assessed from those respondents who indicated a yes response to the question. The responses are presented in frequencies of yes/no responses category as well as open-ended responses from which percentages and the confidence of interval are reported. A gender difference was assessed from those respondents who indicated a yes response to the question. The responses are presented in frequencies of yes/no responses category as well as open-ended responses.

5.2.1. Paternal figure involvement

Respondents were asked to indicate a yes and or no to the question has your paternal figure discussed sexuality related topics. The frequencies of yes/no responses indicated that of the 66 participants, only 23 reported having been involved in sexuality education with their paternal figures.

5.2.2. Gender differences in sexuality education

In order to establish the frequencies in terms of gender differences with which respondents report “ever” having had a sex related conversation with paternal figures, the respondents’ number of “yes” to having discussed sex related topics are summarised and presented in Table 1 below.

Table 1: Gender differences obtained from respondents who indicated having been involved in sexuality education with paternal figures

Gender	Number of respondents	Number who answered yes
Females	49	19
Males	18	4
Total	67	23

Table 1 indicates that of the 66 participants, 49 females and 18 males have had sexuality education with their paternal figures. Further analysis indicates that of the 49 female respondents, only 19 reported having had discussion about sexuality as opposed to 4 male respondents out of 18 that ever had sexuality education. The gender difference in the fractions of adolescents who reported having had sex related conversation with the paternal figures was tested by a Chi-Square test, which obtained a value of $\chi 2=1.6$ (1 degree of freedom), which is significant at the 0.05 level. The results does indicate that there is in fact a gender differences in the adolescents’ responses (yes) to whether or not paternal figures are involved in the sexuality education.

5.3. ASPECT/TOPICS THAT ADOLESCENTS REPORTED HAVING DISCUSSED WITH THEIR PATERNAL FIGURES

Adolescents were asked to indicate which topics their paternal figures have ever had discussion with them on. The topics listed on the table below are the range of issues that adolescents reported to have ever discussed.

Table2: Topics respondents indicated having discussed with their Paternal figures

Topics	Frequencies
Sexual intercourse	2
Pregnancy & Parenting	12
Sexually transmitted infections	8
Respect for one's body	1
Prevention of sex transmitted infections, HIV/AIDS included	2
Physical abuse	1
Sexual abuse	1
Developmental issues	2

According to Table 2, 12 respondents indicate that paternal figures are most likely to discuss teenage pregnancy and parenting. Only two adolescents have had discussion of sexual intercourse with their paternal figures as the antecedent of teenage pregnancy.

5.4. ADOLESCENTS PERCEPTIONS OF THE APPROPRIATE AGE FOR THE ONSET OF SEXUALITY EDUCATION

On being asked to indicate the age at which adolescents would consider to be appropriate for the discussion of sex related topics, respondents gave a variety of age range from which they consider relevant to receive sexuality education. The table below summarises distribution of the sample by age and the adolescents responses to the ages considered appropriate for the onset of sexuality education.

Table 3: Frequencies of ages at which adolescents perceived appropriate for the onset of sexuality education

Age	Age frequencies	Male frequencies	Female frequencies
12	2	0	2
13	8	1	7

14	12	3	9
15	15	1	14
16	12	6	6
Total	49	12	38

According to Table 3 and 4 the age of 15 were considered as the most appropriate onset for the sexuality education by the majority of females, whereas age 16 were considered as the appropriate age range for the onset of sexuality education by the majority of male respondents.

Table 4: Adolescents' perceptions of the appropriate age for onset of sexuality education with paternal figures

Ages	Total	Male	Female
12	2	0	2
13	8	1	7
14	12	3	9
15	15	1	14
16	12	6	6
17	5	3	2
18	7	2	5
19	1	0	1
Tot	62	16	46

Table 4 shows that age 15 is regarded by the majority of females as the appropriate age for the onset of sexuality education, and that age 16 is regarded by the majority of males as the appropriate range for the onset of sexuality education.

5.5 ADOLESCENTS GENERAL PERCEPTIONS OF THE INFORMATIO PROVIDED BY PATERNAL FIGURES ON SEXUALITY TOPICS

Those adolescents who indicated that they do receive sexuality information from their paternal figures were asked to indicate whether or not they perceive information that is provided their paternal figures as addressing their needs with regards to sexuality. The respondents were asked to respond by indicating a "yes or no" to the question. The results are summarised in the table below.

The study showed that 14 adolescents indicated that the information obtained from the paternal figures about topics on sexuality education is unsatisfactory.

5.6. ADOLESCENTS PERCEPTION OF ADEQUACY/INADEQUACY OF KNOWLEDGE ON EACH TOPIC PROVIDED BY PATERNAL FIGURE

The respondents were further probed to establish their perceptions of what sexually related information do they think paternal figures had enough and not enough knowledge to discuss with them. The range of topics with which adolescents' mentioned to be discussed with them by paternal figures is listed in response to the above question. A summary of the results are presented on the tables below.

Table 5: Adolescents' perceptions of adequacy of knowledge on topics provided by paternal figures

Topics	Male	Female	Total
Pregnancy & Parenting	1	10	11
Dating, partying & sex	2	5	7
Sexual intercourse	3	15	18
Rape and sexual harassments	3	2	5
Developmental issues (female & male)	2	3	5

Table 5 indicate that 10 females out of a total of 11 participants who responded to the question positively identify paternal figures as competent on discussing pregnancy and teenage parenting issues. Of the same total of 11 only one male respondent shared a similar view. Table 5 also indicate that 18 females against 3 males positively identify paternal figures as competent on discussing sexual intercourse; whereas5 females as opposed to 2 males identified paternal figures as competent in discussing dating, partying and sex.

Out of the total of five respondents, 2 males and 3 females identify paternal figures as competent in discussing developmental issues (female menstrual cycle; male orgasm, wet dreams etc.)

Table 6: Adolescents' perceptions of inadequacy of knowledge on topics provided by paternal figures

Topics	Male	Female	Totals
Pregnancy & Parenting	2	9	11
Sexual Intercourse	4	8	12
Developmental Issues	1	10	11

Table 6 above indicate that 9 of females out of a total of 11 participants who responded to the question equally identified paternal figures as incompetent in discussing pregnancy and parenting. Four males out of a total of eight females' responses negatively identify paternal figures as incompetent in discussing sexual intercourse. Ten females out of a total of 11 participants and 1 male identified paternal figures as incompetent in discussing female developmental issues (female menstrual cycle).

5.7. TOPICS THAT THE ADOLESCENTS WOULD MOST LIKE TO DICUSS WITH PATERNAL FIGURES

The information presented on the Tables (4 and 5) provides a summary of the results based on the adolescents' expectations in terms of likes and dislikes of the topics that they would like paternal figures to engage them on. Interestingly the data that emerged indicates that adolescents would like to discuss certain topics with their paternal figures, and simultaneously they do not like to have discussion on the same topics with their paternal. The results on both data do indicate that there is no pattern as far as the question is concerned indicating exactly where the adolescents in the sample stand with this question.

Table 7: Topics that adolescents would like to discuss with paternal figures

Topics	Male	Female
Pregnancy & Parenting	2	2
Dating (Pros & cons)	7	11
Consequences of sexual intercourse	8	30
Sexually Transmitted Infection Prevention	2	0
Developmental Issues	3	11
Rape & Sexual harassment	2	3

According to Table 7 majority of the females (n=30) and males respondents (n=8) in the sample indicated that would most like their paternal figures to talk to them about sexual intercourse and its consequences. Two females respondents and two males respondents indicated they would like to discuss teenage pregnancy and parenting. Eleven females and seven males would like to discuss pros and cons of dating. It is interesting that two males would like paternal figures to talk to them about sexually transmitted infections (STI) prevention where females respondent submitted no response to this topic. Also noted are 4 females and 3 males respondents expecting paternal figures to discuss developmental issues. No female respondents have however, not interested to talk about sexually transmitted infections with their paternal figures, whereas two males are interested in hearing about this topic.

Table 8: Topics that adolescents would not like to discuss with paternal figures

Topics	Male	Female	Total
Pregnancy & Pregnancy	2	9	11
Sexual intercourse	4	8	12
Developmental issues (female & male)	1	10	11

It is interesting to note that 9 female respondents against 2 male respondents reported that paternal figures did not have enough knowledge in matters that pertains to pregnancy and parenting. It is also indicated that four male respondents as opposed to the eight female respondents who indicated that paternal figures does not have enough knowledge on sexual intercourse matters. Finally 10 female respondents indicate that paternal figures have not enough knowledge about developmental issues (menstrual cycle) when only 1 male indicated that a paternal figure does not have enough knowledge on this matter (for example, wet dreams, masturbation etc.).

5.8. IS YOUR PATERNAL FIGURE A RIGHT SOURCE OF INFORMATION

Adolescents were asked to indicate a “yes or no” answer to whether or not their paternal figures are a right source of information for sexuality education. A confidence interval indicates that 32 females and 11 males respondents considered their paternal figures as a right source of information regarding sexuality education. Table 9 indicates that 64% of female and male respondents consider their paternal figures as a right source of information regarding sexuality education. The results also indicates that there is a 90% confidence interval that the true value lies between 55-76 that the same response indicating that a paternal figure is a right source of information on sexuality education would be obtained if this question were to be administered to a different set of population of adolescents.

5.9. CONCLUSION

This chapter presented the results to this study starting with the main question of the research on whether or not adolescents perceive paternal figure as involved in their sexuality education. This was followed by the results indicating a presence of the gender significant differences derived form the chi square test in the responses of those adolescence who indicated a “yes” to the above question was presented. The topics that adolescents reported having had discussion on with the paternal figures were presented; followed by adolescents’ general perceptions of information provided on sexuality topics. The sufficiency of the information provided by paternal figure was also analyzed based on adolescents’ perception of whether or not such information is adequate and or inadequate. Finally the question of whether or not adolescents perceive paternal figures as a right source of information on sexuality education was addressed. The following chapter is a discussion of results.

CHAPTER SIX

6. DISCUSSION, SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The overall aim of this study was to assess if adolescents perceive their paternal figures as involved in their sexuality education. In this section, the results of the present study will be discussed and interpreted in the context of the literature review and the theoretical models reviewed in this study.

6.2 ADOLESCENT PERCEPTION OF THE PATERNAL FIGURE'S INVOLVEMENT IN SEXUALITY EDUCATION

The findings of this study indicate that only 23 participants out of a total of 66 respondents adolescents perceive their paternal figures as involved in their sexuality education. These findings are much higher than the paternal figure involvement in sexuality education of adolescents reported in other studies. Twaise's (1993) study for example, found that 1% of fathers discusses sex related matters with their adolescents' children. The present findings are consistent with the fact that fathers have a particular important role to play (Focus on the family, 2003), and have made a positive influence towards the adolescent daughter's recovery on, for example, the trauma of rape (Hadley, 1987). Men, with only a few exceptions, are involved in the caring for the children. The trend indicated in the present study seems to be consistent with Emihovic's (1984) observation that the notions of fatherhood are gradually changing and fathers are now positively responding to being encouraged to develop those nurturing qualities that will not only make them better fathers but good partners too.

The study revealed that some respondents believe that their paternal figures could have a positive influence on their sexuality development by displaying a less authoritarian and open attitude towards discussion of sexuality matters. There is also an indication from the present study of a significant gender difference at 0.05 level obtained from the respondents who indicated having had sexuality education with their paternal figures.

Literature review seems to affirm the findings of the present study that poor communication of the parents with adolescents' sex related matters has negative influence to their sexuality education (Alexander, 1984;Benedict, 1934; Driskil & Del campo, 1992; Lusawana, 1993; Rice, 1978, 1993; Twaise, 1993).

According to Allen-Meares and Shapiro (1988) teenagers as (especially older ones) who engage in non-marital intercourse in the context of a committed caring relationship and within adequate contraceptive and health protections as potentially expressing positive psychosexual development. The current study further suggests that most respondents indicated that the paternal figure is a right source of information for sexuality education. These results seem to suggest a change of attitude to sexuality education of adolescents' children among paternal figures. However, the results appear not to correspond to those in Ndlangisa's (1999) study which found that 12.1% of the adolescents hoped that sex education would address sex-related issues not discussed at home.

The present study reveals that the most females and males respondents in the sample, who answered "yes" to paternal figures' involvement in sexuality education, indicated a presence of a gender difference. The study indicates an observed significant gender difference to those who considered the paternal figure as involved in the sexuality education. Perhaps that confirms an existence of a strong positive relationship between the fathers and adolescent son's gender role beliefs and expectations (Emihovic, 1989). The results seems to echoe Foucault's views that sexuality must not be thought of as a kind of natural given which power tries to hold in check, or as a kind of natural given which knowledge tries to uncover. It is the name that can be given to a historical construct (Foucault, 1978 as cited in Weeks, 1989).

6.3. ASPECTS / TOPICS THAT ADOLESCENTS REPORTED HAVING DISCUSSSED WITH THEIR PATERNAL FIGURES.

The present study indicates that some of females and males respondents reported having had discussion on issues of teenage pregnancy and parenting with their paternal figures. However, only a small number of respondents report having had discussion on sexual intercourse as an antecedent of pregnancy. Freud (1956) contends that puberty which comes after the latency stage is characterized by an increased hormonal output that leads to the re-awakening of sexual energies. Thus, it is imperative that parents do talk to their adolescents about matters of sexuality, with a specific reference to the paternal figures.

Similar findings are presented in the literature that paternal figures are experiencing difficulties talking to their adolescents' children about sexual intercourse as a prerequisite for teenage pregnancy (Gilbert & Bailis, 1980; March, 2000; Maposa, 1985, 1995). It should be noted that adolescents use defence mechanism that are the ego's unconscious strategies of dealing with anxiety. On the contrary as the adolescent matures more stable defences are utilized and begin to recognize that emotional and sexual need must be satisfied outside the family (Freud, 1969).

It is interesting to notice that in the present study a minority of male respondents showed less interest in talking about teenage pregnancy with the paternal figures. Perhaps these findings could be attributed to the fact that in other contexts children were exposed from a very early age to discrete daily example and instruction about proper sexual demeanour. This may have been conducted with an understanding that sexuality pervades virtually every aspects of the person's life (Allen-Meares & Shapiro, 1989).

Boys in this society also learned from a very early age in largely homosocial environments. Direct instructions from uncles and older peers also conveyed not just the notion that sex was normal and natural, but also the seriousness of a man's responsibility in sex. A boy also learned that sex was not something frivolous or of individual preference, but that his performance would ultimately stand before the court of family, community and ancestral opinion (Epprecht, 2004).

This is in agreement with the fact that personality is structured to allow for the relief of tension in ways that are socially acceptable and consistent with an individual's conscious and unconscious values and attitudes (Freud, 1956). According to Erikson (1968) the feedback that one gets is of prime importance to the clarification of who one is. He therefore, sees falling in love during adolescence as a means of searching for identity. He indicates though that although parents are agents of social support, influence of peers increases.

The current study illustrated that both females and males adolescents would like to discuss the "pros" and "cons" of dating with their paternal figures. It is interesting to note some of the males in the study were interested in the discussion of the rape and sexual harassment, whereas none of the females indicated an interest in the discussion of this topic. In the present study some of the males also indicated an interest in engaging paternal figures in the discussion about sexually transmitted infections and females show no interest in this topic.

Endesber's (2000) study of the teenage knowledge of sexually transmitted infections revealed that a 19 year old male who tested positive with genital herpes reports that his parents had never discussed anything about such sexual infections. Neither did his peers talked about it at school. In the current study none of the adolescents reported at which age (Table 4) would they like to be taught which topic. This seems to concur with Mavighurst (1972) idea that human development is a process in which people attempt to learn tasks required of them to which they are adapting tasks with age as each society has age-graded expectations. The person who learns well receives satisfaction and reward, while one who does not, suffers disapproval and unhappiness.

6.4 ADOLESCENTS PERCEPTION OF THE APPROPRIATE AGE FOR THE ONSET OF SEXUALITY EDUCATION

The present study revealed that most of the females as opposed to males respondents indicated that age 15 and 16 for the males are the appropriate age onset for the paternal figures to disseminate sexuality education. Among the 28 respondents who reported that paternal figure is a right source of information, given their age range, those who are 15 years consider that it should have already happened, yet those who are 13 years think that it should have happen later. Interestingly, studies have shown that sexual initiation is beginning at a very young age for many children and adolescents. Piaget (1958, 1978) indicates that adolescents are at the formal operational stage of thinking, hypothetical deductive thinking, anticipation of consequences, and introspection.

One reason for adolescent to develop egocentric view point is that their new cognitive skills enable them to think about concepts with which they have little or not actual experience, such as sex or romantic love. However, because many of these issues are personal, they seldom discuss them with adults (Elkind, 1967). Therefore, as Davis (1940) notices that the cause of conflict during adolescence arises due to the generation gap between the parents and their children. As a result the major determinant of difficulty in adolescence is the level to which socialization is discontinuous when the individual has to learn a set of adult behaviours; roles and attitudes different form those learned in childhood (Benedict, 1934).

According to Kelly (1998) in the literature the average age at which first sexual intercourse is experienced by the youth of today is 11.8 years among males and 15.6 years among females (Kelly, 1998). The age of 15 years as reported by females in the present study is the similar preferable age appropriate for the onset of sexuality reported among females in other studies.

In short, the study shows that the two-third of female respondents stress lower age and the one-third of male respondents report higher age of the appropriateness of the onset of sexuality education. The age of 10-15 years is the early adolescent and these girls at this age range are regarded as too immature for effective child bearing (Kaiser Family Foundation, 2004; Seller, 1997; UNAIDS, 2000 as cited in Van Dyk, 2001). However, it should be realized that the years between 11 and 14 typically include the greatest hormonal changes and physiological growth and the first experience with menarche and ejaculation and this period is ripe with adjustment for adolescent (Faust, 1990). The present study appears to some extent to indicate a common trend with other studies regarding adolescents' preferences for the age appropriateness of the onset of sexuality education among adolescents. It should be realized though that adolescent is a difficult and stressful time when adolescents are required to become responsible, dominant, and sexually active within a short period without having been prepared, instead having been taught and encouraged in patterns directly opposite this behaviour. The manner in which society conditions youth for adult responsibility varies considerably from culture to culture (Benedict, 1934). In black African context the belief system seems to play role in broader sexuality (Mokoena, 2003).

To this end, there exists a need for sexuality and life skills education to be introduced to children and adolescents at a younger age (Kelly, 1998; Van Dyk, 2001). Interestingly, however, the present study revealed that some of the females and males respondents believed that there exists poor communication with paternal figures regarding sexuality education. They perceive their paternal figures as authoritarian ("strict") as well as not open to discussion about sexuality matters. The same trend was also observed in the literature (Emivoch, 1984; Hadley, 1987 Oosthuizen, 1997).

6.5. ADOLESCENTS' GENERAL PERCEPTIONS OF THE INFORMATION PROVIDED BY PATERNAL FIGURES ON SEXUALITY TOPICS

Most female and male respondents considered the paternal figure to be a right source of information for sexuality education. Interestingly the present study observed that most of those who had said "yes" paternal figures is a right source; only a few indicated that they have "never" had such sexually-related conversations. The present study indicates that twice as many females than males reported that paternal figures were both qualified and not qualified to discuss sexual intercourse with them. The present study indicated no trend among females on whether or not they have a positive or negative view of the paternal figures' competency/incompetence discussing adolescence pregnancy and parenting.

This topic, however, seems predominantly a concern among female respondents. The study also indicates that dating, partying and sexual intercourse seems to be a relevant issue but both female and male respondents in the study revealed no indication of positive and/or negative view of paternal figures' competency and or incompetence in discussing this aspect with them.

However, problem that has been noted regarding sexual activity is that in discontinuous socialization children are expected to behave as non-sexual beings until marriage (Benedict, 1934). Perhaps children experience difficulty as all of a sudden as adults they are to exhibit a mature, well functioning sexual behaviour (Bendict, 1934). Five males against one female respondent viewed paternal figures as competent to comment on the topic around rape and sexual harassments. According to Faust (1990) during seventh or eight grade early-maturing girl is more likely to be respected and liked for one thing and that is she is attractive to older boys, making her the target of envy more than scorn. The study indicates that more females view paternal figures as incompetent as opposed to only few who positively viewed paternal figures as competent in discussing developmental issues. Two versus one male respondent were disinclined to mention a positive and or negative view of paternal figures competency and incompetence on this aspect of developmental issue.

Some females in the study indicated that paternal figure has adequate knowledge about teenage pregnancy and parenting. Some females considered paternal figures as possessing adequate knowledge regarding sexual intercourse. On the other hand, few males showed some concern in matters of pregnancy and parenting with some of them indicating confidence in the paternal figures' knowledge regarding topics such as sexual intercourse, rape and sexual harassment and developmental issues. Both female and male respondents saw the paternal figure as possessing adequate knowledge about matters of dating, partying, and sexual intercourse.

6.6. SUMMARY OF THE STUDY

Several main findings can be reported from the study's main question of adolescents' perception of paternal figures' involvement in their sexuality education, and will be discussed in terms of the research questions and aims of the study. The results of the study show that a minority of the adolescents perceives paternal figures as involved in their sexuality education. When these findings are measured against the existing studies on this topic, they indicate a difference and shows that there is a change of trend in the fathers' participation in their children's' sexuality development.

The study showed no trend in the adolescents' adequacy and inadequacy of the paternal figures' involvement with different topics that are discussed during these conversations. The topic on pregnancy and parenting appeared to be the main topic that both respondents considered to be receiving greater attention. The female respondents indicated no positive (competence) and or negative (incompetence) of the paternal figures' involvement in the discussion of this topic. The males were disinclined to mention positive (competence) or negative (incompetence) on male developmental issues. A majority of the females indicated that the paternal figures are less competent to deal with females developmental issues (for instance, menstruation). The study also indicated a significant gender difference in the paternal figures' involvement in sexuality education.

6.7. LIMITATIONS OF THE STUDY

Various methodical limitations should be taken into account when analyzing the outcomes of this study. Firstly, the sample used was limited by the fact that the respondents' were not the representative of the whole population of the adolescents and therefore could not be generalized. It should also be taken into consideration that the number of the female participants outnumbered that of the male participants. The question that addressed the adequacy and inadequacy of the information obtained from the paternal figures failed to achieve its desired outcomes. It failed to elicit enough responses as an open-ended question as compared to other questions of the similar one in the entire questionnaire. Perhaps it could have elicited adequate information if it were to be measured based on a scale of rank.

In addition, the subjects participated in the study on a voluntary basis meaning they were not obligated to participate in the study. This may have in turn that the participants provided information that was socially desirable (Rosnow & Rosenthal, 1991). It is therefore possible that the information provided by the respondents is biased and not a complete reflection of the paternal/father figures' level of involvement in the sexuality education of the adolescents. Despite these limitations, it must be asserted and added that this study yielded relatively useful issues pertaining to the adolescents' perceptions of the paternal/father figures' attitudes and role in the dissemination of the sexuality education

6.8. RECOMMENDATIONS

Father forum platform has to be initiated and publicized in detail to help a majority of paternal/father figures to engage in the sexuality of their adolescents' females and males. These forums should focus on the empowerment of the paternal/father figures' natural dispositions, both biological and psychological knowledge of their adolescents' sexuality education needs.

This intervention will also help enhance the communication to facilitate constructive development of the adolescents' sexuality needs as the studies including the current one indicate positive need for the paternal figures' involvement. Social institutions such as the church and other relevant institutions as well as professional work force such as teachers, psychologists, and community activist in various areas should be utilized as the discourse to campaign for the participants to engage paternal/father figures to such programs.

6.9. CONCLUSION

In comparisons to other studies that were conducted on fathers' participation in the adolescents' sex education, the present study does indicate a change in cross sectional survey in that father'/paternal figures' are beginning to take interest in their adolescents' children's sexuality development. The findings of this study have shown that adolescents perceive their paternal figures as a right source of information on sexuality matters.

The study has shown that certain topics represent relevant topics to be discussed between the paternal figures and the adolescents, yet there was no indication of whether or not adolescents perceive paternal figures as competent or incompetent in the discussions of such topics. It was also noted in this study that the pregnancy and parenting topic was rated as most likely to be discussed by the paternal figures. However, the study shows that sexual intercourse is less likely to be mentioned as the antecedent to teenage pregnancy.

Perhaps the present study is beginning to show a longitudinal change and that men's need for more information about sexuality developments of their adolescents' children and the greater sharing of becoming a parent are becoming evident. To be able to sustain this change in the fatherhood shown not only by the present study, the psychological training of fathers/paternal figures as nurturers ought to be encouraged that will continue to make them not only better fathers, uncles, etc., but also better partners.

Thus a need for the continuity and publicity of the father's forums and / or discussion ought to be encouraged if we are to build a society of fathers/paternal figures that are not only looking after their adolescents' needs as elaborated by Maslow's hierarchical needs, but also educating them about constructive sexuality behaviours.

Therefore, parents, teachers (males), and the community of fathers/paternal figures should be made aware that sexuality education goes beyond the physiology and the changes that accompany puberty but also covers communicating about sex-related issues, personal values, the meaning of dating, relationships, as well as topics that are considered controversial like contraception, sexual intercourse, rape and sexual harassment, sexually transmitted infections, including HIV/AIDS, virginity or respect of ones' body and or homosexuality/lesbianism. A significant amount of attention should be directed at encouraging paternal/father figures to become more involved in their children's sexuality education with regards to these aspects.

6.9.1. **CONCLUSION**

This chapter presented the results and discussion of the adolescents' perceptions of the paternal figures' involvement in their sexuality education. It also addressed the perceptions of the adolescence view on whether or not the paternal figures' knowledge with regard to sexuality is adequate. It also looked at the aspects and or topics that are more frequently and least discussed during conversations with the paternal figures. Lastly, the gender differences in the sample's group of adolescence who indicated that paternal figures are involved in sexuality education discussion; summary; limitations recommendations and conclusion were addressed.

REFERENCES

Allen-Meares, P. & Shapiro, C. H., (1989). Adolescent Sexuality: New Challenges for Social Work. New York: Haworth Press.

Alexander, S. J. (1984). Improving sex education for Young Adolescents: Parents' view. Family relations, 10, 251-257. AIDS Training, Information & Counselling Centre (1998).

Babbie, E. R. (2005). The Basics of Social Research. Belmont, CA: Thompson/Wadsworth

Bailey, K. D. (1982). Methods of Social Research. 2nd edition. New York: The Free Press.

Barker, A. M. (1986). The Mother Syndrome In Russian Folk. Columbus, Ohio: Slavia Publishers

Benedict, R. (1934). Paternal of Culture. New York: American Library.

Blos, P. (1989). The inner world of the adolescent. Chicago: University of Chicago Press.

Campbell, T. A. & Campbell, D. E. (1990). Considering the adolescents point of view: A market model for sex education. Journal of sex education and Therapy., 16, 185-245.

Corley, I.A. & Hoff, M.W. (1974). The Generation Gap in sex education: Is there one? *Journal of School Health*, 44, 428 - 437.

Corley, I. A. & Hoff, M. W. (1974). The generation gap in sex education: Is there one? Journal of School Health, 44, 428-437.

Chambers, J., Power, K., Louckes, N., & Swanson, V. (2001). The interaction of Perception maternal and paternal style and their relation with the psychological

Darling, C. A. & Hicks, M. W. (1982). Parental Influence on Adolescent Sexuality: Implications for Parent and Educators. Journal of Youth and Adolescence,11, 231-245.

Distress and offending characteristics of incarcerated young offenders. *Journal Of adolescence*, 24 (2), 209-229.

Charlmers B. (1990). Pregnancy and Parenthood: Heaven Or Hell. Berev Department of Education and Health, (2002). Life skills and HIV/AIDS education,
48 - 49.

Department of Social Development (2002). HIV/AIDS Case Studies in South Africa Vol.1. Pretoria: South Africa.

Davis, K E. (1985). Near and Dear: Friendship and love compared. Psychology Today, 5, 22-29.

Dlamini, L. S. (2002). The problems of teenage mothers in Southern Hho-Hho regions of Swaziland. Masters thesis, Department of Psychology, University of South Africa.

Driskill, P. & Delcampo, R.L. (1992). Sex Education in the 1990: A Systems Perspective on Family sexuality. *Journal of Sex Education and Therapy*, 18, 420 - 425.

Elkind, D. (1967). Egocentrism in Adolescence. Child Development, 38, 1025-1034.

Erikson,E. H. (1968). Identity: Youth and Crisis. New York: Norton.

Epprecht, M. (2004). The history of a dissident sexuality in Southern Africa. Mountreal: McGill-Queens University.

Faust, N. F. (1990). Discipline and the calsroom teacher. Port Washington, N.Y. : Kennikat Press

Ferguson, A. (1989). Blood at the root: Motherhood, Sexuality and Male Dominance. London: Pandora.

Focus on Family (2003). Talking about Sex and Sexuality to your adolescent. Retrieved August,08,2003, from http http://www.family.org/youth/placeandteens

Foxcroft, C. & Roodt, G. (2001). An introduction to psychological assessment, in the South African Context. Cape Town: Oxford University Press.

Franken, R. E. (1986). Human Motivation. Pacific Groove: Brooks/Cole Publishing.

Foucault, M. (1978). History of Sexuality Vol. ii: An introduction: The will to know. New York: Panttheon.

Fox, G.L., & Lusawana, M.G.L. (1980). The Mother-Adolescent Daughter relationship as a sexual socialization structure: A Research Review. Family Relation, 29, 21 - 28.

Freud, A. (1969). Adolescence as a developmental disturbance. New York: Washington Square Press.

Freud, S. (1956). A general introduction to psychoanalysis. New York: Washington Square Press.

Freud, A. (1969). Adolescent as a Developmental Disturbance. New York: Washington Square Press.

Freud, S. (1956). A General introduction to Psychoanalysis. New York: Washington Square Press.

Garson, P. & Mtshali, T. (1998). Better Young than Late. The Teacher, 3, 6-7.Gilbert, F.S. & Bailis, K.L. (1980). Sex Education in the home: An Empirical Goldman, S. (1982). Children sexual thinking. London: Routledge and Regan Paul.

Hacker, S. S. (1986). Telling it like it is: A challenge to the field of sex education.
Journal of sex education and therapy. Vol.12 No 1.

Hallway, W. (1989). Subjectivity And Method In Psychology: Gender, Meaning And Science. London: Sage

Hamalainen, S. & Keikaaniemi, S. (1993). A controlled study of the effects of one lesson on the knowledge and attitudes of school children concerning HIV and AIDS.
Health Education Quarterly, 20, 419-421.

Havihurst, R. (1952). Developmental tasks and education: New York: Longman.

Holden, S. (2003). AIDS on the Agenda. Adapting Development and Humanitarian Programme to Meet the Challenges of HIV/AIDS. London : Oxfam.

Inazu, J.K. & Fox, G.R. (1980). Maternal Influence on the Sexual behaviour of teenage adolescents in Kenya. International Family Planning Perspective, 19, 92 - 97.

Isberner, F.R. & Wright, W.R. (1990). Sex Education in Illinios churches: Theoctopus Program. *Journal of Sex Education and Therapy*, 14, 29 - 53.

Kaplan, H. I. & Sadock, B. j. (1997). Synopsis of psychiatry. New York: Williams and Wilkins.

Kaplan, M.S., Becker, J. V. & Tenke, C. E. (1991). Assessment of Sexual knowledge and attitude in an adolescent sexual offender population. Journal of Sex Education and Therapy, 17, 217-225.

Kaplan, M.S., Becker, J.V. & Tenke, C.E. (1991). Assessment of sexuality knowledge and attitudes in an adolescent sex offender population. *Journal of Sex Education and Therapy*, 17, 217 - 225.

Kelly, J. a. & Lawrence, J. S. (1998). The Aids Health Care Crisis: Psychological and Social Interventions. New York: Plennum Press.

Kerlinger, F. N. (1986). Foundation of Behavioural Research. Forth worth: Harcouth Brace.

King, B., Paris, L.S. & O'Dweyer, K.L. (1993). College sexuality promotes future discussions About sexuality between former students and their children. Journal of sex education and therapy, 19, 285-293.

Koblinsky, S. & Atkinson, J. (1982). Parental plans for Children's Sex Education: Family Relations. *Journal of Sex Education and Therapy*, 31, 29 - 35.

Kohlberg, L. (1958). The Development of modes of moral thinking and choice in years 10 to 16. Unpublished doctoral Dissertation: University of Chicago.

Kohlberg, L. (1969). Stage and Sequence: The Cognitive Developmental Approach to Socialization. Chicago: Rand McNally.

Langley, M. (1995). South African 19 Field Interest Inventory Manual. HSRC: Pretoria

Larson, N. C., Hussey, J. M., Gilmore, M. R., & Gilchrist, L. D., (1996). What about dad? Fathers of children born to school-age mothers.Families in society: *The journal of contemporary Human Resources*, 77(5), 279-287.

Lewis, R. (1973). Parents and Peers. Socialization Agents in the coital behaviour of Young Adults. Journal of Sex Research, 9, 157-170

Lipovsek, V., Karim, A. M., Guitierrez, E. Z., Manani, R. J., Del Carmen Castro G. M. (2000). Correlates of adolescent pregnancy in La Paz, Bolivia: Findings from a Quantitative-Qualitative study, 37(146), 335-52.

Louw, D. A., Van Ede, D. M. & Louw, A. E. (1999). Human Development. Pretoria: Kagiso Publishers.

Lubede, M. (1995). An investigation on the perspective of mothers of adolescents on the content and source of sex education. Unpublished B.Ed. Dissertation: University of Transkei, Umtata.

Lusawana, M. N. (1993). An investigation into the factors that might contribute to adolescent Pregnancies and their effort among senior secondary school students in the Umtata district. Unpublished B.Ed. Dissertation: University of Transkei, Umtata.

Majija, N. (1992). An investigation into the factors that might contribute to teenage pregnancies Among standard 7 Junior Secondary School pupils in the Transkei wit special reference to Umtata District. Unpublished B.Ed. dissertation: University of Transkei, Umtata.

Maposa, K. (1995). An investigation of the Parental plans for children's Sex education. Unpublished B.A. Hons. Dissertation: University of Transkei, Umtata.

Mayekiso, T. V. & Twaise, N. (1993). Assessment of Parental involvement in Imparting Sexual Knowledge to Adolescents. South African Journal of Psychology, 23, 21-23.

McGill, L., Smith, P. B. & Johnson, T. C. (1989). Aids: Knowledge, Attitudes and Risk Characteristics of teens. Journal of sex education and therapy, 15, 36-49.

McClead, C. (1999).The cause of teenage pregnancy: Review of South African Research-Part 2. South African Journal of Psychology, 29, (1), 8-16.

March, C. M. (2000). At the centre: Understanding parenting teenage mothers. Morgantown: Scepter Institute.

Matusov, E. (1997). How the cognitive evelopment of an Adolescent Mother Influences the Cognitive Development of Her Child. *Cognitive development*.1-6.

Mayekiso, T.V. & Twaise, N. (1993). Assessment of Parental involvement in imparting sexual knowledge to Adolescent. *South African Journal of Psychology*, 23, 21 - 23.

Mbithi, J. S. (1990). African Religions and Philosophy. Heinamen.

Mead, M. (1939). Coming of Age in Samoa. New York William Moron.

Molokoti, N. (1993). An investigation of the attitude of parent s of adolescents towards Sexuality education. Unpublished B.A. (Hons.) dissertation: University of Transkei, Umtata.

Mokoena, J. P. (2003). The general health and coping strategies of teenage mothers. Unpublished B.A. (Hons.) dissertation: University of the North, South Africa.

Mogotlane, S. (1993). Teenage pregnancy: An unresolved issue, a manuscript from the Nursing Department, Medical University of South Africa.

Mouton, J. (1996). Understanding Social Research. Pretoria: J. L. Van Schaik Muriungu, A. M. (2005). Media coverage of Kenya's 2002 elections: and The East African standard. Unpublished Masters Thesis, Journalism and Media Studies: University of Witwatersrand, Johannesburg.

Muriungu, A. M. (2005). Media Coverage of Kenya's 2002 elections: and The East African standard. Unpublished PhD. Thesis , Journalism and Media Studies: University of Witwatresrand, Johannesburg.

Ndlangisa, N.J. (1999). Perspective of adolescents and their parents on the content and source of sex education. Unpublished Masters Dissertation, M. Sc. (Psych): University of Transkei, Umtata.

Neuman, W. L. (1997). Social Research Methods. Qualitative and Quantitative Approaches. London: Allyn and Bacon.

Neuman, W. L. (1997). Social Research Methods. Quantitative and Qualitative Approaches. London: Allyn and Bacon.

Nokwe, J.K. (1991). The attitude of teachers and parents towards offering sex education as a separation course in Senior Secondary Schools. Unpublished M.Ed. Dissertation: University of Transkei, Umtata.

Ntombela-Motapanyane, B. B. (1995). The perception of teenage pregnancy by the black primigravda teenager in the Umlazi area of Kwazulu –Natal. Chasa Journal of Comprehensive Health, 6(3), 152-154.

Nxumalo, Z. E. (1997). Teenage pregnancy: psychological and educational Implications. *Unpublished dissertation of the Department of Educational Psychology,* University of Natal. Summary obtained from Nexus Database Of current and completed research in South Africa.

Onya, H.E., Madu, S.N. & Modiba, A. M. (1999). A South African Village Perception of Teenage Pregnancy. An unpublished manuscript of Health Sciences, University of the North.

Oosthuizen, V. (1990). The social problem of teenage pregnancy-A Review. Southern African Journal of child and adolescent Psychiatry, 2, 44-49.

Page, N.P. (1990). Effectiveness of a Sex Education Programme in Changing sexual knowledge, attitude and Behaviour of Black Adolescents. Unpublished M.ED. Dissertation: University of Witwatersrand.

Penxa, V. (1992). A study of attitudes of teachers and standard ten students in the Catholic Senior Secondary Schools in Umtata District towards inclusion of sexuality education in the school curriculum. Unpublished B.Ed. Dissertation: University of Transkei.

Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. New York: Norton.

Pistella, C. L. & Bonati, F. A. (1999). Adolescent Women's recommendation For enhanced Parent-Dolescent Communication About Sexual Behaviour. Child and Adolescent Social Work Journal, 16(4), 305-316., Umtata.

Reiss,M. (1993). What are the aims of school sex education? Cambridge Journal of Education, 23, 125-135.

Rice, F.P. (1978). The adolescent: Development, relationships and culture. London: Allyn and Bacon.

Rice, K. G., Herman, M. A. & Peterson, A. C. (1994). Coping with challenge in adolescence: A psycho-educational intervention. Journal of adolescence, 16, 235-252

Rosenthal, R. and Rosnow, R. L. (1991). Essentials of Behavioural: Methods and Data Analysis. New York: McGrawhill.

Russel, M. and Schneider, H. (2000). A Rapid Appraisal Of community Based HIV/AIDS Care and Support Programmes in South Africa. Centre for Health Policy, University of Witwatersrand, Johannesburg.

Sapire, K. (1990) Contraception and Sexuality in Health and Disease. London: Mc Graw Hill Book Company

Saunders,M., Lewis, P. and Thornhill, A. (1992). Research for Business Students. London: Pitman Publishing.

Seller,P. M. (1997). *Midwifery.* Cape Town:Juta and Company Limited.

Shapiro, C.H., & Allen-Meares, P. (1989). Adolescent Sexuality: New challenges For social work. New York: Harworth Press

Shisana, O. and Simbayi, L. (2002). Nelson Mandela/HSRC Study of HIV/AIDS. South Africa National HIV Prevalence, Behavioural Risks and Mass Household Survey 2002. Cape Town: Human Science Research Council.

Swana, G.M. (1994). A proposed conceptual model of a Guidance and Counselling Programme in Post-Apartheid S.A. Unpublished M.Sc thesis: Florida Agricultural and Mechanical University.

The American Academy of Paediatrics. (2001). Care of Adolescent Parent and Their children. *Paediatrics*, 107(2), 429-434.

The Kaiser Family Foundation. (2001). Impending Catastrophe Revisited: An update on the HIV/AIDS epidemic in South Africa. South Africa:
Colorpress (Pty) Ltd.

Todres, R. (1990). Effective Counselling in the transition of family planning and Sexuality education. Journal of sex education and therapy, 16, 279-285.

Twaise, N .V. (1992). The Social problem of teenage pregnancy. The role of Family in teenage pregnancy. Unpublished Honours Dissertation: Unversity of Transkei,
Umtata.

Umeh, D.C. (1997). Confronting the AIDS epidemic, cross cultural perspective on HIV/AIDS education. Trenton: Africa World.

United Nations Population Fund (UNFPA). 2004. An overview of Adolescent Life Retrieved March 24 from http://www.unpfa.org/adolescents/overview.htm.

United Nations Programme on HIV/AIDS (2006). UNAIDS/WHO Epidemic Update. UNAIDS: Retrieved on 01 December 2006, from http://www.unaids.org.

Vikat, A., Rimpela, ., Kosunen, E., & Rimpela, M. (2000). Socio-demographic Differences in the occurrence of teenage pregnancies in Finland in 1987-1998:

A follow-up study. *Journal of epidemiology and community health*, 56(9),
659-668.

Van Dyk, A. (2001). HIV/AIDS. Care and Counselling. A Multidisciplinary Approach. (2nd ed). Cape Town: Pearson Education South Africa.

Vundule, C., Mafora, F., Jewkes, R., & Jordan, E. (2001).Risk factors for teenage Pregnancy among sexually active black adolescents in Cape Town: A case Control study. South African Medical journal, 91(1), 73-80.

Van Coeverden de Groot, H. A. & Greathead, E. E. (1987). The Cape Town Teenage clinic. *South African Medical Journa*l, 71, 434-436.

Van Dyk A. & Van Dyk, P.J. (2003). "What is the point of knowing?": Psychological barriers to HIV/AIDS voluntary Counselling and Testing Programmes in South Africa. *South African Journal of Psychology*, 33, (2) 118 - 125.

Van Dyk, A. (2001). HIV/AIDS Care and Counselling: A Multidisciplinary Approach. Cape Town: Pearson Education South Africa.

Vartanian, L. R. (2000). Revisiting the imaginary audience and personal constructs of adolescent egocentrism. Retrived April 06, 2004 form http://www.findartcles.com

Weeks, J.C. (1985). Sexuality and its Discontent: Meanings, Myth, & Modern Sexuality. London: Routleadge & Kegan Paul

Weitsz, G.H. (1990). Towards a school-based Parenting Programme on Early Adolescent Sexuality. Unpublished Doctoral Thesis in Educational Psychology: Rand Afrikaans University.

Williams, C. X. & Mavundla, T. R. (1999). Teenage mohers' knowledge of sex education in a general hospital of the Umtata district. *South African Journal of Nursing*, 22,589-63.

Whiteside, A. & Sunter, C. (2000). AIDS: The challenge for South Africa. Human & Rousseau:Tafelberg

APPENDIX A

QUESTIONNAIRE FOR ADOLESCENT LEARNERS

Section A

Instructions

A. Use the space provided to answer the following questions. Extra information can be submitted at the back of the page.

Biographical Information

1. Sex
2. Age
3. Grade

   Parent / Guardian:

   Mother Figure: Yes, No

   Or other Specify:_____

   Occupation

   Education

   Father figure: Yes, No

   Or other Specify:_____

   Age

   Occupation

   Education

Section B

1. What sexually related information would you like to get from your father figure?

_____

_____

_____

_____

_____

2. At what age would you want to be provided with information on each of the topics mentioned above?

Age

_____
_____
_____
_____
_____
_____
_____

3. Has your father figure ever discussed with you sexually related topics?

Yes
No

4. If yes, which topics have you discussed with him, (list).

_____
_____
_____
_____
_____

5. In your opinion did he provide you with all the necessary information on each topic?

Yes
No

6. Is there any sexually related information that you would not want your paternal figure to discuss with you?

Yes
No

7. If yes, which one(s)?

8. What sexually related information do you think your paternal figure will have enough knowledge to discuss with you?

9. What sexually related information do you think your father figure will not have enough knowledge to discuss with you?

10. Would you consider your paternal figure to be the right source of information about sexually related information?

Yes
No

11. Please explain your answer to question 10 above.

12. What do you believe influences your paternal figure's attitudes towards providing you with sexually related information?

13. What would you consider to be the positive role played by you paternal figure towards your sexual education?

14. Up to now, who / what have been your main source of information about sexuality?

APPENDIX B

Subject Information Sheet

Hi,

My name is Bafana Siboyana. I am a Community based Counseling Masters student at Wits University. I am presently conducting a research as part of the completion of my degree on perception adolescents have towards their father figure's involvement in their sexual education.

The main aim of the study is to determine the attitude adolescents hold towards father figures' involvement as the source of information on sexuality matters. These includes: attitudes adolescent have about father figures as the source of information on sexual education.

Determine if there are significant gender differences in the perception adolescent hold towards father figures involvement with their sexual education.

The learners are expected to complete a set of questionnaire that comprises research study contents. The time allocation for the response to the questionnaire will be 45 - 50 minutes and it will be conducted at the school main library hall to avoid interferences.

I therefore wish to invite you to participate in my study. Please be informed that your participation is voluntary and that non participation will in no have negative consequences. A participant can withdraw from the study at any time. The participant also has the right to refuse to answer any of the questions that make them feel uncomfortable. The entire questionnaire will be destroyed once the research is completed. All the information will be treated as private and confidential. Under no circumstances will any of the responses be shown to anyone other than myself and research supervisor. No identifying information will be included in the final report.

Please do not hesitate to contact me in case you have questions of clarity on the following numbers: (011) 906-3504. Alternatively I can be contacted at this email: sabi.siboyana@eskom.co.za.

I wish to thank you for volunteering to participate in my research project.

Regards

Bafana Siboyana (Researcher)

Tel: 011 906 3504

APPENDIX C

Informed Assessment Form

PARTICIPANT

I have read the information about the study listed in the information sheet. I understand that my participation is voluntary.

I agree to take part in the study under the following circumstances:

1. Information is treated as private and confidential
2. Under no circumstances will any information be shown to anyone else other than me and the research supervisor
3. No identifying information will be included in the final report.

Signature:_____ Date:_____

RESEARCHER

I have explained the aims and procedures of the study. I have assured the participants that participation is voluntary and have explained the research to the best of my ability.

Signature: _____ Date: _____

APPENDIX D

Information Sheet to Principal

Hi,

My name is Bafana Siboyana. I am a Community based Counseling Masters student at Wits University. As part of the completion of the degree, I am conducting a research study on perceptions adolescence have on the paternal figure's involvement in their sexuality education.

The study aimed at eliciting the attitudes adolescent have towards the paternal figures' involvement in their sexual education. It also aimed at determining if there are significant gender differences in the perceptions of adolescence.

I would like to request your permission to utilize the school and its library hall as it will provide with enough space. The assistance of the guidance teacher is requested to help organize all grade 8 and 9 learners both from their respective class teachers and in congregating them at the hall in the day of the research. The research will be conducted for a period of 45-50 minutes. I would also like to inform you that the G.D.E has officially granted me the permission to continue with the study. A document to this effect will be forwarded to you in due course.

Please don't hesitate to contact me should you wish to ask for further information at the following numbers: (011) 906-3504, or you can email any concerns to sabi.siboyana@eskom .co.za.

I would like to thank you for granting me the opportunity to conduct this project at your institution.

Kind Regards

Bafana Siboyana (Researcher) Professor T.V. Mayekiso (Supervisor)

APPENDIX E

Information Sheet to the parents

Hi,

My name is Bafana Siboyana. I am a Community based Counseling Masters student at Wits University. As part of the completion of the degree, I am conducting a research study on perception adolescent have of the paternal figure's involvement in their sexuality education.

The aim of the research study is to find out if adolescent learners perceive their paternal or father figures as involved in their sexual education. The research aimed specifically finding out if adolescent consider their paternal figures as source of information on sex education. It also aimed at finding out if there are gender differences perceived by adolescents in the process of sex education by paternal/ father figures. The learners will be required to respond to the questionnaire of the research which will take 45-50 minutes. Their participation is voluntary and they can withdraw from the study at any time. They will also be allowed not to answer or respond to questions that make them feel uncomfortable.

Under no circumstances will any of the learners' responses be shown to anyone other than me and my research supervisor. All the information will be treated with private and confidentiality. No identifying information will be included in the final report. All the research questionnaires will be destroyed after all the data has been captured. I would like to request that you sign the attached informed consent form stating that you agree that the child participate in the research project. This form can be send back to me via he child and it will be collected at the school. For further information I can be contacted at the following numbers should wish to inquire further information regarding the project: (011) 906-3504. My email address is: sabi.siboyana@eskom.co.za.

I would like to thank you for taking interest in my research project.

Kind Regards

Bafana Siboyana (Researcher) Professor T.V. Mayekiso (Supervisor)

APPENDIX F

Informed Consent Form

PARENT / GUARDIAN

I have read the information about the research study in the information sheet. I understand that my child's participation is voluntary. If he/she wishes to withdraw from the study, he/she can do so. However, my child's withdrawal from the study shall have no negative consequences.

I agree that my child take part in the study under following circumstances:

1. Information will be treated as private and confidential

2. Under no circumstances will any of the information be shown to anyone other than me and my research supervisor.

3. No identifying information will be included in the final report.

Signature: _____ Date: _____

RESEARCHER

I have explained the aims and procedures of the study. I have assured the parents/guardians that participation is voluntary and have explained the research to the best of my ability.

Signature: _____ Date: _____