The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

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DECLARATION

I __NOKULUNGA NTULI_____ declare that this dissertation is my original and unaided work. I have cited and referenced all sources in accordance with APA format. This dissertation has not been submitted for any degree or exam at another university. It is submitted for the first time for the Master of Arts in Social Work by Research at the University of Witwatersrand, Johannesburg.

Signed: 

Date: July 2025

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ABSTRACT

Globally, studies have shown that learner pregnancy and childbirth can have health and social consequences. Female learners who conceive at a tender age often drop out of school, which limits their learning opportunities and employment prospects. Comprehensive Sexual Education (CSE) is instrumental in reducing learner pregnancy rates by providing female learners with information about the consequences of unprotected sex and pregnancy, transferring knowledge about methods of contraception, encouraging condom use, and reducing early sexual debut. However, studies have shown barriers to implementing the CSE, such as sociocultural norms, parental attitudes, educator-related challenges, and economic constraints. The study explored the role of CSE offered as part of the Life Orientation (LO) subject in secondary schools in Soweto, South Africa. The research adopted a qualitative approach using the phenomenological research design. The purposive sampling technique was used to recruit female learners and educators from two (N = 2) public secondary schools located in Soweto. In each secondary school, the researcher recruited ten (N = 10) female learners and three (N = 3) educators who were teaching and coordinating the LO subject. An interview guide was used as the research instrument, and the data was collected through semi-structured one-on-one interviews. Thematic analysis was used as the method of data analysis. Bronfenbrenner's bioecological theory was used to understand the impact of the contexts in which the learners live, especially regarding female learners' experiences of sexual education and experiences of learner pregnancy. The key findings reveal that CSE improves learners' knowledge of contraceptives and pregnancy prevention. However, cultural and religious practices and educators' discomfort hindered educators from openly talking about sex and its consequences during the LO lessons. As a result, the learners reported to often rely on peers or online sources for sexual health information, leading to the spread of misinformation. The recommendations include expanding teacher training, enhancing the CSE curriculum, and increasing collaboration with health professionals to provide resources within schools.

Key Words: Experiences, Learner Pregnancy, Secondary Schools, Sexual Education. Comprehensive Sexuality Education, Life Orientation subject.

ABBREVIATIONS

CSE	Comprehensive Sexual Education
LO	Life Orientation
DBE	Department of Basic Education
ICDP	International Conference on Population and Development
LMICs	Low- and Middle-Income Countries
SLPs	Scripted Lesson Plans
SRH	Sexual Reproductive Health
SSA	Sub-Saharan Africa
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WHO	World Health Organisation

TABLE OF CONTENTS

DECLARATION 2
A**CKNOWLEDGEMENTS** 3
ABSTRACT 4

CHAPTER ONE: INTRODUCTION TO THE STUDY 10
1.1. Introduction 10
1.2. Background of the study 10
1.3. Statement of problem and rationale of the study 11
1.4. Brief background of Soweto township 13
1.5. Research questions 14
1.5.1 Research question 14
1.5.2 Sub-questions 14
1.6. Aim and objectives of the research study 14
1.7. Definitions of concepts 15
1.7.1 Adolescent 15
1.7.2 Learner 15
1.7.3 Educator 15
1.7.4 Learner pregnancy 16
1.7.5 Pregnancy 16
1.7.6 Secondary Schools 16
1.7.7 Comprehensive Sexuality Education 16
1.7.8. Sexuality education 17
1.7.9. Sexual Reproductive Health (SRH) 17
1.8. Overview of the research methodology 17
1.9. Organisation of the dissertation 18

CHAPTER TWO: THEORETICAL FRAMEWORK AND LITERATURE REVIEW 19
2.1 Introduction 19
2.2 Theoretical framework 19
2.3. Review of related literature 20
2.3.1 Learner Pregnancy: Global Overview 20
2.3.2 Comprehensive Sexual Education: An International Overview 21
2.3.3. Comprehensive Sexual Education Policy and Practice 21
2.3.4. Comprehensive Sexual Education: Sub-Saharan Africa (SSA) 23
2.3.5. Comprehensive Sexuality Education: South Africa 24

2.3.6. Significance of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy 26
2.3.7. Sub-Saharan Countries challenges of the implementation of Comprehensive Sexual Education 26
2.4. Chapter summary 28

CHAPTER THREE: RESEARCH METHODOLOGY 29
3.1. Introduction 29
3.2. Research paradigm 29
3.2.1. Research approach and design 30
3.3 Population, sample, study setting and sampling procedures 31
3.3.1. Population 31
3.3.2 Sample 32
3.3.3 Sample technique and participant recruitment process 32
3.4 Research instrument 33
3.4.1. Pre-testing the research instrument 33
3.5. Method of data collection 34
3.6. Method of data analysis 34
3.7. Trustworthiness of the study 35
3.8. Ethical considerations 36
3.8.1 Ethics review committee 36
3.8.2 Permission to Conduct Research 37
3.8.3 Confidentiality and Anonymity 37
3.8.4 Informed Consent 37
3.8.5 Voluntary Participation 37
3.8.6 Counselling for Emotional Support 37
3.9. Study limitations and delimitations 38
3.10. Chapter summary 38

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF FINDINGS 40
4.1. Introduction 40
4.2. Demographic profiles of the participants 40
4.3. Presentation and discussion of study findings 42
4.3.1. Objective 1: To assess the role of Comprehensive Sexual Education programs on female learners' knowledge and understanding of sexual health, contraception methods, and their ability to make informed decisions about their sexual health 42
4.3.1.1 Theme 1: Enhance Knowledge and Decision-Making Capabilities 42

4.3.1.2. Theme 2: CSE Increased Awareness of the Sexual Consequences 43

4.3.2. Objective 2: To explore the attitudes and beliefs of female learners and educators regarding CSE and its role in the prevention of learners' pregnancy 44

4.3.2.1 Theme 1: Learners' Positive Attitudes towards CSE 45

4.3.2.2 Theme 2: Educators' attitudes on the delivery of CSE 48

4.3.3. Objective 3: To determine which design and delivery features in CSE programmes can encourage female learners to participate in sexual education programmes. 51

4.3.3.1 Theme 1: Effective Pedagogical Approaches 51

4.3.3.2. Theme 2: Expanding CSE access 53

4.3.3.3. Theme 3: Parental and Community Involvement 56

4.3.4. Objective 4: To explore the challenges female learners encounter when participating in CSE programmes in schools 57

4.3.4.1. Theme 1: Barriers to Effective Engagement with CSE 57

4.3.4.2 Theme 2: Implementation Challenges 65

4.4. Chapter summary 70

CHAPTER FIVE: MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS 71

5.1 Introduction 71

5.2. Summary Of Main Findings 71

5.2.1. Objective 1: To assess the role of Comprehensive Sexual Education programs on female learners' knowledge and understanding of sexual health, contraception methods, and their ability to make informed decisions about their sexual health. 71

5.2.2. Objective 2: To explore the attitudes and beliefs of female learners and educators regarding CSE and its role in prevention of learners' pregnancy 71

5.2.3. Objective 3: To determine which design and delivery features in CSE programmes can encourage female learners to participate in sexual education programmes. 72

5.2.4. Objective 4: To explore the challenges female learners encounter when participating in CSE programmes in schools. 72

5.3. Conclusions 72

5.4. Recommendation 74

5.4.1. Recommendations for government departments 74

References 78

Appendices 86

Appendix A: Ethics Clearance Certificate 86

Appendix B: Research Approval from school 87

Appendix C: Research Approval letter from school 88

Appendix D: GDE Research Approval letter 89

Appendix E: Participants information sheet (for female learners) 91

Appendix F: Participation information sheet (for educators)..... 93
Appendix G: Participation information sheet (for parents)..... 95
Appendix H: Learners 17 years old (minors) Assent form for participation in the interview..... 97
Appendix I: Learners 17 years old (minors) Assent form for audio recording of the interview 98
Appendix J: Consent form (for educators and female learners aged 18 and above) 99
Appendix K: Consent form (for parents/ guardians) 101
Appendix L: Distress protocol 103
Appendix M: Interview guide for female learners 105
Appendix N: Educator's guide for interview..... 107

CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1. Introduction

This chapter introduces the study. It outlines the problem statement, rationale, research questions, aims, and objectives. It also gives an overview of the research methods used and defines key concepts. The chapter ends with a summary of the dissertation structure.

1.2. Background of the study

Adolescent pregnancy remains a significant public health concern, affecting economic, social, and health outcomes (Okoli et al., 2022). Research by Nduhuye et al. (2024) indicates that more than 21 million girls aged 15 to 19 become pregnant each year, with 95% of these pregnancies occurring in low- and middle-income nations where access to contraception and comprehensive sexual education is often inadequate. Given its far-reaching consequences, addressing teenage pregnancy requires a comprehensive approach that includes community-based support systems, accessible contraceptive options, and thorough sexual education to empower adolescents in making informed decisions about their reproductive health.

Teenage mothers are less likely to complete their education, reducing their chances of securing stable employment. (Sepeng et al., 2023). Additionally, adolescent pregnancy increases health risks such as anaemia, hypertension, early labour, and low birth weight (Sepeng et al., 2023). Pregnant teenagers are at a higher risk of psychological challenges, including stress, depression, low self-esteem, and an increased likelihood of suicide attempts. (Sepeng et al., 2023). Several reasons, such as ignorance, poor contraceptive usage, peer pressure, low socioeconomic position, unstable families, early marriage, and cultural norms, increase rates of learner pregnancy (Sepeng et al., 2023).

Sexual education significantly influences sexual health and well-being (Zhou, 2024). During adolescence, young people experience physical, psychological, and sexual development, making them more curious about relationships and sexuality (Zhou, 2024). Comprehensive Sexual Education (CSE) gives the youth information, skills, and attitudes necessary to make wise choices about their sexual health (Garzón-Orjuela et al., 2021). Unlike abstinence-only programmes, CSE takes a comprehensive approach, addressing the social, emotional, physical and cognitive facets of sexuality, in contrast to programs that solely focus on abstinence (Meier & Gostin, 2018). It promotes informed decision-making and addresses critical issues such as teenage pregnancy, contraception, and sexual health (Department of Basic Education, 2021a).

CSE has been integrated into formal education systems in many low- and middle-income countries, particularly in sub-Saharan Africa (SSA), due to the high prevalence of HIV/AIDS, teenage pregnancies, and gender-based violence (Chavula et al., 2022; Wekesah et al., 2019). After the 1994 International Conference on Population and Development (ICDP), nations in Eastern and Southern Africa committed to offering primary-level sexuality education based on rights (Wekesah et al., 2019). Since 2000, CSE has been incorporated into South Africa's Life Orientation and Life Skills curriculum, with the implementation of Scripted Lesson Plans (SLPs) in 2015 to improve service delivery (Department of Basic Education, 2021a).

CSE has been shown to lessen violence against women and gender inequalities by providing adolescents with accurate information about their bodies, demystifying sexuality, and improving their decision-making regarding sexual health (Chavula et al., 2022). CSE can delay sexual initiation, promote the use of contraceptives, foster healthy relationships, and protect children from abuse. It also strengthens understanding of gender norms, reduces homophobia, and promotes respectful relationships (Sterling, 2023).

However, social, cultural, and religious disapproval of teenage sexuality creates major obstacles to the implementation of CSE, especially in lower- and middle-income nations. (Chavula et al., 2022). Abstinence-focused education, though still common, has proven ineffective, and many educators lack the necessary training, confidence, and skills to teach CSE effectively, further hampering its success (Sterling, 2023).

Despite ongoing efforts, learner pregnancy is still a major issue in South Africa. Over 150,000 young females were pregnant during the 2022–2023 fiscal year, according to data showing an increase in learner pregnancies (SABC News, 2023). Rural areas show significantly higher rates than urban areas (Sepeng et al., 2023). Given these challenges, this research examines the role of CSE in preventing and managing learner pregnancy in secondary schools in Soweto, South Africa.

1.3. Statement of problem and rationale of the study

Comprehensive Sexual Education (CSE) provides young people with knowledge about sexual health, rights, and informed decision-making (Wekesah et al., 2019). It is grounded in factual evidence on sexual and reproductive health (SRH), behaviours, and rights (UNESCO, 2018). In order to ensure inclusion, CSE is made to be age-appropriate and flexible enough to accommodate various developmental stages. The curriculum includes a wide range of topics, including anatomy and physiology, menstruation and puberty, reproduction, contraception,

pregnancy and delivery, and STIs like HIV and AIDS, in addition to sexual and reproductive health (UNESCO, 2018).

To address misunderstandings regarding sex, sexuality, gender, and relationships, CSE was implemented in South Africa in 2000 as a component of the Life Skills and Life Orientation subjects (Department of Basic Education, 2021). Adolescents and young people, particularly those aged 14 to 24, face numerous challenges, including high rates of HIV/AIDS and TB, female students dropping out of school due to learner pregnancy, and multiple female students experiencing gender-based violence (UNESCO, 2018). CSE is not sex education, according to the Department of Basic Education's evaluation. It also emphasises behaviour and values rather than merely physical connections and does not teach students how to have sex or sexualize youngsters (Department of Basic Education, 2021). Delaying sexual debut, encouraging safe sexual behaviour, raising awareness of reproductive health, lowering STI rates and adolescent pregnancy, and enhancing female learner retention are all goals of CSE (Department of Basic Education, 2021).

The South African government has strengthened the teaching of CSE in schools by implementing Scripted Lesson Plans (SLPs). These plans are designed to support educators and learners in systematically addressing key CSE topics (Department of Basic Education, 2021). The SLPs also guide educators by empowering them to discuss uncomfortable topics in CSE (Department of Basic Education, 2021). In addition, the government launched a number of initiatives, including the Young Women and Girls (YW&G) program, which provides peer education, career counselling, homework help, home visits, and sessions (Department of Basic Education, 2021). The goal of the multi-media LET'S TALK Prevention of Early and Unintended Pregnancies (EUP) Campaign is to alter social behaviours and lower the number of teenage pregnancies that occur before their time (Department of Basic Education, 2021).

In Sub-Saharan Africa (SSA), there is a range of issues related to implementing CSE. Sociocultural barriers in CSE implementation have been documented in Ethiopia, Uganda, South Africa, Kenya, and Lesotho (Wekesah et al., 2019). Educators in these nations have recognised conflicts between the CSE curriculum's content and their cultural values and beliefs. As a result, they modify the curriculum to fit local standards, adopting a neutral and moralistic stance that differs from the CSE curriculum (Wekesah et al., 2019). According to some educators, the goal of CSE is to impart morals and values about sexuality and personal growth

that should not conflict with their cultural identity and religious convictions (Koch & Wehmeyer, 2021).

Another implementation barrier is the parental attitudes towards CSE in SSA. Parents will oppose CSE elements that deviate from values and support those that are consistent with cultural ideas (Wekesah et al., 2019). Many parents opposed the CSE because they believed the subject would encourage sexual activity among their children, which would affect how educators teach (Wekesah et al., 2019). Parents' anger against the SLPs in South Africa sparked the development of the social media hashtag #LeaveOurKidsAlone, where a group of 100,000 members expressed discontent with CSE in February 2020 (Koch & Wehmeyer, 2021). Parents believe that the CSE content is inappropriate and explicit, and would sexualize their children and encourage sexual activity (Koch & Wehmeyer, 2021). Another implementation issue is the lack of funding for CSE programmes; funding is not perpetual (Wekesah et al., 2019).

Considering the above studies and findings, there is a paucity of literature focused on CSE, according to UNESCO (2018). The study explored the role of CSE in the prevention and management of learner pregnancy in secondary schools in Soweto, Gauteng Province. Female learners and educators were given a chance to express their attitudes and beliefs towards sex education, contraception, and pregnancy prevention and discuss factors that contribute to teenage pregnancy. The study also recommended ways in which the CSE can be strengthened in its role of preventing and managing learner pregnancy among female learners.

1.4. Brief background of Soweto township

The study was conducted in the township of Soweto in the South-West Region of Johannesburg. It is a historically disadvantaged township near Johannesburg with a lengthy history of fighting against apartheid. (Bosire et al., 2021). The name Soweto is an acronym that stands for South-Western Township. Soweto is an “urban setting” township in South Africa, South-West of Johannesburg, which is primarily low-income and has a population of 1,8 million. (South African History Online, 2023). The township has a population of 225 615 schoolchildren aged 7 to 17 years and 225 615 young people aged 18-25 (South African History Online, 2023). In 2023, Soweto's unemployment rate was 32,5% (South African History Online, 2023). The Soweto township is the largest in South Africa (Know Afrika, 2023).

According to a study by Soweto, Bosire et al. (2021), one-third of women give birth to their first child before the age of 19. Additionally, the survey found that young women aged 13 to 16 carried 23% of pregnancies, whereas 14.9% of pregnancies among women aged 17 to 19

were terminated (Bosire et al., 2021). The high percentage of young individuals in the Soweto township, especially teenage girls who are still enrolled in school, led to its selection as the study site. The high rate of learner pregnancies piqued the researcher's curiosity as well.

1.5. Research questions

1.5.1 Research question

1. What is the role of Comprehensive Sexual Education in the prevention and management of learner pregnancy?

1.5.2 Sub-questions

2. How does the implementation of CSE programs influence the knowledge and awareness of sexual health and contraception methods among female learners?
3. What are the experiences of female learners of sex education and learner pregnancy prevention programmes?
4. What are the design and delivery features in sexual education programmes that can encourage female learners to participate in sexual education programmes?
5. What challenges do female learners face when participating in sexual education programmes?
6. How do educators in secondary schools perceive the effectiveness of CSE in reducing learner pregnancies, and what challenges do they encounter in delivering CSE programs?

1.6. Aim and objectives of the research study

The study aimed to explore the role of CSE in the prevention and management of learner pregnancy.

The study was guided by the following objectives:

- To assess the role of CSE programs on female learners' knowledge and understanding of sexual health, contraception methods, and their ability to make informed decisions about their sexual health.
- To explore the attitudes and beliefs of female learners and educators regarding CSE and its role in the prevention of learners' pregnancy.
- To determine which design and delivery features in CSE programmes can encourage female learners to participate in sexual education programmes.

- To explore the challenges female learners' encounter when participating in CSE programmes in schools.

1.7. Definitions of concepts

1.7.1 Adolescent

This is the phase of life between childhood and adulthood, from ages 10 to 19 (WHO, 2022). Erikson describes adolescence as the time when a person's biological, psychological and social traits shift from childlike to adult (Erikson, 1993). This stage begins with puberty at age twelve and ends with the start of maturity, around the eighteenth and twenty-fifth years (Erikson, 1993). In this study, adolescent refers specifically to female learners aged 17-20 who are still enrolled in the secondary schools in Soweto. This study focuses on older adolescents (17-20 years), as this age group is more likely to be exposed to sexual education programmes and at risk of learner pregnancy.

1.7.2 Learner

Anyone enrolled in an educational institution who is getting an education or is required to receive education is considered a student under the National Education Policy Act No. 27 of 1996 (South Africa Government, 1996). According to SACE (2023), a learner is any student enrolled in an adult learning centre, school, further education and training facility, or early learning site. In the context of South African education, the term "learner" is frequently employed. Learner in this research denotes female learners enrolled in grades 11 and 12 at two public secondary schools in Soweto. This study limits its scope to learners in the senior phase of secondary school, as these individuals are more likely to have received CSE and have been directly or indirectly affected by learner pregnancy.

1.7.3 Educator

In accordance with the Employment of Educators Act of 1998, an educator is defined as any individual who instructs, trains, or teaches others, or who offers professional educational services, such as therapy and educational psychological services, at any public school, department office, or adult basic education centre (South Africa Government, 1998). According to the National Development Plan (2011), an educator is a professional tasked with instructing students in their chosen subject or fields. In this study, an educator is a teaching professional responsible for delivering the Life Orientation (LO) subject in secondary schools in Soweto. These individuals actively teach and coordinate sexual education components of

LO, as their attitudes and delivery methods are central to understanding the implementation of CSE.

1.7.4 Learner pregnancy

In South Africa, this term refers to pregnancies that occur among girls who are still attending school. These are pregnancies involving individuals in the education system, typically at the secondary school level (South Africa Government, 2023). In this study, learner pregnancy refers to pregnancies occurring among female learners still attending secondary school in Soweto.

1.7.5 Pregnancy

Socially, pregnancy refers to the condition or state of being pregnant as understood and recognised by society, including its cultural, legal, and social implications. It encompasses the acknowledgement of a woman's physiological condition and her impending motherhood (Jones, 2008). Scientifically, pregnancy is a biological and medical condition that commences with the fertilisation of an egg (ovum) by a sperm, leading to a zygote (Gold, 2005). Pregnancy involves the development of the embryo and fetus within a woman's uterus until birth (Gold, 2005). In this study, pregnancy is understood both as a biological condition and a socially constructed experience within the school environment. It includes the physiological process of gestation and the broader social implications for adolescent girls who become pregnant while still in school, such as stigma, school dropout, or interrupted education.

1.7.6 Secondary Schools

Any school providing basic education from grades 7 through 9 (Senior Phase) and 10 through 12 (Further Education and Training) is considered a secondary school in South Africa (sometimes known as a high school) (National Development Plan, 2011). Secondary schools are administered by provincial departments of education with support from the National Department of Basic Education (National Development Plan, 2011). In this study, secondary schools located in the province of Gauteng were included. In these schools, female learners enrolled in grade eight to grade twelve were recruited.

1.7.7 Comprehensive Sexuality Education

Comprehensive sexual education (CSE) is defined by the United Nations Educational, Scientific, and Cultural Organisation (UNESCO) (2018) as a teaching approach that addresses the social, emotional, physical, and cognitive facets of sexuality. It seeks to equip youth with

the information and abilities necessary for their well-being and self-respect (UNESCO, 2018). It encourages respectful, informed choices and the protection of rights (UNESCO, 2018). According to the Department of Basic Education (2021), states that CSE helps learners understanding, builds confidence and promotes safe, healthy lives. The Life Orientation (LO) subject is used to reach these goals. This study explores how CSE, as implemented in Soweto secondary schools, is perceived and experienced by female learners and educators concerning pregnancy prevention and sexual decision-making.

1.7.8. Sexuality education

It takes a lifetime to learn about intimacy, relationships, and identity as well as to develop attitudes, ideas, and values about these topics (UNESCO, 2023). This process includes the development of sexuality, gender roles, intimacy, affection, body image, interpersonal interactions, and reproductive health (UNESCO, 2023). It covers the biological, sociological, psychological, and spiritual facets of sexuality from the areas of cognition, affect, and conduct (UNESCO, 2023). Within this study, sexuality education is viewed as the lifelong process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships, and intimacy. In the school context, it is delivered formally through LO but is also shaped informally by cultural, religious, and familial influences in Soweto.

1.7.9. Sexual Reproductive Health (SRH)

In every aspect of the reproductive system, it is a condition of whole physical, mental, and social well-being (UNFP, 2023). It suggests that people can have children, have sex in a way that is safe and fulfilling, and have the autonomy to choose if, when, and how frequently to have children (UNFP, 2023). SRH in this study refers to the well-being of adolescent learners in matters related to the reproductive system, with emphasis on their ability to make safe, informed choices about sex and pregnancy. It includes access to contraceptives, reproductive rights education, and safe health services within or linked to the school setting.

1.8. Overview of the research methodology

A qualitative approach and phenomenological research design were employed in the study. Six LO educators and twenty female students from two public secondary schools in Soweto made up the study sample of 26 individuals. A non-probability purposive sampling method was used to choose these participants. Semi-structured one-on-one interviews were employed to gather data, along with an interview guide. With each participant's permission, audio recordings of

the semi-structured interviews were made. The data was analysed using the thematic analysis method.

1.9. Organisation of the dissertation

This dissertation has been organised into five chapters.

Chapter One: comprises the study's background, problem description, introduction, and justification. It also outlines the goals, objectives, and research questions. The chapter also identifies important terms utilised in the study and gives a summary of the research methodology.

Chapter Two: provides the introduction, theoretical framework relevant to the study, and the study's literature review. The literature review discusses learners' pregnancy statistics globally, a CSE international overview, CSE policy and practice in Western and Asian countries, Comprehensive Sexual Education in Sub-Saharan Africa, CSE in South Africa, the Role of CSE in Learner Pregnancy, Sub-Saharan Challenges of the implementation of CSE, and provides a summary.

Chapter Three: discusses the study's research approach. An introduction, a description of the research paradigm, the research approach, and the design are given first. The population, sample, and sampling technique are next covered. The research tool, data gathering method, and data analysis method are provided in this chapter. The chapter then goes over the study's reliability, ethical issues, limits, and delimitations before concluding with a summary.

Chapter Four: presents the findings about the literature.

Chapter Five: It serves as the dissertation's final chapter and provides a summary of the key conclusions, findings, and recommendations for practice and policy.

CHAPTER TWO: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 Introduction

This chapter outlines the theoretical framework relevant to the study and presents a comprehensive literature review. The review covers themes such as an international overview of learner pregnancy, comprehensive sexual education (CSE) and policies and practices globally, CSE in sub-Saharan Africa (SSA) and South Africa, the role of CSE in preventing and managing learner pregnancy, and challenges in implementing CSE.

2.2 Theoretical framework

Bronfenbrenner's bioecological theory was adopted as the theoretical framework for this study. This theory recognises the interplay between individuals and their surrounding environments. Unlike earlier developmental theories focused solely on environmental factors, Bronfenbrenner's framework highlights the reciprocal influence between individuals and multiple systems (Vélez-Agosto et al., 2017). According to Velez-Agosto et al. (2017), these systems are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

The environment that directly affects a person is known as the microsystem (Bronfenbrenner, 1981). According to Bronfenbrenner (1981), it encompasses the roles, actions, and connections that shape a person in a particular environment with distinctive material and physical characteristics. Relationships, positions, daily activities, family, friends, and classmates are all significant players in these interactions (Bronfenbrenner, 1981). For female learners, parents, caregivers, friends, peers, and educators are key in shaping their knowledge and attitudes towards sex education.

According to Bronfenbrenner (1981), a **mesosystem** is a system that has relationships between two or more contexts in which a person interacts. Microsystems inside this system have the ability to communicate and affect one another (Bronfenbrenner, 1981). Household incidents can impact how a learner acts and performs at school. On this level, parents, caregivers, and educators may collaborate to discuss how sexual education can be delivered in schools.

The government, distributors of products and services, the community in which the individual lives, and school governing bodies compromise of the **exosystem** (Bronfenbrenner, 1981). The individual may not have a direct role in this system (Bronfenbrenner, 1981). Nonetheless, every component of the system has the power to affect the choices made by people, including adolescent mothers and pregnant teenagers. The healthcare system in South Africa has a

variety of effects on pregnant teenagers and young girls. According to studies, some medical professionals decline to offer adolescent females sexual and reproductive health treatments (Jonas et al., 2018). Furthermore, in some settings, young girls are given special support through the Youth-Friendly Support programme in health facilities (Brittain et al., 2015). These two practices have a profound impact on the experiences of young girls and their vulnerability to unplanned pregnancies.

The **macrosystems** contain social structures and cultural views (Bronfenbrenner, 1981). Cultures, values, traditions, and beliefs can influence teenagers' knowledge and attitudes towards sex education. Furthermore, cultural norms can also influence how society relates to or treats a teenage girl presenting with pregnancy.

According to Hook et al. (2002), the **chronosystem** includes all the experiences a person has had throughout her life, including historical occurrences, significant life transitions, and environmental events. The Apartheid racial laws had a detrimental impact on communities like Soweto. As a result, residents had restricted access to high-quality healthcare and education, which contributed to the spread of HIV/AIDS and the prevalence of unintended pregnancies.

The theory allowed the researcher to comprehend the effects of the environments in which teenagers live, particularly with regard to their experiences with sexual education and adolescent pregnancy. Bronfenbrenner's bioecological theory was a suitable fit for the study as it informed theoretical understanding and shaped the data analysis (Mudzokora, 2017). Additionally, the theory assisted the researcher in developing context-relevant suggestions for policymakers, schools, and families (Chapter 5).

2.3. Review of related literature

2.3.1 Learner Pregnancy: Global Overview

The problem of learner pregnancy is widespread and can occur in low-, middle-, and upper-class nations (Libo-on et al., 2021). Although the global rate of adolescent births has significantly reduced from 64.5 births per 1,000 women in 2000 to 42.5 births per 1000 women in 2021, the greatest rates are still seen in Sub-Saharan Africa and Latin America (WHO, 2022). An estimated 12 million of the 21 million girls aged 15 to 19 who get pregnant each year give birth in developing nations (WHO, 2022).

2.3.2 Comprehensive Sexual Education: An International Overview

According to Wekesah et al. (2019), comprehensive sexual education (CSE) is an essential instrument for educating youth about reproductive rights, sexual health, and responsible decision-making. According to UNESCO (2018), CSE is a methodical, curriculum-based approach to educating the social, emotional, physical, and cognitive aspects of sexuality. Its goals include promoting values and abilities that promote human rights, well-being, and the obligation to build wholesome relationships (UNESCO, 2018).

CSE is delivered in both formal and informal settings, with curricula tailored to different developmental stages, either within schools or in community-based programmes (UNESCO, 2018). The foundation of CSE is built on evidence-based information regarding sexual and reproductive health (SRH), sexuality and related behaviours (UNESCO, 2018). It is introduced progressively from an early age, with foundational knowledge being reinforced and expanded upon as learners mature.

CSE is structured to be age-appropriate and developmentally suitable, ensuring that the complexity and explicitness of content align with learners' cognitive and emotional growth (UNESCO, 2018). The programme is designed to accommodate diverse developmental needs, providing support for learners with varying cognitive abilities and emotional maturity. (UNESCO, 2018). As a curriculum-based programme, CSE sets clear teaching objectives and delivers structured content and skills (UNESCO, 2018). Anatomy, puberty, menstruation, contraception, pregnancy, delivery, STIs, and HIV/AIDS are just a few of the many sexual and reproductive health subjects it addresses (UNESCO, 2018).

National policies and curricula may call CSE by different names. These include prevention education, relationship and sexual education, family-life education, HIV education, life-skills education, healthy lifestyles, and basic life safety (UNESCO, 2018). Despite these differences in terms, core CSE programs have common features. They focus on a human rights-based approach and recognise sexuality as a natural part of human development (UNESCO, 2018).

2.3.3. Comprehensive Sexual Education Policy and Practice

A comprehensive review of evidence-based sexuality education policies was conducted in selected Western and non-Western regions, specifically the United States (U.S.), the United Kingdom (UK), Mainland China and Hong Kong (Leung et al., 2019). These countries were selected for their diversity in political systems, cultural backgrounds, government roles in policymaking and approaches to implementing sex education (Leung et al., 2019).

The United States of America records the highest adolescent pregnancy rates among the developed nations, despite a declining trend in recent decades (Leung et al., 2019). In the U.S., state governments have the official power to make legal decisions and judgments on the policy and guidelines on sex education (Leung et al., 2019). Sex education is included in the physical education (PE) curriculum in public schools (Leung et al., 2019). While objectives differ from state to state, common goals include providing accurate knowledge on human reproduction, gender identity, STIs, sexual violence, HIV/AIDS, promoting positive attitudes towards sexual health, responsible decision-making, and interpersonal skills (Leung et al., 2019). However, inconsistencies in implementation persist, and while some states adhere to evidence-based prevention programmes, others rely on community-based initiatives led by non-governmental organisations (Leung et al., 2019).

In the United Kingdom, England and Wales have the highest adolescent pregnancy rates in Europe (Leung et al., 2019). In 2017, the UK government required all school children to receive relationship and sex education (Leung et al., 2019). This followed the development of the Sex and Relationship Education Guidance (SRE) in 2000, forming part of the Personal, Social and Health Education (PSHE) curriculum (Leung et al., 2019). The objectives of PSHE include promoting independent decision-making, addressing moral and social issues, fostering respect for oneself and others, and encouraging learners to delay sexual activity (Leung et al., 2019). However, the framework has not been updated since its inception, leading to the exclusion of contemporary issues related to sexuality (Leung et al., 2019). In practice, the UK does not enforce a standardised SRE curriculum; instead, local education authorities influence content delivery, while government guidelines establish overarching principles for implementation (Leung et al., 2019).

Hong Kong presents as a unique case, shaped by traditional Confucian values alongside Christian influences introduced during British colonial rule (Leung et al., 2019). The region created sexuality education guidelines in 1997, yet they have not been updated in over twenty years (Leung et al., 2019). Sexuality education is part of the Moral and Civic Education curriculum that has goals to promote positive attitudes towards relationships, gender awareness, personal boundaries, and self-regulation (Leung et al., 2019). Despite its mandatory status, sex education in Hong Kong lacks theoretical grounding and standardisation, with schools implementing diverse approaches lacking evidence-based frameworks (Leung et al., 2019).

In 2008, school-based health education programs were implemented in Mainland China using a top-down methodology that excluded direct involvement from a number of stakeholders (Leung et al., 2019). Six to seven hours of health education must be taught in schools each semester (Leung et al., 2019). The curriculum primarily focuses on discussions about premarital sex, self-protection, sexual assault awareness, and HIV/AIDs prevention (Leung et al., 2019). Despite being medically orientated, these programmes remain theoretical rather than interactive (Leung et al., 2019). Additionally, health education is not included in the informal assessment criteria, resulting in inconsistent implementation across schools (Leung et al., 2019).

2.3.4. Comprehensive Sexual Education: Sub-Saharan Africa (SSA)

The importance of CSE in SSA has become increasingly evident due to high rates of HIV/AIDS among adolescents, early marriages, teenage pregnancies, unsafe abortions, and violence against young people (Wekesah et al., 2019). About 80% of adolescents with HIV reside in sub-Saharan Africa, where teenagers between the ages of 10 and 19 make up 23% of the population. At about 19.3%, the area also has the highest rate of teenage pregnancies worldwide (Wangamati, 2020).

CSE programs expanded in SSA following the 1994 Cairo International Conference on Population and Development (ICDP) (Wekesah et al., 2019). In December 2013, countries in Eastern and Southern Africa signed a declaration promising to introduce more thorough rights-based sexuality education starting in primary school (Wekesah et al., 2019). The declaration was based on a 2012 evaluation of sexuality education curricula in ten countries, which found significant gaps in the curriculum's coverage of sexuality education issues (Wekesah et al., 2019). The SSA follows a number of guidelines, including the WHO Regional Office for Europe and BZgA (German Federal Centre of Health Education) standards for Sexuality Education in Europe, the UNESCO international technical guidance on sexuality education, and the International Planned Parenthood Federation (IPPF) Framework for Comprehensive Sexuality Education (Wangamati, 2020). These CSE projects are developed in collaboration with the government, local and international NGOs, religious leaders and organisations, and local communities (Wekesah et al., 2019). The list of stakeholders does not include the teenagers (Wekesah et al., 2019).

There are various methods for imparting sexuality education, including as faith- and cultural-based methods, which hold that moralistic principles that promote abstinence until marriage

and cultural and religious influences should shape sexuality (Wangamati, 2020). The public health approach focuses on imparting knowledge to adolescents about sexually transmitted illnesses, unintended pregnancies, and the use of contraceptives (Wangamati, 2020). The rights-based approach focuses on Sexual Reproductive Health Rights (SRHR) which includes education about sexual diversity, sexual expression, sexual relationships, and sexual violence (Wangamati, 2020).

In SSA, there are various kinds of CSE programs (Wekesah et al., 2019). According to Wekesah et al. (2019), the majority of CSE programs in SSA are taught in classrooms by educators as part of the curriculum. CSE is typically incorporated into pertinent "carrier subjects" or taught as a stand-alone subject in a few instances (Wekesah et al., 2019). Policymakers prefer the CSE to be integrated into the carrier subjects, and countries that follow this approach include Madagascar, Mauritius, Mozambique, Rwanda, and Zambia (Wekesah et al., 2019). In the carrier-subjects scenario, biological classes teach about pubertal changes and reproduction, while religious education classes teach about values and standards (Wekesah et al., 2019). Educators and students are relieved when CSE is included in other topics (Wekesah et al., 2019). Examples of school-based CSE programs in SSA include Life Orientation (LO) in South Africa, Family Life Education in Senegal, and Family Life and HIV Education in Nigeria (Wekesah et al., 2019).

Additionally, digital platforms and mass media are important new ways to reach young people with CSE messaging (Wekesah et al., 2019). The Southern Africa HIV and AIDS Information for Dissemination Service (SAfAIDS) states that radio and television shows are crucial for educating the public about sexuality education (Wekesah et al., 2019). Sex education is provided in Uganda, Kenya, Ethiopia, Ghana, and Malawi through the digital media program "The World Start with Me" (WSWM) (Wekesah et al., 2019). TrustMe, a mobile platform that provides youth with sexual health information, was introduced in Zambia and Malawi in 2015 (Wekesah et al., 2019). Peer-led CSE programs outside of schools are being used in SSA nations. As an extracurricular activity, these programs engage trained peer educators to teach CSE information to local youth (Wekesah et al., 2019).

2.3.5. Comprehensive Sexuality Education: South Africa

To guarantee that students have accurate knowledge about sex, sexuality, gender, and relationships, CSE was implemented in South Africa in 2000 as a component of the Life Orientation and Life Skills curriculum (Department of Basic Education, 2021). According to

the current state of adolescents and youth, those in the 14–24 age range are living with HIV/AIDS and tuberculosis. Additionally, some female students experience sexual abuse, and others drop out of school as a result of a teenage pregnancy (Department of Basic Education, 2021). To help young people make a smooth transition into adulthood, CSE draws on their beliefs and attitudes while providing scientifically accurate information (Department of Basic Education, 2021). For pupils to lead healthy lives, the CSE's main goal is to assist them in developing an awareness of and confidence in sexuality-related concepts, material, values, and attitudes (Department of Basic Education, 2021). CSE is distinct from sex education, according to an assessment conducted by the Department of Basic Education in 2021 and a global body of data supporting it. It does not educate students how to sexualize youngsters, and it emphasises responsible behaviour and morals in addition to physical interactions.

In South Africa, CSE is age-, culturally-, and scientifically appropriate (Department of Basic Education, 2021). It is crucial to teach CSE in schools because it can: postpone teenagers' sexual debut; promote safe sexual behaviours, including using condoms and contraception; and raise awareness of sexual behaviour and its repercussions. Sex education also lowers HIV and STI rates among students and lowers risky behaviour among adolescents who are already sexually active or thinking about making their sexual debut. Above all, sex education helps lower learner pregnancy, which increases female students' retention in schools (Department of Basic Education, 2021).

To improve the teaching of CSE in schools, Scripted Lesson Plans (SLPs), a component of the LO subject, were introduced in 2015 and tested in five provinces (Department of Basic Education, 2021). Under the direction of the Department of Basic Education in South Africa (DBE), a group of specialists and an international panel of consultants created SLPs (Department of Basic Education, 2021). To help educators address CSE in the classroom, the SLPs and educators' support materials (LTSMs) were created (Department of Basic Education, 2021). SLPs empower educators to discuss uncomfortable topics such as sex (Department of Basic Education, 2021). The SLP prescribes lesson activities, material required to undertake the activities, the duration for each activity, and the information to be presented and emphasised per topic (Department of Basic Education, 2021).

Additionally, the South African Department of Basic Education launched the Young Women and Girls (YW&G) program, a full range of services that includes career counselling, homework assistance, health information sessions, and peer education sessions (Department of

Basic Education, 2021). Breaking the Silence, Determined Resilient Empowered AIDS-free Mentored Safe (DREAMS), a television series centred on sexuality education, was also introduced by the government. It offers SLPs and connections to social and health services in a few primary and secondary schools in Kwa-Zulu Natal and Gauteng (Department of Basic Education, 2021). LET'S TALK The Prevention of Early and Unwanted Pregnancies (EUP) campaign is a multi-media social behaviour modification project that aims to increase efforts to prevent early and unwanted pregnancy among teenagers (Department of Basic Education, 2021).

2.3.6. Significance of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy

The majority of these cases occur in Sub-Saharan Africa, where there are 143 births for every 1000 girls between the ages of 15 and 19 (Amoateng et al., 2022). 16% of young females between the ages of 15 and 19 in South Africa alone are either pregnant with their first child or have already given birth (Amoateng et al., 2022). CSE is essential in lowering learner pregnancy because student pregnancy and childbirth can have detrimental health and social impacts, as well as even cause mortality for female students (UNESCO, 2018). Furthermore, studies show that female students are less likely to seek maternal health care because they lack autonomy in deciding how to access and use medical services or because they lack understanding about pregnancy and its complications (UNESCO, 2018). Pregnant female students are more likely to drop out of school and not complete their degree, which limits their employment and future opportunities (UNESCO, 2018). Due to their reliance on others for both their own and their unborn children's survival, pregnant students' chances for economic empowerment are jeopardised, which may result in the perpetuation of the poverty cycle (Singh & Naicker, 2019). To lessen the possibility of adolescent pregnancy, CSE is essential when dealing with female students to educate them about their rights and the dangers of sexual activity (Singh & Naicker, 2019).

2.3.7. Sub-Saharan Countries challenges of the implementation of Comprehensive Sexual Education

The implementation of CSE of SSA comes with problems. Sexuality education in SSA typically adopts a biological approach, emphasising HIV and life skills, and is often negative or fear-based (Wekesah et al., 2019). Because important topics like abortion, sexuality, desire, pleasure, sexual diversity, and contraceptive techniques are avoided, the programs' emphasis on gender and human rights is inadequate (Wekesah et al., 2019).

Sociocultural and religious practices

Sociocultural and religious norms can be a barrier to CSE implementation (Wekesah et al., 2019). In some settings, these norms are reinforced by laws; as a result, some educators struggle to provide information about certain practices, as it is considered taboo in their community (Wekesah et al., 2019). Educators avoid topics around abortion, homosexuality, and masturbation, or if they do, they approach them negatively (Wekesah et al., 2019). Ethiopia, Uganda, South Africa, Kenya, and Lesotho are among the nations where sociocultural challenges to CSE implementation have been observed (Wekesah et al., 2019). Educators in these nations have recognised conflicts between the CSE curriculum's content and their cultural values and beliefs. As a result, they modify the curriculum to fit local standards, adopting a neutral and moralistic stance that differs from the CSE curriculum (Wekesah et al., 2019).

Parents or caregivers' attitudes

One obstacle to the adoption of sexual education is parental views (Wekesah et al., 2019). Caregivers/parents often take a moralistic approach, emphasising warnings about sex's consequences. They support CSE aspects aligning with cultural beliefs, but oppose those that conflicting with their values (Wekesah et al., 2019). Parents oppose the delivery of CSE as they believe the topic would encourage early sexual debut among their children, and they would criticise educators' teaching the topic (Wekesah et al., 2019). According to Wakesah et al. (2019), parents' support or resistance to CSE is influenced by their educational background and residential location.

Lack of training and resources

Inadequate training in CSE delivery is linked to issues in CSE implementation that affect educators (Wekesah et al., 2019). Teachers face opposition from parents, community members, religious leaders and groups, government policies, and school administrations to CSE lessons (Wekesah et al., 2019). Numerous variables contribute to poor CSE delivery, such as a lack of motivation, a lack of skills and competencies, inadequate training and learning resources, and an overworked syllabus (Wekesah et al., 2019). The implementation of CSE that requires technology is hampered in certain schools by inadequate infrastructure, as well as a shortage of internet and electricity (Wekesah et al., 2019).

Economic factors

Funding of CSE programmes can be a major problem, as many programs are supported by donors, and in SSA, most funding comes from United Nations agencies, which include UNESCO, UNFPA, UNICEF, and other agencies (Wekesah et al., 2019). Although donor financing periods differ, they are unquestionably not indefinite (Wekesah et al., 2019). Some donors require CSE programmes to achieve certain objectives and priority areas that do not align with the home country's priorities (Wekesah et al., 2019). As a result, these programmes are short-lived and unsustainable over time.

2.4. Chapter summary

This chapter made clear how crucial CSE is in giving youth the information they need to make mature decisions on sexuality. Based on their unique goals, laws, and political, cultural, and religious convictions, various nations and areas carry out CSE. According to the literature, CSE programs can be very helpful in managing and preventing learner pregnancy if they are appropriately planned and executed. Research techniques are covered in the following chapter, Chapter 3.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

The research techniques used in the study are described in this chapter. The qualitative technique used, the paradigm that underpins it, and an explanation of the phenomenological design employed in this study are all covered in the first section of the chapter. The study population is identified in the third section, which is followed by the sample, sampling protocols, and the kind of research tool employed. Additionally covered are the data collection and analysis techniques. Study restrictions and delimitations, ethical issues observed, and the study's credibility are all explained.

3.2. Research paradigm

Interpretive and constructivist frameworks are the foundation of qualitative research (Tenny et al., 2024). Constructivism is a theoretical paradigm that highlights how dynamic the world is and explains how people's opinions are shaped by their experiences, which in turn affect how they see the world (Tenny et al., 2024). Constructivism explains that reality is not a fixed certainty, and people's experiences, interactions and backgrounds determine their unique view of the world (Tenny et al., 2024).

In the context of the study, constructivism was particularly relevant because the study sought to explore how female learners and educators make sense of their experiences with Comprehensive Sexual Education (CSE) and its role in the prevention and management of learner pregnancy. These experiences are not easily captured through numerical or generalised data; instead, they are deeply personal, shaped by cultural, institutional, and interpersonal dynamics (Tenny et al., 2024). Therefore, a constructivist lens allowed the researcher to understand participants' subjective realities in a specific social and cultural context (Tenny et al., 2024).

The constructivist paradigm shaped the entire research process by guiding the use of qualitative methods that focus on understanding how individuals make meaning of their experiences. It informed the choice of semi-structured interviews, allowing participants to share their views in depth, and supported the use of thematic analysis to identify meaningful patterns in their narratives. This approach emphasised interpretation and context, rather than objective truth, aligning with the study's focus on the lived experiences of female learners and educators in Soweto.

3.2.1. Research approach and design

A qualitative research methodology was employed in this study. Tenny et al. (2024) claim that qualitative research explores and provides a deeper understanding of real-world issues. Qualitative research uses open-ended inquiries like "why" and "how," which are hard to measure (Tenny et al., 2024). Explaining processes and identifying human behaviour patterns that can be challenging to measure are two advantages of qualitative research (Tenny et al., 2024). The advantages of qualitative research include flexibility, as this type of research offers subjects a chance to provide explanations and clarifications since they are not confined to a specific limit on how they can respond to questions, as qualitative research makes use of open-ended questions (Mwita, 2022). When using a qualitative research approach, there are fewer chances of missing information, as researchers have a chance to clarify unclear questions or ask questions differently (Mwita, 2022). Because the researcher wanted to investigate the benefits and efficacy of comprehensive sexual education in preventing and managing adolescent pregnancy among secondary school students in Soweto township, the qualitative approach was suitable for this study (Mudzokora, 2017).

In terms of a research design, the researchers employed the phenomenological design, which aims to investigate experiences from the perspective of participants (Tenny et al., 2024). Phenomenological analysis examines individuals' lived experiences and investigates, from their point of view, how and why they act in a specific manner (Tenny et al., 2024). The phenomenological design has the advantage of providing a genuine, in-depth explanation of the intricate phenomena as personal experiences (Denscombe, 2017). According to Denscombe (2017), it is suitable for small-scale research because it relies on in-depth interviews, which may be carried out in specific regions with less funding. However, there are also disadvantages to this design; it is claimed that the technique lacks scientific rigour due to its subjective nature (Denscombe, 2017). The researcher cannot use objective measures of representativeness or reliability while using this strategy because it is by definition a means of providing subjective accounts of people's lived experiences (Denscombe, 2017).

Since the researcher wanted to gain a thorough grasp of female learners' experiences with sexual education, as well as their attitudes and beliefs regarding sex education, contraception, and pregnancy prevention, as well as the difficulties they encountered when taking part in sex education programs in schools, phenomenological research was deemed appropriate for this study.

The primary goal of phenomenological research is not to generalise findings, but to gain deep, contextualised insights into how participants interpret their experiences(Tenny et al., 2024). The phenomenological design was well-suited to the research objectives because it allowed for a deep exploration of how female learners and educators personally experienced, understood, and responded to Comprehensive Sexual Education (CSE). For Objective 1, the design helped uncover how learners interpret the knowledge they receive and how it influences their sexual health decisions. For Objective 2, it allowed participants to articulate their beliefs, attitudes, and emotional responses to CSE, which are often complex and context specific. Objective 3 benefited from the design's capacity to elicit first-hand insights into which delivery methods or teaching strategies felt most effective or inclusive. Lastly, for Objective 4, the phenomenological approach was instrumental in revealing the real-life challenges and barriers learners face when engaging with CSE programmes challenges that might be missed in surface-level data collection.

A phenomenological approach enabled the researcher to delve beneath surface-level responses and uncover how learners and educators emotionally, socially, and culturally experience the implementation of CSE in their schools. Through in-depth, semi-structured interviews, participants were encouraged to reflect on their encounters with CSE, sharing their perceptions, challenges, and values. This allowed for the emergence of rich, detailed narratives, which could not have been captured using structured questionnaires or quantitative tools.

Moreover, this design was particularly effective in giving voice to the unique and often sensitive experiences surrounding sexuality education and learner pregnancy topics that are often shaped by deeply personal, cultural, and community-based influences.

Ultimately, using a phenomenological design allowed the researcher to understand not just what participants experienced, but how and why they experienced it that way that provides a holistic view of how CSE functions within the unique social and educational context of Soweto.

3.3 Population, sample, study setting and sampling procedures

3.3.1. Population

According to Babbie (2016), a population is the gathering of an endless number of specific groupings of people or non-human entities, such as items and educational institutions. Female students in grades eleven and twelve who were enrolled at two public secondary schools in Soweto, Gauteng province, made up the study population. The same schools' Life Orientation educators were also included in the study population. A total of 2,473 students and 81 educators

attended the two schools. The students were from Senaoane and Diepkloof, two local settlements. Black students made up the majority at the time of the survey, despite the fact that the school accepted students of all races.

3.3.2 Sample

The sample refers to a selected group of elements from the totality of the population (Babbie, 2010). The sample for this research was female learners and their educators, recruited from Senaoane Secondary School and Fidelitas Comprehensive School in Gauteng province.

3.3.3 Sample technique and participant recruitment process

Using a non-probability purposive sampling technique, 20 female students (10 from each school) and 6 educators (3 per school) were recruited. Researchers choose people who are and have experienced the phenomenon of interest (such as pregnancy) when employing the purposive sampling strategy (Robinson, 2023). According to Robinson (2023), researchers can save time and money by using the purposive sampling strategy to choose people who are pertinent to the study.

In line with the study inclusion criteria (see Table 1), the researcher created pamphlets to inform female learners in the two schools about the opportunity to participate in the study. In addition, the researcher went into different classrooms (grades 11 and 12) to explain the study and distribute the pamphlets. In the classrooms, the researcher asked interested learners to write their names to schedule interviews. In recruiting the educators, the principal introduced the researcher to the heads of life orientation studies, who then introduced the researcher to the different LO educators in the schools. The researcher explained the study to the LO educators and gave them participation information sheets. The researcher then scheduled interviews with the educators based on their availability.

Table 1: Participant recruitment criteria

Category	Criteria
Learner inclusion criteria	• The learner had to be aged 17 years and older. • The learner had to be a female and in grade 11 or grade 12. • The participants had to be attending a secondary school in Soweto (Senaoane Secondary School and Fidelitas Comprehensive School).

Educator inclusion criteria	• The educators had to be adults over the age of 18. • The educator had to be experienced in teaching either LO or Life Science subjects. • The educator had to have a minimum of 3 years teaching LO or Life Sciences subjects. • The educator had to have been teaching at a secondary level (Grades 8 to 12).

3.4 Research instrument

To collect information from the students and educators, the study employed an interview guide (Appendices L and M). A series of questions centred on students' knowledge of CSE, attitudes toward CSE, and difficulties they faced during CSE classes was included in the interview guide. Instead of using a simple question-and-answer structure, the set of open-ended questions allowed the participants to engage in conversation with the researcher (Clark & Veale, 2018). The researcher can obtain detailed information from students and educators by using open-ended questions (Clark & Vealé, 2018). The researcher uses the interview schedule as a guide, and to elicit more information from participants, the researcher is free to probe and offer follow-up questions (Clark & Vealé, 2018).

The use of semi-structured interview guides has both benefits and drawbacks. One benefit is that the questions serve as a guide for the researcher, who can ask additional questions if needed (Adeoye-Olatunde & Olenik, 2021). Another advantage is that participants can freely express their experiences in a way that questions guide them, but do not restrict them from expressing further (Adeoye-Olatunde & Olenik, 2021). The disadvantages of semi-structured interviews is that they can be time-consuming and can take up personal time from the participant (Adeoye-Olatunde & Olenik, 2021).

3.4.1. Pre-testing the research instrument

Pre-testing ensures that the questions are relevant to the research objectives (Buschle et al., 2022). It also helps to determine whether the language and wording of the questions are clear and easily understandable by the participants (Buschle et al., 2022). The pre-testing of the research instrument was undertaken with one female learner from Senaoane Secondary School in Soweto. The teenagers who participated in the pre-test had difficulty understanding some of the questions because they were posed in English. The researcher made the decision to translate the questions into isiZulu for individuals who were not fluent in English so that everyone could

respond to them fully and clearly. The pre-testing of the research instrument was also undertaken with one educator from Fidelitas Comprehensive School in Soweto. The educator had a full understanding of the questions and answered them questions in depth.

3.5. Method of data collection

Semi-structured one-on-one interviews were used to collect data from the students and educators. One-on-one interviews are intended to collect rich, detailed insights and perspectives from participants (DeJonckheere & Vaughn, 2019). The study used a semi-structured interview method, which incorporates open-ended questions and follow-up questions to probe more into participants' answers (DeJonckheere & Vaughn, 2019). In order to delve deeper into participants' responses, the study employed a semi-structured interviewing technique that included both open-ended and follow-up questions (DeJonckheere & Vaughn, 2019).

The advantages include that the direct, personal interaction between the interviewer and participant can build rapport and encourage open and honest communication (Siedlecki, 2022). Furthermore, interviews allow the researcher to probe participants to get more information and enhance the credibility and validity of the findings (Siedlecki, 2022).

Interviews have the drawback of being time-consuming, and the researcher must make sure that the participant's private time is not misused (Siedlecki, 2022). Another disadvantage is that participants may provide socially acceptable answers, which can negatively impact the findings of the study (Siedlecki, 2022).

To audio-record the interviews, written consent was sought from the educators, female students over the age of 18, and the caregivers of the underage students. During data collection, the researcher also used a reflective notebook and took field notes. Because it allows researchers to document their experiences and challenges during the study, reflective diaries are essential for qualitative research (Vinjamuri et al., 2017).

3.6. Method of data analysis

The process of creating codes and themes from qualitative data is known as thematic analysis (Braun et al., 2022). Braun et al. (2022) state that there are six practical steps that can be taken when using the thematic analysis method to analyse qualitative data. These steps are outlined below:

The **first step** required the researcher to become acquainted with the data in order to go to the next step, which required the researcher to thoroughly comprehend and interact with the data. In order to accomplish this, the researcher listened to and transcribed the audio recordings from the various interviews. The researcher next reviewed and reread the interview transcripts to become acquainted with the data.

The **second step** is to identify and generate the initial codes, and these are codes that are appealing and meaningful (Braun et al., 2022). By carefully going over the interview transcripts, the researcher began to have a solid grasp of the data in this step.

During the **third step**, the researcher had already read the transcripts numerous times and understood the information. The researcher revisited the information to get an overall meaning (Creswell & Guetterman, 2019). This was followed by developing themes from codes and looking for a recurring pattern across data sets (Creswell & Guetterman, 2019). To identify themes, the researcher assigned colours to similar data sets to make it simplify coding and theme development (Braun et al., 2022).

In the **fourth step,** the researcher reviewed the themes after coding and grouping the data into themes (Creswell & Guetterman, 2019). The researcher re-examined the themes and identified those that were well-grounded and those that appeared out of place (Creswell & Guetterman, 2019). This process allowed the researcher to determine the validity of themes in relation to the data set and research questions (Creswell & Creswell, 2017).

In the **fifth step** was defining and naming themes, this step requires ongoing defining and refining of the themes. In some places, the researcher introduced subthemes (see Chapter 4) (Braun et al., 2022).

In the **final step,** the researcher produced the report which includes themes, subthemes and participants verbatim (Braun et al., 2022).

3.7. Trustworthiness of the study

The level of confidence in the data, interpretations, and methods used to guarantee the quality of a study is what is meant by trustworthiness in qualitative research (Adler, 2022). Guba and Lincoln (1994) provide the following criteria that qualitative researchers should consider in order to determine the reliability of their research projects: credibility, transferability, dependability, and confirmability.

According to Guba and Lincoln (1994), **credibility** determines if the research's conclusions accurately represent the information collected from the participants' original data and are an honest appraisal of their initial opinions. All interviews with students and educators were conducted using the same interview guide, which increased the study's trustworthiness. To further prevent the participants' stories from being misunderstood, the interviews were audio-recorded.

The degree to which the study's findings can be applied to different situations or contexts with different participants is known as **transferability** (Adler, 2022). To establish the transferability of the study, the interviews were conducted with female learners and educators located in different secondary schools in Soweto township. In writing up the findings, the researcher provided comprehensive information on participants' experiences, cultures, and contexts. Furthermore, the research methods are described in detail for reference by other researchers.

The degree to which other researchers can validate the research study's conclusions is known as **confirmability** (Adler, 2022). This trustworthiness criterion focuses on verifying that information is derived from the original data and that interpretations of the results are not dependent on conjecture (Adler, 2022). To make sure the participants' remarks were preserved in the article, the interviews were audio-recorded. To make sure the results accurately reflect the participants' perspectives, the research supervisor also read the interview transcripts and listened to the audio recordings.

The researcher carried out a comprehensive literature study, collected and analysed data according to a methodical process, and the researcher's supervisor assisted in validating the themes and subthemes presented in Chapter 4. The stability of results over time is known as dependability (Adler, 2022). This trustworthiness criterion entails participants' assessment of the study's conclusions, interpretation, and suggestions, all of which are backed by the information gathered from study participants (Adler, 2022).

3.8. Ethical considerations

A set of guidelines that direct your research designs and procedures is known as ethical concerns in research (Fleming & Zegwaard, 2018). The following ethical considerations were noted by the researcher in the current study.

3.8.1 Ethics review committee

The University of the Witwatersrand Non-Medical Ethics Committee granted ethical approval to the researcher prior to data collection (Appendix A; reference number: H23/11/57).

3.8.2 Permission to Conduct Research

The Gauteng Provincial Department of Basic Education (Reference number: 2023/511) and the two secondary schools gave the researcher written consent to carry out the study in their schools (Appendices B, C, and D).

3.8.3 Confidentiality and Anonymity

As per Hoft (2021), confidentiality is the ethical concept that guarantees the privacy of participants' data and prevents their personal information from being shared without their consent. The participants in the study were informed that the research supervisor would be the only person with access to their personal information.

Anonymity is defined as the practice of ensuring that participants remain unidentifiable throughout the research process, meaning that even the researchers cannot link specific responses to individual participants (Hoft, 2021). The participants were informed that the dissertation submitted to the university would not contain personal information, such as their name or school.

3.8.4 Informed Consent

Researchers should obtain informed consent before actual data collection (APA, 2019). In order to get consent, the researcher explained to the participants the purpose of the study and the requirements for participation, which should also be included in the participation sheet. The researcher obtained written consent from the female learners (18 to 19 years old). For the learners, aged under 18 years, the researcher obtained consent from the parents/guardians, while the learners signed assent forms.

3.8.5 Voluntary Participation

The researcher gave the participants the free will to voluntarily participate in the study (Mogorosi, 2018). Participants were informed that they have the right to withdraw at any point without facing negative consequences. Information about voluntary participation is described in length in the participant information sheets, which were handed to each participant.

3.8.6 Counselling for Emotional Support

It was anticipated that some of the questions might evoke emotional distress in some of the learners. The researcher arranged counselling services with a social worker from Youth

Opportunities [1]South Africa operating in Soweto. The social worker to be contacted by learners in need of counselling support was Miss Yonela Mbobo (contact number: 0728800734, email: yonela@youthopportunitiessa.org).

3.9. Study limitations and delimitations

The following limitations were encountered in the research. The research further provided steps taken to counteract the limitations.

Table 2: Limitations and Delimitations

Limitations	Delimitations
Recruiting female learners (participants) was a challenge as some of them were sceptical about discussing their experiences, particularly involving sex and pregnancy.	The researcher made the participants comfortable to talk about their experiences by ensuring confidentiality and conducting the interviews in quiet and private spaces within the schools.
It is possible that some of the learners (participants) provided socially acceptable answers.	The researcher informed the participants that they should be free to express themselves and that there is no right or wrong answer.
Some of the participants struggled to converse in the English language.	The researcher translated the interview guide into the isiZulu language as the learners had a better understanding of isiZulu.
Some of the educators were busy during school hours and struggled to make time to participate in the interviews.	To accommodate the busy educators, some of the interviews were after school hours.

3.10. Chapter summary

The chapter explained the qualitative research approach and its applicability to the study were described in the chapter. Methods for data collection and analysis, study population, sample, and phenomenological design were presented. The measures used to set up the study process and the ethical standards the researcher adhered to were also mentioned in the chapter. Finally,

[1] a non-profit organisation in Soweto providing youth empowerment and development programmes in Soweto https://youthopportunitiessouthafrica.org/

the delimitations and limits of the study were emphasised. The data is provided and examined in light of the literature in the following chapter, Chapter 4.

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents the study's findings and discussion. Firstly, the demographic profiles of both the learners and educators are outlined (see Tables 4.1 and 4.2). Secondly, the key themes and sub-themes that emerged from the interviews with the learners and educators are presented and interpreted in detail.

4.2. Demographic profiles of the participants

In this section, the demographic profiles of the female learners and educators are presented in Table 4.1 and discussed accordingly.

Table 4.1: Demographic Profiles of Female Learners (N=20)

	Secondary School 1	**Secondary School 2**	**Total**
Number of participants	10	10	20
Age range			
17-18	6	7	13
19-20	4	3	7
Home language			
SeSotho	1	-	1
IsiZulu	7	8	15
Setswana	1	-	1
Xitsonga	1	2	3
School Grade			
11	9	-	9
12	1	10	11
Number of children			
0 – 2	1	3	4
2- 3	-	-	-
Family socio-economic stats			
High socioeconomic stats	-	-	-
Middle Socioeconomic status	9	9	18
Low socioeconomic status	1	1	2
Total	51	53	104

Table 4.1: A total of 20 female learners from two schools in Soweto took part in the research. All participants were Black females, primarily speaking isiZulu and Xitsonga. The participants were aged between 17 to 20 years, with 13 learners between the ages of 17 and 18, and seven between 19 and 20.

Table 4.2: Demographic Profiles of Educators (N=6)

	Secondary School 1	Secondary School 2	Total
Number of participants	3	3	6
Gender			
Female	1	2	3
Male	2	1	3
Age range			
25-34	-	1	1
35-44	1	-	1
45-54	1	-	1
55-64	1	2	3
Home Language			
IsiZulu	2	1	3
Setswana	-	1	1
SeSotho	-	1	1
Xitsonga	1	-	1
Religious Affiliation			
Christianity	3	2	5
Christianity with ancestral beliefs	-	1	1
Position in the school			
Life orientation educator	3	3	6
School principal	-	-	
Teaching experience of Life Orientation (in years)			
0-4	-	1	1
5-9	-	-	-
10-14	2	-	2
15-19	1	1	2
20-24	-	1	1
Education level			
Diploma in Education	-	1	1
Bachelor of Education	2	1	3
Diploma in Higher Education	-	1	1
Postgraduate Diploma in Educational Management	1	-	1
Total	24	24	48

Table 4.2 presents the demographic profile of the Life Orientation educators who participated in the study. A total of six educators participated in the research. The educators were aged between 25 to 64 years. The educators had varying levels of experience in teaching Life Orientation, ranging from 3 to 22 years. Three of the educators were males while the other three were females. The educators' academic qualifications included Diplomas in Education, Bachelor of Education degrees, Diplomas in Higher Education, and Postgraduate Diplomas in Educational Management. All educators were Black, with the majority speaking isiZulu, while others spoke Xitsonga, Setswana, and Sesotho.

4.3. Presentation and discussion of study findings

In this section, the objectives of the research are presented followed by the themes and subthemes which emerged from the data. In support of the themes, participants direct quotations are provided.

4.3.1. Objective 1: To assess the role of Comprehensive Sexual Education programs on female learners' knowledge and understanding of sexual health, contraception methods, and their ability to make informed decisions about their sexual health

For this objective two themes emerged, (1) Enhance Knowledge and Decision-making Capabilities and (2) Increased Awareness of the Sexual Consequences. These themes are described in detail below:

4.3.1.1 Theme 1: Enhance Knowledge and Decision-Making Capabilities

Most of the participants female learners highlighted that being taught comprehensive sexual education in class has helped them to make better-informed decisions regarding their sexual health. They acknowledged understanding the importance of using contraceptives to prevent pregnancy and diseases, being aware of the consequences of sex, abstinence, making better choices once they are sexually active in the future, and creating boundaries in relationships.

Participant commented:

> *"It has helped me in not making the wrong decisions, not having sex at all. And how I should treat myself with care and respect as a girl."* (Female learner participant 5, School 1)

Another participant added:

> *"It has helped me to make better-informed decisions because there is a lot that I didn't know which the class has informed me about like the importance of using contraceptives"* (Female learner participant 6, School 1)

Another participant, who learned from past mistakes and made better decisions, stated:

> *"Like I said I was ignorant before and I didn't feel the need to take contraceptives. I would tell myself that I wouldn't fall pregnant. I am now more informed, and I make sure that I protect myself from STDs and pregnancy "(*Female learner participants 3, School 2)

A female participant also felt that teachings from comprehensive sexual education have influenced her to create boundaries with her sexuality and peer interactions. She stated:

> *"What I have learnt so far is how I need to create boundaries around my being sexually active. As a girl, you need boundaries and know what you want to do. You should not be influenced by peers, and if you do get influenced you will lose yourself. "(*Female learner participant 1, School 1)

According to UNESCO (2018), the major purpose of comprehensive sexual education is to provide adolescents with the knowledge, skills and values necessary for making better choices and decisions in terms of sexuality and relationships. Having the ability to make educated judgments is vital for enhancing sexual health and for the prevention of negative outcomes surrounding sex and relationships (Unis & Sällström, 2020).

This theme aligns closely with the microsystem, which includes the immediate school environment and educator learner interactions (Bronfenbrenner, 1980). The LO educator acts a key agent in the microsystem and plays a direct role in shaping learners' knowledge and perceptions.

4.3.1.2. Theme 2: CSE Increased Awareness of the Sexual Consequences

The participants expressed that comprehensive sexual education classes have given the female learners knowledge of the consequences of having unprotected sex. They also demonstrated an understanding of pregnancy prevention methods, particularly contraceptive use, as they recognize the importance of avoiding pregnancy to protect their education and future.

One participant commented:

> *"It has helped me as I can to see the impact and consequences if I engage in sexual activities when the time hasn't come. So, I can make the right decisions for myself because I know the positive and negative impacts of sex."* (Female learner participant 6, School 2)

Another participant added:

> *"I take the subject seriously because they warn us about the consequences of having sex at a young age mostly that we could fall pregnant, and it will be hard to continue*

with school. So, it is important to prevent pregnancy by taking contraceptives." (Female learner participant 9, School 1)

The same participant continued:

"It is important because we need to know what happens when one decides to have unprotected sex. The subject is also important because we also need to be aware of the consequences of falling pregnant and what can happen after a person has a child." (Female learner participant 9, School 1)

The female learners are aware of the consequences of sex and ways to prevent pregnancy. They value their education and have realised that having a child will affect their schooling. They expressed a preference for using contraceptives rather than experiencing an unplanned pregnancy.

According to Morgan et al. (2022), teenage pregnancy can have a detrimental effect on a girl child's development and education because teenage moms are less likely to finish secondary school, which restricts the girl child's opportunities in life. For this reason, learning about the negative effects of sex and methods to avoid pregnancy helps the female learners safeguard their future.

4.3.2. Objective 2: To explore the attitudes and beliefs of female learners and educators regarding CSE and its role in the prevention of learners' pregnancy

Two themes emerged under this objective, the first theme is learner positive attitudes towards CSE which consists of three subthemes (1) fostering responsibility, (2) access to crucial sexual information and (3) confidence in educators' expertise. The second theme is educators' attitudes on the delivery of CSE. This theme comprises of three subthemes, (1) Discomfort in Teaching Sensitive CSE Topics, (2) Cultural influence in CSE delivery, and (3) Teenage Pregnancy Prevention (See table 4.3).

Table 4.3: Theme and Subthemes

Themes	Subthemes
1) Learner positive attitudes towards CSE	1) Fostering responsibility. 2) Access to crucial sexual information 3) Confidence in educators' expertise.

2) Educators' attitudes on the delivery of CSE	1) Discomfort in Teaching Sensitive CSE Topics. 2) Cultural influence in CSE delivery. 3) Teenage Pregnancy Prevention.

4.3.2.1 Theme 1: Learners' Positive Attitudes towards CSE

Subtheme 1: Fostering Responsibility and Self-Care

Participants shared that CSE teachings have encouraged them to behave responsibly and take care of their sexual health. Most of the participants believe it is their responsibility to protect themselves by using contraceptives to prevent pregnancy while still in school.

These sentiments were captured in the following remarks:

> *"Sexual education is important so that I know how to behave well and take care of myself. We also must know about topics such as teenage pregnancy and that we shouldn't have sex before a certain stage to avoid getting pregnant."* (Female learner participant 5, school 1)

> *"All I can say is that girls should take care of themselves and use contraceptives and not do things that are out of line. They must also consider the financial situation at home."* (Female learner participant 6, school 1)

Sa et al. (2021) investigated the effectiveness of a school-based empowerment comprehensive sexuality education (CSE) intervention in enhancing adolescents' sexual knowledge, gender and sexual attitudes, and sexual self-efficacy. This study showed the empowerment of young women. The goal of sexual education, according to Sa et al. (2021), is to enable young people, especially young women and marginalized people, to protect their health and develop into capable members of society.

A study by George et al. (2022) examined the role of education and comprehensive sexuality education in lowering the prevalence of HIV and pregnancy among South African adolescents. The study found that school-age girls are less likely to become pregnant because participation in CSE was linked to the adoption of less risky sexual behaviors, including a significantly lower

incidence of multiple partner relationships, irregular condom use, and transactional and age-disparate sex (George et al., 2022).

Subtheme 2: Access to Crucial Sexual Education

The participants in these interviews express the importance of sexual education as part of their Life Orientation curriculum. Many feel empowered by the knowledge they gain, which helps them make informed decisions and avoid teenage pregnancy. Several participants highlight how this education is particularly crucial given the high rates of teenage pregnancy in their communities, noting that better awareness could reduce these incidents.

> *"The experience of learning sexual education in the Life Orientation is good because they tell us what is wrong and right in the subject. A lot of the learners here do the wrong things, but I believe they have been taught well about sexuality education. I think it's important that we learn about sexual education because some girls fall pregnant and then want to commit suicide because of the shame they experience."* (Female learner participant 6, school 1)

> *"I think that it is very important. In the times that we are living in teenage pregnancy is a big issue in our country. But if we as girls get enough information about sexuality education, I feel like we can avoid teenage pregnancy and cases can be reduced."* (Female learner participant 8, school 1)

Other participants emphasised that through years of learning sexual education, it is now up to them to use the information they have acquired to make informed decisions regarding their sexual health.

The participants commented:

> *"Another important thing is to love, protect, respect, and take care of yourself as a person. We have been learning about sexual education for long now and it's up to us to make the right decisions for ourselves. All I can say is that we need to take care of ourselves as young people and not engage in the wrong things. We need to always protect ourselves."* (Female learner participant 4, school 2)

The goal of effective sex and relationship education is to promote adolescents' reproductive health in society (UNESCO, 2018). HIV, other STIs, unintended pregnancies, coercive or abusive sexual behaviour, and sexual exploitation can all be managed and reduced with its help

(UNESCO, 2018). According to Unis and Sällström (2020), the study investigated how teenagers felt about learning about relationships and sex. There are two types of learning: learning that focuses on gaining and using knowledge and learning that focuses on gaining a deeper understanding and changing oneself. According to the study's findings, having accurate knowledge is crucial for fostering a sense of security (Unis & Sällström, 2020).

Subtheme 3: Confidence in Educators' Expertise

The participants commented that they believe their educators are trained and skilled to teach CSE. As a result, they always look forward to receiving sexual education from their educators. This subtheme was captured when the participants said:

> *"I feel like everything I have been learning in class is enough there are no topics that I feel needs to be added. I have enough information to make the right informed decisions. I feel it informs me enough about teenage pregnancy and contraceptives."* (Female learner participant 6, school 2)

The female learners trust in the educators' skills as they believe educators cover a wide range of important topics in CSE and provide sufficient information, particularly on issues like teenage pregnancy, contraceptives, HIV, and other diseases.

> *"I feel like it covers enough topics because it covers topics we face like teenage pregnancy and HIV and AIDs and other diseases and the impacts of engaging in sexual education. Teenage pregnancy and contraceptives are topics that educators talk a lot about because of the reality of some young girls being pregnant. Even the number of people who are HIV is also high, so they need to teach this topic."* (Female learner participant 8, school 2)

Educators' comfortability is a key component in high-quality and effective CSE, and educators' competence and confidence a gap highlighted in the implementation of CSE in schools (Bourke et al., 2024). Poor confidence, competence and comfortability can result in certain topics such as LGBTQI+ issues and sex positivity not being taught while other issues as physical health are frequently taught in the teaching of CSE (Bourke et al., 2024).

4.3.2.2 Theme 2: Educators' attitudes on the delivery of CSE

Subtheme 1: Discomfort in Teaching Sensitive CSE Topics

The educators highlighted challenges in teaching sexual education, particularly due to the sensitive nature of the content and their discomfort in discussing it openly with female learners. This subtheme was captured when an educator said:

> *"One of the topics talked about when one is having sex, how gentle, how fast you can give your partner pleasure I discovered that in the books and even had a demonstration with it. I'm not comfortable in telling them how far they must take things. I used to tell them when I am teaching about sex, penises, and vaginas they must understand that I am teaching and not be silly in the class. I will speak, and some learners will be aroused by the pictures or videos. So, you must be careful when you talk about such topics because they'll ask me personal questions. "How do you do it?", And I cannot tell them. That is where I felt uncomfortable but with other aspects of the subject, I am okay."* (Educator 1, School 2)

One of the educators mentioned feeling uncomfortable introducing the topic to learners in lower grades as they are shocked by the new things they learn in CSE.

> *"With the younger learners, I was not comfortable as it was also something they had never heard before. It differs in phases. With the younger learners, in grades 8 and 9, they are sometimes shocked by what they learn in class, it's awkward."* (Educator 2, School 1)

Another educator expressed that educators are uncomfortable discussing the biological part of sexual education, which causes educators to give learners activities but not engage on the topic.

> *"Yeah. And many educators were not comfortable with teaching that. And the reason is because of that section, it is much more of a biology of some sort, which if I'm not mistaken, I think there are also even private parts for both male and female. This normally makes it a little bit harder for some to speak about it. We did share as educators, we did have some meetings somewhere, and I recall some of my colleagues said no, that they don't feel comfortable with that. So, no matter what happens. It's. The approach then will be for the educators to give them the questions. And only Mark. But in terms of the actual verbal engagement in class, it will normally be avoided."* (Educator 6, school 1)

Cultural factors play a significant role in determining how comfortable educators are with sexuality education (Choobe & Yangailo, 2024). While they support sexuality education, educators do express discomfort teaching the topic. To effectively teach CSE, educators must have a thorough understanding of the scientific and social aspects of the subject (Choobe & Yangailo, 2024). Teachers who are not trained in CSE often feel embarrassed and anxious when teaching the subject, while teachers who have received CSE training exhibit a high level of willingness and comfort in teaching the subject (Choobe & Yangailo, 2024).

Subtheme 2: Cultural influence in CSE delivery

The educators expressed that learners show a keen interest in learning in the sexuality education classes; they do not get information from home due to cultural backgrounds. The educators commented:

> *"So really, they want to know more about this. Because they don't have a chance at home. There is no one at home they can share this kind of information with not even their sisters or brothers would share with them. Maybe because of our culture, whatever background you come from, religious beliefs or whatever, I don't know. But really if you come and present these to the learners, you'll get 100% participation and attention. That is what I experience."* (Educator 4, School 1)

The educator continues to comment:

> *"When we teach these lessons, scripted lesson plans. We receive the attention; it's not like when you teach other subject matter. It seems as if all learners will start now to participate. They will share their views, and you know from the side of the learners they are interested to know more about this. Yeah, to know more about sexuality education."* (Educator 4, school 1)

> *"All I know is that it is the most favourite topic. It is the most. But normally the easiest way is to create a platform wherein one is approachable."* (Educator 6, school 1)

Amongst the Black South Africans, cultural factors and beliefs are deeply entrenched in the way of life (Venketsamy, 2018). Because parents it is taboo to discuss sexual matters with their children, cultural beliefs in Black communities also hinder young people from learning about

sexuality within their communities (Venketsamy, 2018). Educators are often caught between contradictory values, personal beliefs and social and cultural pressures (Venketsamy, 2018).

This theme reflects the microsystem influences such as peers, teachers and the classroom setting but also the mesosystem, where interactions between home and school contexts shape learners' attitudes. Conflicting messages between home, often guided by cultural or religious norms, and school created confusion and hesitation, illustrating mesosystemic tension.

Subtheme 3: Teenage Pregnancy Prevention

The educators believe that teaching sexuality in schools has significantly reduced learner pregnancy rates. They believe that sexuality education helps learners make informed decisions, but the battle against teenage pregnancy is not won. The educators commented:

> *"I think it's very important because in the years that I've started teaching learner pregnancy rates were high when I arrived at the school but when they introduced the concept of teaching about sexuality in schools the learner pregnancy rates reduced."* (Educator 2, school 1)

> *"I started working here in 2016 and the number of teenage pregnancies gradually has been going down as compared to when I arrived seven years ago. There were a lot of cases of teenage pregnancy. For instance, when the learners write exams final year grade 12 examination you will find five, six or seven female learners pregnant."* (Educator 4, school 1)

The educators emphasised that they try to educate the learners about their sexual health and to avoid falling pregnant but there are still many cases of learner pregnancy. The educators commented:

> *"So, there's this influence. Whereby, as we can try to create awareness, to educate them about the dos and don'ts. Basically, we are advising them to abstain, altogether, they must not engage in sexual activities. That's the best way. But it seems as if the battle is not yet halfway done also due to poverty."* (Educator 4, school 1)

> "Yeah*, theoretically or from what any normal person will say is that it is supposed to help learners so that they know exactly before they do anything and know the consequences. And I hope it will. But looking at the statistics or by looking at things, it appears like we haven't yet won the battle. Umm. Let me say yes, I think it does assist. One can simply say maybe*

if we did not have the few cases that we have, maybe it would have been more than that. It might have been doubled or tripled." (Educator 6, school 1)

By educating students about their sexual health rights and the dangers of sexual activity, CSE helps lower the rates of learner pregnancy (Singh & Naicker, 2019). Students who are pregnant have a higher chance of dropping out of school and not finishing their education, which will restrict their options for employment and future opportunities (UNESCO, 2018).

Under this objective

4.3.3. Objective 3: To determine which design and delivery features in CSE programmes can encourage female learners to participate in sexual education programmes.

The participants mentioned various design and delivery features which can help improve the delivery of CSE to female learners in schools. These features are (1) effective teaching pedagogical approaches, (2) expanding access, and (3) parental and community involvement.

4.3.3.1 Theme 1: Effective Pedagogical Approaches

The participants were asked in which approach would they prefer educators to teach them. Participants mentioned that educators should avoid being judgmental, especially towards pregnant learners, they should allow for open discussions and be passionate about teaching the subject. The participants commented:

> *"They can teach better by respectfully talking to us and not making nasty comments. They can avoid judging us but rather educate us as we are in a stage of understanding ourselves and we are bound to make mistakes. They must be open to us and allow us to engage with them because they are like our parents here at school"* (Female learner participant 2, school 2)

The participants expressed the need for more practical, visual, and interactive approaches to teaching sexual education. The educator highlighted the value of using models to demonstrate the use of condoms and ensuring learners know how to check expiration dates but acknowledges the challenge of addressing sexual education with adolescents due to their developmental stage.

"And they also give us models to demonstrate. Like showing the use of female condoms. They demonstrate all these things and how to insert a condom. We show them how it works and show them how to check if something has expired and if it is safe to use, we do all those

things. Yeah, but teenagers coupled with their development in early adolescence, adolescence stages. It becomes a challenge." (Educator 4, school 1)

The learner points out the lack of resources for demonstrations, stating that the school mainly relies on verbal explanations without visual aids like models or skeletons.

"The school doesn't have enough resources to show is demonstrations. Like they only talk but they don't show. It would be better to have models or things like skeletons that they can use to explain." (Female learner participant 2, school 1)

The educator mentions that the school uses interactive methods, including videos, case studies, and research assignments, which cater to different learning preferences and help students engage with the material at their own pace.

"We do have all the methods of doing that like here. We are one of the schools that have interactive methods, I mean, they can watch certain videos which relate to sexuality they can see, and we also give them work whereby they go research all these things. There are also case studies where they see it visually. "(Educator 4, school 1)

Another educator mentioned the importance of debates and discussions with adolescents about the topic of sexual education.

"So, diagram or pictures. It might be another one. Mm-hmm. And discussions or debates in class might be another. The good thing about discussions and debates is that they do not necessarily require tangible resources- If someone can speak, they can participate." (Educator 6, school 1)

An important resource for the enhancement of the teaching of CSE is technology many public schools do not have access to the internet and technological devices. The educators expressed being behind with technology in public schools, they desire to have access to the internet and smarts boards as the young generation responds better to the use of technology in class.

"I'm teaching in the public school, and we are behind with a lot of things such as technology, I need an internet connection and smart boards so that I can play videos." (Educator 3, school 2)

"Educators can start using technology because learners learn better when they see and hear. If we can present more information in a visual form and engage with the students in groups and pairs and have dialogues. We must have discussions with

learners, of which we already do that. It would be better if we could get more technological resources." (Educator 5, school 2)

Keogh et al (2021) conducted a study to understand the implementation challenges of national CSE curricula in schools in Ghana, Kenya, Peru and Guatemala. One of the challenges was the availability of teaching resources which is key in the implementation of CSE, all four schools reported a lack of adequate teaching materials (Keogh et al., 2021). Schools in Ghana were expected to buy their teaching resources, to overcome this issue educators created their material (Keogh et al., 2021). Available teaching resources in the four countries were often not comprehensive, focusing mainly on reproductive physiology at the expense of rights and gender; and interactive materials were particularly lacking (Keogh et al., 2021).

Koch and Beyers's (2023) study reveals that learner participants expressed that traditional methods of learning cause learners to be passive onlookers in the process of learning, they desire more interactive and hands-on activities in which they can reflect on their realities (Koch & Beyers, 2023).

4.3.3.2. Theme 2: Expanding CSE access

The learners emphasize the need for more targeted programs and support for girls in addressing teenage pregnancy. A learner suggested a need for a program where girls are educated on how to protect themselves, emphasizing the importance of focusing on education and other interests, rather than boys. She believes that involving teenage mothers to share their experiences could help prevent others from facing the same challenges.

"We should have a programme where they talk to girls about this topic and how we can protect ourselves. We should have girls talk. We need people from outside who can educate us. We can prevent this issue of teenage pregnancy by not focusing on boys, girls should have other interests and focus on their books, keep themselves busy and have other hobbies. A boy can take everything from you but not take your education. Even if a girl gets pregnant it's not the end of the world she can go back to school and finish. In this programme, we can even have teenage mothers or girls who fell pregnant in school who can talk to younger girl learners about their experiences and how the journey of being a teenage mother is not pleasant and should be prevented"

(Female learner participant 10, school 2)

Another learner recommends creating a girls' group where older learners can mentor younger ones, discussing topics such as menstrual health and sexual education. She also suggested involving nurses to provide contraceptives at school.

> *"I think that they should have a girls' group within the school where the senior learners interact with the junior learners because I feel that the grade 8 learners could learn a lot from their older sisters. The only time they call us as girls in the school is when they call us to give us sanitary pads, they don't even talk to us to tell us how these things work and some grade 8s don't know how these things work. They can call meetings for us after school and talk about this topic."*
>
> (Female learner participant 9, school 2)

Another participant calls for stricter rules and more sexual education programs, noting that teenage pregnancy has become common and normalised at her school. She believes strict parental control is also necessary to address the issue.

> *"I think we need to be given more sexual education, especially in high schools because a lot of young girls fall pregnant here. We need to have more programmes related to sexual education. Professionals must come to teach us more about sexual education. For example, in catholic schools, when you get pregnant, they expel you from the school because they their best to remove anything that could contribute to teenage pregnancy so even here at my school, they need to be stricter with the rules because here it has become normal for a girl to be pregnant it is no longer a disgrace. There are many of them who are pregnant here at school; it is just a common thing. I believe that parents also need to be stricter with their children"* (Female learner participant 7, school 2)

Educators and learners express concerns about the limitations of the Comprehensive Sexual Education (CSE) curriculum.

The educator believes the curriculum is inadequate, as it does not focus enough on learner pregnancy, and it focuses on other subjects in the Life Orientation subject.

> *"I do not think it adequately addresses it. The person who is teaching the subject must support the young people to empower them by improving their critical thinking when it comes to the subject. I believe the curriculum is limiting. It focuses on other content rather than learner pregnancy. I will talk about the content for grades 11 and 12 it focuses on careers, conflict management and human rights. They forget that in these*

> *grades there are higher dropout rates because learners are sexually active and fall pregnant. I think it is limited it is not enough. The topic of pregnancy should not be one line in the textbook it should be detailed and transparent about the topic."* (Educator 2. School 1)

A participant expressed the desire for more time to be dedicated to sexual education, as the current schedule of once or twice a week is insufficient.

> *"I think we should be given more time to learn about this topic of sexual education. We can't just have it once or twice a week."* (Female learner participant 5, school 1)

Both educators and learners emphasise the need to include boys in discussions about teenage pregnancy and sexual health.

The educator observed that while girls are more likely to protect themselves, boys are often left out of the conversation, leading to higher risks for them, including contracting sexually transmitted diseases.

> *"Yes. But I'm shocked by the experience I had this year because I noticed that it is the girls who protect themselves more, but it is the boys who do not protect themselves. You find that some boys contract sexually transmitted diseases. I think the topic should be addressed differently to boys and girls. When you address it generally to girls and boys, most of the time boys do not speak up. So, the risk is more with boys because girls are protecting themselves and they are not getting pregnant, but the boys continue to be naughty. We focus on the girls a lot, and we forget to include the boys, as they make girls pregnant. For as long as we do not include boys, this issue of teenage pregnancy will not be resolved."* (Educator 2, school 1)

Another participant mentioned that while both boys and girls share responsibility, boys often lack the necessary information, and the focus should be on educating both genders equally. The learners advocate for a more balanced approach where boys and girls understand each other's perspectives and roles in preventing pregnancy.

> *"The focus should be on girls and boys because in most cases, the focus is on girls. Girls are blamed for this issue of teenage pregnancy, while boys are also responsible for cases of teenage pregnancy. They should talk about ways both genders to avoid pregnancy and not only focus on ways girls can avoid it. The boy should learn about*

the girls. The girls should learn about the boys." (Female learner participant 8, school 1)

Koch and Beyers (2023) revealed in a study that participants often mentioned how different gender roles, gender biases and gender discrimination are at play and reinforced in CSE. Participants in the study shared that sexually active girls are often judged. (Koch & Beyers, 2023). The females are often expected to abstain from sex and take responsibility, while the males are often expected (Koch & Beyers, 2023). Sexual education of boys is neglected, and participants suggested that equal attention be given to both genders (Koch & Beyers, 2023).

4.3.3.3. Theme 3: Parental and Community Involvement

The participants emphasise the importance of parental involvement in sexuality education. Learners believe that parents should be educated on sexual education to better support their children's understanding of it. Educators highlight the need for collaboration between parents and educators, as inconsistent messages from home can undermine school efforts. They also point out that many parents are in denial about their children's sexual development, making it difficult for learners to discuss contraception or seek guidance. Building strong parent-child relationships and involving parents in educational programs are seen as key to improving sexual education and preventing issues like teenage pregnancy.

"They should also have parents meeting, as some parents are not that educated about sexual education, so because they may lack information as parents they also need to be educated. The parents need to understand sexual education and its importance for us to also understand it."

(Female learner participant 8, school 1)

"The other issue is that parents are in denial that their children have reached a stage of wanting to explore sexual intercourse then the parent will not allow the child to take contraceptives, and the child will not be open with the parent. As a teacher, I cannot help every learner on a personal level; parents also need to play their role. Parent involvement is important. On a national level, the Life orientation educators should educate parents about sexuality education." (Educator 3, school 2)

Parents and caregivers play a central role in the lives of adolescents and can influence their sexual behaviours (Aventin et al., 2020). Parents play a role in supervising the adolescent activity and conveying safe and appropriate sexual health information (Aventin et al., 2020).

Teenagers' attitudes, values, and beliefs on SRH can be greatly influenced by adults who model courteous and open communication about sex (Aventin et al., 2020). Globally, adolescents have reported rarely or never discussing sex with their parents, 40% of adolescents engage in sexual activity before parents have timeously discussed with them regarding sexual behaviours (Aventin et al., 2020).

4.3.4. Objective 4: To explore the challenges female learners encounter when participating in CSE programmes in schools

The female learners mentioned various challenges they encountered when participating in CSE programmes. Two themes emerged under this objective: the first theme is Barriers to Effective Engagement with CSE, which consists of five subthemes: (1) Cultural and Religious Influences, (2) Classroom Dynamics and Educator Limitations, (3) Curriculum and Testing, (4) Gaps in Comprehensive Sexual education, (5) Curriculum and Pedagogical Constraints. The second theme is Implementation Challenges, which consists of two subthemes: (1) Lack of infrastructure and resources, and (2) Parents retaliate against CSE (Table 4.4).

Table 4.4: Themes and Subthemes

Themes	Subthemes
1) Barriers to Effective Engagement with CSE	1)Cultural and Religious Influences. 2) Classroom Dynamics and Educator Limitations. 3) Curriculum and Testing. 4) Gaps in Comprehensive Sexual education. 5) Curriculum and Pedagogical Constraints.
2) Implementation Challenges	1) Lack of infrastructure and resources, 2) Parents retaliate against CSE

4.3.4.1. Theme 1: Barriers to Effective Engagement with CSE

Subtheme 1: Cultural and Religious Influences

The participants shared their experiences of how religion and beliefs can affect the teaching of sexual education.

Participants mentioned that educators tend to teach sexual education based on their beliefs and encourage abstinence to learners, as their beliefs state that one should wait for a certain age or phase to engage in sexual activities. The participants expressed feeling judged by educators.

"Yes, sometimes the educators can allow their beliefs to affect the way that they teach, because, for example with Zulu people they believe that a girl should not sleep with a boy before the age of 21 years as girls. Sometimes educators will say that when they grew up, they did not behave like us, they stayed virgins, which comes across as judgmental towards us especially those who do not have the same cultural beliefs, also I believe times have changed." (Female learner participant 10, school 1)

The participants also expressed that some educators' old ways of thinking, which could be linked to their beliefs, affect how they teach. This way of thinking blocks educators from understanding learners and engaging with them on a deeper level to understand the issues they face in making decisions regarding their sexual health. The participants also expressed that; educators will avoid going into detail in sexual education due to their beliefs.

"Yes, some of them because some of them are stuck in their old ways that no girl should be pregnant at your age, and some say, "Why are we running after boys?". Some don't want to think of what happened to a learner to get pregnant, and most of them went through the same things, developing feelings for the opposite gender, which leads to sexual activity. They don't want to understand learners, they don't want to go into the deep reason why a learner can become pregnant. Some girls live in homes where people are drunkards, and she witnesses all types of things that traumatise and influence how she acts and thinks. Maybe family members don't care if their child goes out at night. So, I can't say that I blame learners who fall pregnant at a young age. I always think about their background and what influenced them to get to this point." (Female learner participant 1, school 1)

Another participant mentioned that some educators have the belief that they should not be discussing sexual education as the learners are still children.

"Yes, I think it does. I see it with some educators, let me give an example, there is this male teacher who will say something in class and retract it as he has this belief that he should not discuss this topic of sexual education with children, meanwhile, he is a Life Orientation teacher he is supposed to teach us about these things." (Female learner participant 8, school 1)

Another participant mentioned that an educator would force their beliefs on learners and would tell them to pray to protect themselves from boys.

> *"Yes, it does. There's a particular teacher who says that if you don't pray, you will do the wrong things with boys, you must not talk to boys, and you must ask God to protect you from boys. Then I ask myself why we are in the same school as boys are if we won't interact with them. She would even say that we must pray so that we don't end up running after boys."* (Female learner participant 9, school 2)

Shibuya et al. (2021) conducted a study to describe the conflicts experienced by educators in the implementation of CSE in schools. One conflict educators have is the hesitancy to talk about sexual education due to cultural and religious reasons (Shibuya et al., 2023). In many communities, the topic of sexual and reproductive health is still taboo, and there is a belief that discussing this topic encourages early sexual debut among learners (Shibuya et al., 2023). As a result, some educators instil their beliefs in sexual education classes to have moral authority and control over learners (Shibuya et al., 2023). The study showed that educators shared the belief in the benefit of abstinence to learners in hopes of ending the cycle of poverty (Shibuya et al., 2023). Sexual education programmes that only encourage abstinence are based on fear and exaggerate the negative consequences of sexual behaviours, which cultivates shame and guilt to discourage young people from sexual activities (Unis & Sällström, 2020). This approach has not shown results of changing behaviour as excluding methods of prevention may result in learners ignoring the main message (Unis & Sällström, 2020).

Participants identified cultural taboos, religious beliefs, and stigma around sexual discussions as key barriers. These challenges operate primarily within the macrosystem, encompassing the societal and cultural norms that govern sexual discourse in Soweto. Educators noted that even when CSE is part of the curriculum, broader societal expectations often discourage open discussion of sexual topics. These external pressures also contributed to educators' reluctance in which shows the influence of the exosystem, where school policies, parental opinions, and broader community norms impacted the classroom environment.

Subtheme 2: Classroom Dynamics and Educator Limitations

The female learners expressed common sentiments of being dissatisfied with how sexuality education is being taught at schools. The educators tend to avoid in-depth discussions on the topics; the learners are told to read from textbooks and not get explanations or engagement from educators.

"Yes, certain skills are missing because it is like they want us to read the sexuality education booklets on our own, they don't want to explain it to us. They avoid talking about this topic with us."

(Female learner participant 8, school 1)

The participants sense hesitancy from educators, and learners believe that educators lack proper training and have an outdated mindset. The guest speakers from the clinic provide the learners with valuable insights, and the participants desire more interactions and information from the educators.

"Yes, some of the Life Orientation educators are not open to talking about this topic. It feels like they are hiding information from us, and you can tell that they are hiding information. They should be open to giving us more information. We have some information, but now we need more info." (Female learner participant 7, school 1)

"I don't believe they are trained to that extent to teach the topic. I think someone who is qualified and has the skills to teach the topic, and for us to understand them. I think the teacher just tells us what they see in textbooks. Sometimes it's also to be taught by someone who has the experience so that we can relate to them. I cannot relate to what the teacher tells us from the textbooks. Sometimes we do get people from other districts who come and talk to us about sex education. I think they were from Chiawelo clinic so they talked also about anxiety and depression that could lead to a person making the wrong decisions." (Female learner participant 7, school 2)

Due to this outdated mindset that participants observed in educators, the participants expressed wanting younger educators who will understand, engage and be non-judgemental towards them.

The participants commented:

"I feel that Life Orientation teachers should be young because when we get old teachers, it becomes so difficult, they have that parental mentality, they do not want to tell us certain things because they see us as their children. If we could get young Life Orientation teachers, they could be as open as they want to be about the topic of sexual education. They told teachers to cover things up, they just give us the basics, they do not go into deep details." (Female learner participant 7, school 1)

Older educators referred to how past norms, including those shaped by apartheid-era schooling and gender roles, continued to affect current practices. This aligns with the chronosystem, which considers how historical events and time-based transitions influence development. Educators reflected on generational shifts in attitudes toward sexuality and education, suggesting that current efforts to implement CSE must navigate long-standing legacies of cultural conservatism, inequality, and stigma.

The participants expressed that educators lacked passion for the subject, which leads to learners with insufficient knowledge.

> *"The teachers sometimes don't seem interested in teaching the topic; there is no passion in teaching the topic. There is no accountability from teachers as they sometimes don't teach us."* (Female learner participant 10, school 2)

Koch and Beyers (2023) conducted a study inspired by Freire's theory of praxis, which aimed to include the voices of adolescents in improving comprehensive sexuality education (CSE). The goal was to work together to create a practical approach that helps educators deliver CSE in a way that better meets the needs of young people (Koch & Beyers, 2023). In the study the learners identified the problem with CSE delivery in that sexual education is not comprehensive enough that only certain topics are attended to subjectively by educators and topics are not taught comprehensively as educators teach on the surface level which does not allow for in-depth discussions (Koch & Beyers, 2023).

The participants expressed their frustration in how boys behave in CSE classes, they feel that the boys do not take the subject seriously and often disrupt the lessons. The boys feel that topics discussed in class are for girls.

A participant commented:

> *"They should focus on talking to the girls and not the boys. Boys don't take this topic seriously; the boys always complain that the things they learn in sexual education are for girls to know all they want to do is to just sleep with girls. The attitude of the boys during class disturbs us. I know they should know all this information but some of them disturb us."* (Female learner participant 6, school 1)

Pound et al (2016) conducted a study to investigate whether the provision of sexual education meets young people's needs. The study revealed that learners experienced embarrassment and discomfort in mixed-sex sexual-relationship education as they feared humiliation in front of

the class (Pound et al., 2016). The study showed that that young men were disruptive in the classes as a way of masking their anxiety, young men are scared of being perceived as sexually inexperienced a question even when they are not knowledgeable (Pound et al., 2016). Young women are also vulnerable, they were observed to take sexual-relationship education too seriously but in same-sex classes, young men discourage their participation by verbally harassing them and attacking their sexual reputation if they participated in class (Pound et al., 2016). Educators failed to address young men's behaviour or conflicted with them (Pound et al., 2016).

The participants feel that not enough time is dedicated to Life Orientation (LO) classes, with some having the subject only twice a week, which they believe is insufficient. They mention frequent cancellations of classes due to time constraints, early school dismissals, or teacher absences. As a result, topics are not fully covered, yet they are still expected to write exams on them. The learners emphasize that LO should be taken as seriously as other subjects and given more priority in the curriculum.

The participants commented:

> *"Well so far in grade 11 we have only learned about goals. For two weeks now we haven't been to the Life Orientation class because of the time and sometimes school also comes out early, so we end up not having the class. Sometimes the teacher is absent or not around to teach us. They don't take the class seriously like other subjects. I believe we need to also see the importance of the Life Orientation class it should also be prioritised."* (Female learner participant 7, school 2)

In a study by Koch and Beyers (2023), learners revealed that their exposure to sexual education in the Life Orientation has been limited or once-off- for some it is non-existent. Most of the exposure to sexual education has been through outside organisations that visit the school to educate learners about the prevention of harmful consequences of having sex (Koch & Beyers, 2023)

Subtheme 3: Curriculum and Testing

The participants expressed that the sexual education provided is basic and does not offer enough detail. Topics such as contraception, prevention of STIs, and consequences of unprotected sex are mentioned but not fully explained. The participants desire more guidance and in-depth discussions, rather than getting the surface level.

The participant commented:

> *"No, I don't feel like they give us enough information because they just tell us what we need to prevent. So, I feel like if they can take us step by step from the beginning and say for you to not fall pregnant you need to do this and that. I feel like they don't give us enough information. Even if, like you can read in the textbook, but sometimes you just need like a bit of clarity from the teacher for you to understand that topic better."*
>
> (Female learner participant 8, school 1)

The participants noted that vital subjects such as HIV, AIDS, STIs, and teenage pregnancy are not discussed enough. They express concern that not enough focus is placed on the deeper consequences of sexual activity, such as diseases, and some feel that contraceptive education is too narrowly focused on pregnancy prevention, neglecting protection against infections.

The participant commented:

> "*The only thing the textbook says is to go to the clinic and prevent pregnancy, but we need to understand that contraceptives only prevent pregnancy, but you can contract a sexual disease. They don't elaborate more on that. There is also Prep that prevents HIV they don't know that they can prevent pregnancy, they need to tell us that we need to go check out HIV status every 3 months. There are STIs and STDs that school learners don't know about, they get infections, and they are not aware of what it is caused by."* (Female learner participant 10, school 2)

Another participant commented that they do not get tested enough on the knowledge they get from sexual education classes.

> *"But I feel that we are not tested in the information that we are given, they don't check our understanding to correct if we understand. We should have more discussions and talk as learners. We should talk more also about HIV and other sexual diseases they should ask us if we check our status regularly."* (Female learner participant 4, school 1)

Subtheme: 4: Gaps in Comprehensive Sexual education

A dominant theme that has emerged from the data was that female learner participants expressed that they would like educators to cover the topic of contraceptives in more detail. They feel that the information on the topic of contraceptives is limited.

The participant below expressed her dissatisfaction about being taught one option of contraception and feels the need to be taught about all types of contraceptives: The participant commented:

> *"They only tell us about one contraceptive which is the condom, but they never tell us in detail about the other contraceptives. It is like they are telling us that the only way we can prevent pregnancy is by using a condom. They need to tell us more about other contraceptives".* (Female learner participant 9, school 1)

The participant expressed the need for the topic of contraceptives to be taught in more detail as they feel that the textbook is limited. The participant commented:

> *"I don't think we are given enough information about teenage pregnancy and contraceptives because we still have questions related to these topics. For example, with pregnancy, there are contraceptives that people use to prevent pregnancy but in Life Orientation we don't talk about those different methods. They do mention contraceptives but only what is being said in the textbook."* (Female learner participant 7, school 2)

The participant stated an important reason for contraceptive knowledge such as avoiding learner pregnancy. The participant commented:

> *"They need to talk more about the use of contraceptives and to guide learners to not rush into sexual activities without knowing the consequences. Most do the girls that fall pregnant end up dropping out of school because no one at home can look after the baby, their backgrounds of these learners are different."* (Female learner participant 10, school 2)

Adolescent girls need to have knowledge about contraceptives, to make informed decisions about their sexual and reproductive health. Adequate knowledge of contraceptives can reduce rates of learner pregnancy, empower young girls to protect themselves and make informed decisions about their sexual health, and improve their future opportunities (Kantorová et al., 2021).

The participants discussed how little emphasis is placed on learner pregnancy in the Life Orientation curriculum. There may be a lapse in discussion of the subject matter in class. The

interviewees state that given the prevalence of learner pregnancies, the problem should be addressed more.

This theme was captured when the participant gave the following remarks:

> *"No, it doesn't cover enough topics. This year and last year we have not learned about teenage pregnancy. That's a topic I feel should be talked about more because in our school we have pregnant learners."* (Female learner participant 5, school 1)

> *"We don't talk about pregnancy prevention. Last year we didn't talk about the topic maybe because we were taught by a male teacher and this year we haven't yet talked about that topic."* (Female learner participant 5, school 1)

Another participant suggested that since educators do not talk about teenage pregnancy then teenage moms can visit the school to share their experiences of learner pregnancy.

> *"They address the topic of learner pregnancy here and there. The last time we talked about it was in grade 10. We only learn about it through the textbook, but teachers do not talk about it to us. I believe it would be better if they could also pregnant teenagers or teenage moms to tell us about their experiences rather than just learning from a textbook."* (Female learner participant 1, school 2)

4.3.4.2 Theme 2: implementation challenges

Sub-theme 1: Lack of infrastructure and resources

The educators expressed their frustrations with the state of the schools due to the lack of infrastructure. The schools cannot offer health care services to learners especially those who are pregnant because the government does not give public schools enough resources.

The educator commented:

> *"I think let's talk about the government. How can the government support us. As a school, we lack infrastructure. The only thing we can do as a school is to provide based on the curriculum. As a school, we need healthcare expertise, and we need infrastructure such as mini healthcare where they can station on healthcare workers who can be stationed at the school. Instead of calling the parent when a pregnant learner has pregnancy complications, we can easily call the healthcare worker. That is what we need."* (Educator 5, school 2)

The educators expressed their frustration with loadshedding which is an issue in the country. Educators are unable to use the internet, smartboards or print papers when they experience loadshedding which delays the teaching and learning process.

> "Because with printing pictures we are affected by loadshedding, and we cannot make copies. It becomes a little bit hard, or sometimes we find that as a school we have run out of paper, and it becomes a problem. The other one is that in our province we were told that we are going paperless." (Educator 6, school 1)

An educator commented that when resources such as smartboards are being stolen by community members it sets back the school as they are unable to use technology to facilitate classes.

The educator commented:

> "But we have got the smartboards which resemble the TV, and I can surely tell you that in our school there are several classes where those smartboards have been stolen. They were put there, and they were stolen by the same community. So yes, the smartboard will be used. But now the issue of theft it becomes a problem, yeah." (Educator 6, school 1)

The lack of resources within the schools can cause educators to be burnout.

Sexuality education is important in resource-constrained settings as it provides a platform for reaching a large number of students in sustainable ways, the issue in implementing school-based programs in these areas is limited access to financial, material and technical resources (Choobe & Yangailo, 2024). Many educators express a need for additional materials, information, and training, particularly gender-based violence prevention, and contraception methods to enhance their effectiveness in teaching sexuality education (Choobe & Yangailo, 2024).

Sub-theme 2.: Parents retaliate against CSE

The educators have expressed their challenges with parents who are against their children being taught sexuality education. Parents believe that their children are being encouraged to have sex, and they believe it is their responsibility to teach their children about the topic. Educators' express frustrations with the interference from parents which leads to educators being uncomfortable with sharing certain knowledge regarding sexual education.

Educators have expressed that parents are in denial that their children are in the phase of being sexually active. They do not have open conversations about sex with their children.

> *"Most of the parents they want us to sort of make teenagers aware of the dangers of unprotected sex. The parents do not feel comfortable, I do not know why. What I have experienced is that learners, most of them cannot speak to their moms and dads regarding sexuality, yeah, and that creates a problem. A serious problem whereby they contract STIs. (Sexually Transmitted Infections) and others they end up pregnant."* (Educator 4, school 1)

Parents retaliated against the introduction of sexuality education in schools as they believed their children were being taught about sex.

> *'Implementation was a challenge as parents did not want it to come to schools and question teachers on how they can discuss the topic of sexual education with their children."*
>
> (Educator 4, school 1)
>
> *"As I've mentioned the limitation is the interference by parents who go through their children's books, and they realize that something is written there about sexual education. Some parents will just come in to ask why we are teaching their children these things. You understand? It becomes a problem. Yeah, it's like they want to teach their children sexual education, as teachers we must not tell them something. We must keep certain information which is of utmost importance."* (Educator 4, school 1)

Parental attitudes play a role in implementation barriers as their cultural beliefs oppose the teaching of CSE. (Wekesah et al., 2019). Many parents oppose CSE as they believe it encourages sexual activity among their children; the criticism from parents affects the educators' teaching. (Wekesah et al., 2019). Parents in South Africa had an outcry on social media hashtag: #LeaveOurKidsAlone, in response to the Scripted Lesson Plans (SLPs), which were introduced in the CSE (Koch & Wehmeyer, 2021). Parents believe that the CSE content is inappropriate, explicit and would sexualize their children and encourage sexual activity (Koch & Wehmeyer, 2021).

Sub-theme 3: Curriculum and Pedagogical Constraints

The educators mentioned the introduction of the Scripted Lesson Plans (SLPs), which is a booklet that covers sexual education. It has assisted in addressing sensitive topics in CSE that educators are uncomfortable discussing. It bridges the gap between traditional textbooks and modern social media. There have been logistical issues as schools have not been provided with answer books that are paired to the main SLPs booklet.

The educators commented:

> *"The district together with their partners came up with it a sort of a magazine, like a booklet (Scripted Lesson Plan) of some kind. Now this booklet is what it does, it will speak more about the very things which are saying that most educators will feel uncomfortable speaking, especially if it has to do with whether we must talk about the male and the female organs. Then that booklet has some interactive topics or how it has been done. It is in such a way that if learners are to do it whether they like it or not they will have more information. So, I think to add another thing I don't know, but for me, I look at the that it has managed to bridge the gap that was there from the traditional textbook and today's social media."* (Educator 4, school 1)

There are various issues with the Life Orientation curriculum such as the lack of time given to the subject. This leads to educators rushing through the content before exams. This limits the engagements and discussions within the CSE class.

> *"Yeah. No. Well, with the current curriculum design. Yes, it is true. Time is less. The amount of time to complete the content is limited, but the time is very, very limited, it is true."* (Educator 6, school 1)

Another educator commented that the Department of Education is negative towards the subject of LO, the educator believes LO is important and can applied to any other school subject.

> *"And there's also these negative topics from the Department of Basic Education in which the head of department says certain subjects such as Life Orientation should be removed. But they cannot do away with Life Orientation as it is an important subject that can be applied in everyday life. Even Maths you can apply Life Orientation. How to solve problems and simplify is Life Orientation."* (Educator 1, school 2).

An educator expressed that she believes that the comprehensive sexuality education in South Africa is not comprehensive enough she believes that it is strictly based on sexual education.

> *"We already having sexuality education that is being run by an organization, USAID, in collaboration with the Department of Basic Education. Now when we talk about the comprehensive part, I don't think we are having a comprehensive part. I think we are only having sexuality education part. The USAID has provided us with booklets, which are called the Scripted Lesson Plans. It is strictly based on sexuality education"* (Educator 5, school 2)

The educator believes that CSE should include sexual and reproductive health in the curriculum and include all stages of development to help learners understand their bodies and the stages they are in to avoid in engaging in sexual activities at an early stage.

> *"You know why I say I don't think it is comprehensive because other aspects are not addressed. The comprehensive part needs to be incorporated like we have sexual and reproductive health. We have sexual health, but we are missing the health reproductive part to make it comprehensive. Two, we don't have the human body development with people in sexuality education. This is why I'm saying it is not comprehensive. Three, human development. How do they progressively develop and understand clearly what to do when they are in a certain stage. Particularly the stage of puberty. "*(Educator 5, school 2)

The educator expressed the issue of USAID, which introduced the SLPs, not collaborating with the Department of Basic Education causing a shortfall in the delivery of the CSE content.

> *"We only have the sexuality education. So, the USAID is running an independent body. While we are running classes their curriculum is fashioned in such a way that not all the topics are being covered, and they do not collaborate or integrate with the topics in the curriculum of the Department of Education. There is a shortfall with them."* (Educator 5, school 2)

The core components of CSE include; rights, participation and agency; sexual and reproductive health and behaviours; gender equality and power and positive sexualities and respectful relations (Miedema et al., 2020). While CSE literature advocates for a broad understanding of sexual health, which includes emotional and social aspects, the focus often narrows to issues of disease and pregnancy prevention, particularly in relation to sexually transmitted infections

(STIs) and reproductive health (Miedema et al., 2020). Although UNESCO and other organizations highlight positive aspects of sexuality, sexual health in CSE is frequently framed around negative outcomes like unplanned pregnancies and STIs, limiting its broader scope (Miedema et al., 2020).

Under this objective educators cited curriculum overload, limited resources, and lack of training as key barriers to effective delivery of CSE. These challenges arise from the exosystem, which includes institutional structures such as the Department of Basic Education, teacher training programs, and policy enforcement mechanisms. Though learners and educators do not directly control these systems, they significantly affect how CSE is implemented in Soweto schools.

4.4. Chapter summary

This chapter presents the findings on the role of CSE in enhancing knowledge, shaping attitudes, and addressing challenges related to learner pregnancy. The study revealed that CSE empowers female learners by increasing their understanding of contraception, sexual health, and decision-making while also raising awareness of the consequences of unprotected sex. Learners expressed the importance of CSE in fostering responsibility and preventing teenage pregnancy, though cultural and social influences often shaped how the subject was taught. Educators acknowledged both the benefits and challenges of delivering CSE, citing discomfort with sensitive topics, cultural constraints, and parental opposition as key barriers. The findings emphasized the need for interactive teaching methods, improved educator training, and greater parental and community involvement to strengthen CSE delivery. Participants also highlighted the necessity of including boys in discussions, expanding access to resources, and addressing gaps in the curriculum to ensure a comprehensive and impactful approach. Despite implementation challenges such as limited infrastructure, outdated pedagogical approaches, and disruptions in classrooms, the study underscores the critical role of CSE in fostering informed decision-making, reducing learner pregnancy rates, and promoting a supportive educational environment. These insights provide a foundation for refining and enhancing CSE programs to better align with the needs of both learners and educators. The next chapter, which is chapter 5, provide a summary of a main findings, conclusion and recommendations.

CHAPTER FIVE: MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study aimed to explore the role of comprehensive sexual education in the prevention and management of learner pregnancy. This chapter provides a summary of the main findings, conclusions and recommendations emanating from this study.

5.2. SUMMARY OF MAIN FINDINGS

5.2.1. Objective 1: To assess the role of Comprehensive Sexual Education programs on female learners' knowledge and understanding of sexual health, contraception methods, and their ability to make informed decisions about their sexual health.

Results indicate that CSE has aided female students in making better sexual health decisions. Many participants reported that they now understand the risks of unprotected sex, the significance of making responsible decisions, and contraception better. Regarding sexual activity, some students emphasised how CSE has urged them to establish personal boundaries and defy peer pressure. Furthermore, CSE has increased understanding of how adolescent pregnancy affects their academic performance and aspirations for the future. Although the curriculum has been beneficial, several students thought that some subjects were not thoroughly discussed, such as the various forms of contraception.

5.2.2. Objective 2: To explore the attitudes and beliefs of female learners and educators regarding CSE and its role in prevention of learners' pregnancy

Most learners had a positive attitude toward CSE, seeing it as an important tool for making responsible choices and protecting their sexual health. The learners appreciated the knowledge they gained and trusted their educators to guide them in matters of their sexuality. However, many educators admitted to feeling uncomfortable discussing certain sensitive topics such as sex positivity and pleasure, detailed sexual practices, and sexual anatomy and biology, leading them to avoid in-depth conversations. Cultural and religious beliefs played a role in shaping these attitudes, with some educators focusing more on abstinence than on providing comprehensive information about contraception. Despite recognising the importance of CSE in reducing teenage pregnancy, educators faced challenges such as classroom disruptions, limited resources, and resistance from parents, which made it difficult to fully engage learners in these discussions.

5.2.3. Objective 3: To determine which design and delivery features in CSE programmes can encourage female learners to participate in sexual education programmes.

Participants suggested that CSE should be taught in a more interactive and engaging way. The learners expressed that they preferred learning through visual aids, real-life examples, and open discussions rather than just reading from textbooks. Many learners also expressed that younger educators might be more comfortable discussing these topics and less judgmental. Expanding access to CSE was another key point, with suggestions including mentorship programs for girls, peer discussions, and involving boys in CSE to ensure they also understand their role in preventing teenage pregnancy. Additionally, both learners and educators felt that parents and the community should be more involved in sexual education to reinforce what is taught in the classroom. However, many parents lack knowledge about these topics or are unwilling to discuss them due to religious and cultural values, making it difficult for learners to receive consistent messaging about sexual health.

5.2.4. Objective 4: To explore the challenges female learners encounter when participating in CSE programmes in schools.

The findings revealed several barriers to effective CSE, including cultural and religious beliefs, educators' discomfort, and an incomplete curriculum that fails to cover all aspects of sexual health in depth. Some learners felt that educators avoided key discussions, lacked proper training, or brought their personal beliefs into the LO classroom, making the learning experience less effective. Another major challenge was classroom disruptions, especially from male learners who did not take the LO subject seriously. Schools also struggled with a lack of resources, including outdated teaching materials, limited access to technology, and frequent interruptions such as power outages. Additionally, educators faced opposition from parents who believed that CSE encouraged early sexual activity, which created tension between educators and parents. Infrastructure issues, theft of educational materials, and a lack of government support further complicated the effective delivery of CSE.

5.3. Conclusions

The results show that CSE has positively impacted learners' understanding of contraception, the risks associated with unprotected sex, and the significance of setting personal boundaries, underscoring the crucial role that CSE plays in providing female learners with the information and skills they need to make informed decisions about their sexual health. However, while

learners value the information provided, gaps in the curriculum and limited discussions on certain topics suggest the need for a more comprehensive and engaging approach to CSE.

The attitudes of both learners and educators toward CSE were generally positive, with learners appreciating the guidance they received. However, educators faced significant challenges in delivering the curriculum, often feeling uncomfortable discussing sensitive topics such as sex positivity and pleasure, detailed sexual practices, and sexual anatomy and biology due to cultural and religious beliefs. This hesitation, coupled with classroom disruptions and parental opposition, limited the effectiveness of CSE in schools. Strengthening educator training and creating a more open and supportive learning environment could help address these challenges.

The study also revealed that improvements in the design and delivery of CSE are necessary to increase participation and engagement. Learners expressed a preference for interactive teaching methods, including visual aids, real-life discussions, and mentorship programs. Expanding CSE to include male learners, involving parents and the community, and increasing access to resources would contribute to a more effective and inclusive program. Addressing these factors would help ensure that all learners receive well-rounded sexual education that empowers them to make informed decisions.

Despite the benefits of CSE, learners continue to face barriers such as cultural stigma, lack of resources, and inadequate educator training. Resistance from parents and limited curriculum content further hinder effective implementation. To overcome these challenges, schools must work toward fostering a more supportive environment that prioritizes sexual health education as an essential part of the curriculum.

CSE plays a vital role in reducing teenage pregnancy, promoting responsible decision-making, and preparing young people for adulthood. However, to maximise its impact, schools must address the challenges identified in this study by improving curriculum content, increasing support for educators, and strengthening collaboration with parents and communities. A well-structured and inclusive CSE program can significantly contribute to the overall well-being and future success of learners.

5.4. Recommendation

Based on the research findings and conclusions, the following recommendations are made.

5.4.1. Recommendations for government departments

Since the topic of teenage pregnancy affects many sectors (i.e. education, social development and health). The recommendations provided apply to the Departments of Health, Education and Social Development.:

Table 5.1: Recommendations for Department of Education, Social Development and Department of Health

Department of Basic Education (DBE)	Department of Social Development (DSD)	Department of Health (DoH)
• DBE should expand the training of educators. They should equip educators with the necessary skills and knowledge to teach sensitive topics such as sexual health, contraception, and prevention of sexually transmitted diseases. • The department should look into addressing the gaps in the curriculum. The curriculum should offer more detailed content on contraceptive methods and the realities of teenage pregnancy and sexually transmitted infections. The department can use existing research and conduct their own research to identify and address the gaps. • In addition to the gaps in the curriculum the department must encourage gender-inclusive CSE that equally educate both boys and girls, which will promote shared responsibility in sexual health. • DBE should encourage schools to have discussions with parents to clarify the	• Public schools have limited access to social work services and psychological services. Educators end up dealing with the psychosocial needs of learners which is not in the scope of their work. The DSD should work with the DBE to give learners access to social work and psychological services. DSD should make us of unemployed social workers and have them placed/ assigned to each school. • The school social workers will play a role in offering counselling and emotional support, mentoring and coaching. They can offer support to pregnant learners and teenage mothers even have discussion with the parents about ensuring the success of the pregnant learner despite the circumstances. • Furthermore, social workers could facilitate parent and community engagement by educating parents of the importance and goals of CSE to reduce resistance and encourage	• DoH should work in collaboration with DBE and have local health professionals to provide sexual health services directly within schools, including contraceptive counseling and testing (on-site health services). Health professionals such as a nurse should be stationed at public schools. • DoH should also have programs in which local health professionals have talks at schools to provide deliver in-depth and evidence-based lessons on contraception, STIs and reproductive health. • Health professionals can provide prenatal and postnatal care to pregnant learners within school settings or through referrals. • The DoH can partner with the Department of Education to train educators on delivering comprehensive, medically accurate sexual education content. • The DoH can develop and distribute user-friendly educational materials

purpose of CSE and address their concerns. This will prevent parents interfering in the teaching of CSE. • DBE should enhance educators support by providing ongoing support for educators, including professional development and psychological support, to reduce discomfort and bias in CSE delivery.	parental involvement. The social worker can train educators to adopts skills such as non-judgemental and inclusive teaching practices and help them address topics with empathy and accuracy. In addition, social workers can identify and address systemic barriers such as resource limitations, stigma, and classroom dynamics that hinder participation in CSE programs.	such as pamphlets, videos, and interactive tools that educators can use in CSE classes. The department can also develop mobile apps, websites, or hotlines where learners can access accurate information about sexual health. • The DoH can work with policymakers to strengthen the integration of sexual health services within schools, ensuring adequate funding, staffing, and infrastructure.

5.4.2. Recommendations for future studies

- The study was based on the experiences of female learners. Future studies should focus on how to engage boys effectively and promote shared responsibility of sexual and reproductive health.
- A longitudinal study can be conducted to evaluate the sustained impact of CSE on learners' sexual health knowledge, attitudes and behaviours to determine the effectiveness of current programmes in reducing teenage pregnancies, STIs and other sexual health outcomes.
- Assess the impact of involving health professionals, social workers, and community leaders in CSE delivery. Future research could focus on how these collaborations influence program effectiveness and learner outcomes**.**

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Appendices

Appendix A: Ethics Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Ntuli

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H23/11/57**
PROJECT TITLE	The Role of Comprehensive Sexual Education in the prevention and management of learner pregnancy: Experiences of learners and educators in secondary schools in Soweto, South Africa
INVESTIGATOR(S)	Ms N Ntuli
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	24 November 2023
DECISION OF THE COMMITTEE	Approved Risk Level: Low
EXPIRY DATE	05 February 2027

DATE 06 February 2024 **CHAIRPERSON** _____
(Professor J Watermeyer)

cc: Supervisor : Dr H Malatji

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **A SIGNED COPY** returned to the Secretary electronically. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. **I/we agree to completion of a regular progress report. For Minimal and Low Risk studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

_____ _____
Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

Appendix B: Research Approval from school

FIDELITAS COMPREHENSIVE SCHOOL

Physical Address:
Fidelitas Comprehensive School
5792 Mabele & Ngada Street
DIEPKLOOF
1864
TEL: (011) 985 2266
FAX: (011) 985 2268
E-mail: Fidelitascomprehensiveschool2@gmail.com

Postal Address:
Fidelitas Comprehensive School
Box 51
DIEPKLOOF
1864
TEL: (011) 985 2266
FAX: (011) 985 2268
E-mail: Fidelitascomprehensiveschool2@gmail.com

26 January 2024

TO WHOM IT MAY CONCERN

APPROVAL TO CONDUCT A RESEARCH AT FIDELITAS COMPREHENSIVE SCHOOL

This communication serves as a response to the request submitted by Ms. Nokulunga Ntuli (Student No 2088550) seeking approval to conduct a research study at Fidelitas Comprehensive School.

On behalf of the school management, I am pleased to inform you that the request has been carefully considered, and we hereby grant approval for Ms. Nokulunga Ntuli to proceed with her research study. During the study, Ms. Ntuli is encouraged to consult with Mr Mathambo, the Head of the Life Orientation Department.

It is essential that the researcher adheres to all ethical protocols relevant to the study. This includes maintaining confidentiality, obtaining informed consent, and addressing any ethical considerations that may arise during the research process.

We are optimistic that the findings of this study will contribute to a better understanding of the complexities surrounding teenage pregnancy and motherhood within the educational context. Your commitment to this research is greatly appreciated, and we anticipate that the outcomes will be valuable not only to our school but also to the broader community. Should you have any further inquiries or require additional assistance, please feel free to contact the school administration. We extend our best wishes for a successful and insightful research endeavor.

Kind regards
M I Makhothi
Signature: pp
PRINCIPAL

FIDELITAS COMPREHENSIVE SCHOOL
DEPUTY PRINCIPAL
EMIS NO: 140517
26 -01- 2024
5792 Mabele Str, Zone 5, Diepkloof
Email: 700140517@gdeschools.gov.za
Tel: 011 985 2266

Appendix C: Research Approval letter from school

SENAOANE SENIOR SECONDARY SCHOOL
1105 Umkhondo Street Senaoane
P O Box 51 Chiawelo
1818
Emis no : 700111260
Tel : 010 025 2604
Cell no : 082 552 0214
Email : umkhondostreet1105@outlook.com
: admin@senaoanessschool.org.za
Website : Www.Senaoanessschool.org.za
Facebook : Senaoane Senior Secondary

23 January 2024

TO WHOM IT MAY CONCERN

APPROVAL TO CONDUCT A RESEARCH AT SENAOANE SECONDARY SCHOOL

This communication serves as a response to the request submitted by Ms. Nokulunga Ntuli (Student No 2088550) seeking approval to conduct a research study at Senaoane Secondary School.

On behalf of the school management, I am pleased to inform you that the request has been carefully considered, and we hereby grant approval for Ms. Nokulunga Ntuli to proceed with her research study. During the course of the study, Ms. Ntuli is encouraged to consult with Mrs. Malebo, the Head of the Life Orientation Department.

It is essential that the researcher adheres to all ethical protocols relevant to the study. This includes maintaining confidentiality, obtaining informed consent, and addressing any ethical considerations that may arise during the research process.

We are optimistic that the findings of this study will contribute to a better understanding of the complexities surrounding teenage pregnancy and motherhood within the educational context. Your commitment to this research is greatly appreciated, and we anticipate that the outcomes will be valuable not only to our school but also to the broader community.

Should you have any further inquiries or require additional assistance, please feel free to contact the school administration.

We extend our best wishes for a successful and insightful research endeavor.

Kind regards

Mr. Nemurura T.I

Deputy Principal

SENAOANE SECONDARY
1105 Umkhondo Street, Cell
P.O. Box 51, Chiawelo, 18
23 JAN 2024
Phone: 011 029 4223
Cell: 082 552 0214

Page **1** of **1**

Appendix D: GDE Research Approval letter

GAUTENG PROVINCE
Department: Education
REPUBLIC OF SOUTH AFRICA

8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	**13 December 2023**
Validity of Research Approval:	**08 February 2024– 30 September 2024** **2023/511**
Name of Researcher:	**Ntuli NS**
Address of Researcher:	**Daragh House/ 13 Wanderes Street**
	Newtown
Telephone Number:	**073 225 4379**
Email address:	**2088559@students.wits.ac.za**
Research Topic:	**The Role of Comprehensive Sexual Education in the prevention and management of learner pregnancy: Experiences of learners and educators in secondary schools in Soweto, South Africa**
Name of University:	**Wits**
Type of qualification	**Masters**
Number and type of schools:	**2 Secondary Schools**
District/s/HO	**Johannesburg South**

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

13/12/2023

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

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7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

1. *Letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.*
2. *The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.*
3. ***Because of the relaxation of COVID 19 regulations researchers can collect data online, telephonically, physically access schools or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate.***
4. ***The Researchers are advised to wear a mask at all times, Social distance at all times, Provide a vaccination certificate or negative COVID-19 test, not older than 72 hours, and Sanitise frequently.***
5. *A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.*
6. *A letter / document that outline the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.*
7. *The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.*
8. *Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.*
9. *Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.*
10. *Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.*
11. *It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.*
12. *The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.*
13. *The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.*
14. *On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.*
15. *The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.*
16. *Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.*

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards

.....

Dr. Gumani Mukatuni
Acting CES: Education Research and Knowledge Management

DATE: 13/12/2023

Office of the Director: Education Research and Knowledge Management
7th Floor, 17 Simmonds Street, Johannesburg, 2001
Tel: (011) 355 0488
Email: Faith.Tshabalala@gauteng.gov.za
Website: www.education.gpg.gov.za

Appendix E: Participants information sheet (for female learners)

Title: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Peganncy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa.

Good day,

My name is Nokulunga Ntuli, and I am currently doing my Master's In Social Work By Research at the University of the Witwatersrand. As part of the requirements for the degree, It is hoped that the information gathered will provide insights into an understanding of factors contributing to learne pregnancy, understand teenage girls' experiences of sex education from the LO subject, to also explore their attitudes and beliefs towards sex education, contraception, and pregnancy prevention, and explore challenges teenage girls face when participating in sex education programs in schools, and how the Life Orientation subject (Comprehensive Sexuality Education) can be structured and taught better to reduce learner pregnancy rates. The outcome of this study could inform both policy and implementation related to teenage pregnancy and motherhood within the school setting, and the contributions to the Life Orientation subject (Comprehensive Sexuality Education) to reduce learner pregnancy rates.

As a female learner in a high school in Soweto, you are an ideal participant to contribute your experiences to my research study. I, therefore, present the opportunity for you to participate in an interview for my study. If you agree to partake, you will participate voluntarily, and you are free to withdraw from the study when feeling the need to, and there will be no penalties for making that decision.

If you agree to take part, as a learner, I will arrange an interview. The interview will last 45 minutes. This interview will be in-person (face-to-face). The interview will be recorded.

The audio recordings will be stored in a secure location with a password with access only by the researcher and the research supervisor. The audio recording of the interview will be kept for ten (10) years. If you choose to participate, you may withdraw from the study at any time, and you can answer questions you feel comfortable answering. You may remain anonymous, and any

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personal information will be kept private. The direct quotations from the interview may be used by the researcher in the research report. Should you experience any distress during or after the discussion an arrangement has been made with an organization, to offer counselling. Their contact details are as follows: Ms. Yonela Mbobo from Youth Opportunities South Africa (YOSA) organisation contact number: 0728800734 email: yonela@youthopportunitiessa.org)

Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may also be used for academic purposes.

Please contact me, Nokulunga Ntuli at (073 225 4879) or (2088550@students.wits.ac.za), or my supervisor, Mr Malatji at (0117174477) or (Hlologelo.Malatji@wits.ac.za) if you have any questions regarding my study. We shall answer them to the best of our ability. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), by telephone at +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Thank you for taking the time to consider participating in the study.

Yours Sincerely,

Nokulunga Ntuli

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Appendix F: Participation information sheet (for educators)

Title of the study: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

Good day,

My name is Nokulunga Ntuli, and I am currently doing my Master's In Social Work By Research at the University of the Witwatersrand. As part of the requirements for the degree, It is hoped that the information gathered will provide insights into an understanding of factors contributing to learner pregnancy, understand teenage girls' experiences of sex education from the LO subject, to also explore their attitudes and beliefs towards sex education, contraception, and pregnancy prevention, and explore challenges teenage girls face when participating in sex education programs in schools, and how the Life Orientation subject (Comprehensive Sexuality Education) can be structured and taught better to reduce learner pregnancy rates. The outcome of this study could inform both policy and implementation related to teenage pregnancy and motherhood within the school setting and the contributions to the Life Orientation subject (Comprehensive Sexuality Education) to reduce learner pregnancy rates.

As an educator in a high school in Soweto, you are ideally a participant to contribute your experiences to my research study. I, therefore, present the opportunity for you to participate in an interview for my study. If you agree to partake, you will participate voluntarily and you are free to withdraw from the study when feeling the need to, and there will be no penalties for making that decision.

If you agree to take part, as an educator I will arrange an interview. The interview will last 45 minutes. This interview will be in-person (face-to-face). The interview will be recorded.

The audio recordings will be stored in a secure location with a password with access only by the researcher and the research supervisor. The audio recording of the interview will be kept for ten (10) years. If you choose to participate, you may withdraw from the study at any time and you can answer questions you feel comfortable to answer. You may remain anonymous, and any personal information will be kept private. The direct quotations from the interview may be used by the researcher in the research report.

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Should you experience any distress during or after the discussion an arrangement has been made with an organization, to offer to counselling. Their contact details are as follows: Ms. Yonela Mbobo from Youth Opportunities South Africa (YOSA) organisation contact number: 0728800734 email: yonela@youthopportunitiessa.org)

Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may also be used for academic purposes.

Please contact me, Nokulunga Ntuli on (073 225 4879) or (2088550@students.wits.ac.za), or my supervisor, Mr Malatji on (0117174477) or (Hlologelo.Malatji@wits.ac.za) if you have any questions regarding my study. We shall answer them to the best of our ability. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), by telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Thank you for taking the time to consider participating in the study.

Yours Sincerely,

Nokulunga Ntuli

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Appendix G: Participation information sheet (for parents)

Title of the study: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

Good day,

My name is Nokulunga Ntuli, and I am currently doing my Master's In Social Work By Research at the University of the Witwatersrand. As part of the requirements for the degree, It is hoped that the information gathered will provide insights into an understanding of factors contributing to learner pregnancy, understand teenage girls' experiences of sex education from the LO subject, to also explore their attitudes and beliefs towards sex education, contraception, and pregnancy prevention, and explore challenges teenage girls face when participating in sex education programs in schools, and how the Life Orientation subject (Comprehensive Sexuality Education) can be structured and taught better to reduce learner pregnancy rates. The outcome of this study could inform both policy and implementation related to teenage pregnancy and motherhood within the school setting and the contributions to the Life Orientation subject (Comprehensive Sexuality Education) to reduce learner pregnancy rates.

Since your child is one of the potential participants. I, therefore, ask for your permission to include her in my study. Participation is entirely voluntary and refusal to participate will not be held against your child in any way. Your child is free to withdraw from the study when feeling the need to, and there will be no penalties for making that decision.

If you permit your child to take part in the study. I will arrange an interview. The interview will last 45 minutes. This interview will be in-person (face-to-face). The interview will be recorded.

The audio recordings will be stored in a secure location with a password with access only by the researcher and the research supervisor. The audio recording of the interview will be kept for ten (10) years. Your child can withdraw from the study at any time and can answer questions she feels comfortable answering. Your child will remain anonymous, and any personal information will be kept private. The direct quotations from the interview may be used by the researcher in the research report.

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Should your child experience any distress during or after the discussion, an arrangement has been made with an organization, to offer to counselling. Their contact details are as follows: Ms. Yonela Mbobo from Youth Opportunities South Africa (YOSA) organisation, contact number: 0728800734, email: yonela@youthopportunitiessa.org.

Please be assured that your child's name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may also be used for academic purposes.

Please contact me, Nokulunga Ntuli, on (073 225 4879) or (2088550@students.wits.ac.za), or my supervisor, Mr Malatji, on (0117174477) or (Hlologelo.Malatji@wits.ac.za) if you have any questions regarding my study. We shall answer them to the best of our ability. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), by telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Thank you for taking the time to consider participating in the study.

Yours sincerely,

Nokulunga Ntuli

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Appendix H: Learners 17 years old (minors) Assent form for participation in the interview

Title of study: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

Name of researcher: Nokulunga Ntuli

I_____ (full name) agree to participate in the research project by Nokulunga Ntuli, a Master's Student in the field of Social Work by Research at the University of Witwatersrand, Johannesburg. I have read the information sheet and understand what the research project involves:

I agree with the following:

(Please circle the relevant options below.)

I agree that my participation in this study is entirely voluntary, and I may refuse to answer any questions I might not feel comfortable with or about.	YES	NO
I agree that I have the right to withdraw my participation in the study at any time and that I will not be held against me.	YES	NO
I agree to participate in the interview after school.	YES	NO
I agree that the information I will provide will be used in the write-up of a master's project and may also be presented in conferences and journal articles.	YES	NO
I agree that my participation will remain anonymous and confidential.	YES	NO

…… (signature)
…… (name of participant)
…… (date)
…… (signature)
…… (name of researcher/person seeking consent)
…… (date)

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Appendix I: Learners 17 years old (minors) Assent form for audio recording of the interview

Title of study: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

Name of researcher: Nokulunga Ntuli

I_____ (full name) agree to participate in the research project by Nokulunga Ntuli, a Master's Student in the field of Social Work by Research at the University of Witwatersrand, Johannesburg. I have read the information sheet and understand what the research project involves.

I agree with the following:

(Please circle the relevant option)

I understand that the reason for recording the interview is to ensure accuracy when transcribing the information I share.	YES	NO
I understand that the information that could identify me will be removed and will not be used in the transcripts and research report.	YES	NO
I understand that transcripts may be stored and used for future research without any identifying information directly linked to me.	YES	NO
I understand that the duration of the interviews will be 30-45 minutes.	YES	NO
I agree that my participation will remain anonymous and confidential.	YES	NO

…… (signature)
…… (name of participant)
…… (date)

…… (signature)
…… (name of researcher/person seeking consent)
…… (date)

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Appendix J: Consent form (for educators and female learners aged 18 and above)

Title of the study: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

Name of researcher: Nokulunga Ntuli

I, ……..., agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below.)

The research study was explained to me. I understand what this study is all about. YES/NO

I agree that my participation will remain anonymous (my name will not be used). YES/NO

I agree that direct quotations from my interview may be used by the researcher in their research report. YES/NO

I agree that the interview may be audio-recorded.

YES/NO

I agree that the recording will be stored in a secure location (password-protected computer) with restricted access to the researcher and the research supervisor.

YES/NO

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I agree that the recording will be transcribed and any information that could identify me will be removed.

YES/NO

I agree that when the data analysis and write-up of the research study are complete, the audio recording of the interview will be kept for two to ten (10) years if no publications emanate from the study.

YES/NO

I agree that the transcript with all identifying information directly linked to be removed will be stored permanently and may be used for future research.

YES/NO

I agree that other researchers may use the information my child provides in her interview activity (depending on their own ethics clearance being obtained), but my child's name and any personal information will not be used or passed on.

YES/NO

…… (signature)

…… (name of participant)

…… (date)

…… (signature)

…… (Nokulunga Ntuli)

…… (date)

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Appendix K: Consent form (for parents/ guardians)

Title of the study: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

Name of researcher: Nokulunga Ntuli

I, ……..., agree that my child {Insert child's name} ……can participate in this research project.

I agree to the following:

(Please circle the relevant options below.)

The research study was explained to me. I understand what this study is all about. YES/NO

I agree that my child's participation will remain anonymous (her name will not be used).

YES/NO

I agree that direct quotations from my child's interview may be used by the researcher in their research report. YES/NO

I agree that the interview may be audio-recorded.

YES/NO

I agree that the recording will be stored in a secure location (password-protected computer) with restricted access to the researcher and the research supervisor.

YES/NO

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I agree that the recording will be transcribed and any information that could identify my child will be removed.

YES/NO

I agree that when the data analysis and write-up of the research study are complete, the audio recording of the interview will be kept for two to ten (10) years if no publications emanate from the study.

YES/NO

I agree that the transcript with all identifying information directly linked to be removed will be stored permanently and may be used for future research.

YES/NO

I agree that other researchers may use the information my child provides in her interview activity (depending on their own ethics clearance being obtained), but my child's name and any personal information will not be used or passed on.

YES/NO

…… (signature)

…… (name of participant)

…… (date)

…… (signature)

…… (Nokulunga Ntuli)

…… (date)

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Appendix L: Distress protocol

Distress Protocol

Title of the study: The Role of Comprehensive Sexual Education in the Prevention and Management of Learner Pregnancy: Experiences of Learners and Educators in Secondary Schools in Soweto, South Africa

Name of researcher: Nokulunga Ntuli

When a participant indicates during an interview that she/he is experiencing a high level of stress or emotional distress, or exhibits behaviour such as a trembling voice, crying, or shaking, the researcher will do the following:

- The researcher will stop the interview.
- The researcher will assess the psychological/emotional status of the participant by probing what her/his thoughts and feelings are.
- If the participant indicates that they can continue, resume the interview.
- Should the participant not be unable to continue, the researcher will reschedule the appointment and encourage the participant to reach out to the counselling service provider indicated on the information sheet if they experience increased distress in hours/days following the interview.
- The participants in need of counselling should be referred to a professional social worker from Youth Opportunities South Africa (An NGO in Soweto for youth development). The social worker to be contacted is Miss Yonela Mbobo (contact number: 0728800734, email: yonela@youthopportunitiessa.org) letter of approval for counselling services has been included below.
- If the participant consents, the researcher should follow up with a courtesy call.

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www.youthopportunitiessouthafrica.org

11 December 2023

Dear Miss Ntuli

Re: **Your Request for YOSA to offer counselling to participants experiencing distress**

Here is hoping that you are well.

Please receive our acknowledgement and support for you to receive counselling from Youth Opportunities South Africa (YOSA) for your participants who experience distress during your research in secondary schools in Soweto. When in need of the counselling services you can contact our Senior Social Worker, Miss Yonela Mbobo who works from our YOSA Resource Centre at 752 Metlatoe Street, Molapo, Soweto.

Her contact details are as follows:
contact number: 0728800734
email: yonela@youthopportunitiessa.org)

Here is wishing you success in your studies.

Best regards,

Dr. Astonishment Mapurisa
Director
Youth Opportunities South Africa

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Appendix M: Interview guide for female learners

Section A: Personal information

1. Age: .....
2. Home language: .....
3. Name of School: .....
4. Grade: .....
5. Number of children: .....
6. Family socioeconomic status: .....

Section B: Interview Schedule

Objective 1- To assess the role of CSE programs on female learners' knowledge and understanding of sexual health, contraception methods, and their ability to make informed decisions about their sexual health.

1. What sex education programs are provided at your school?
2. What has been your experience of sex education at school? (Can you briefly share your experiences with sex education programs in school so far?)
3. Do you think sex education is important in the lives of teenage girls? Why or why not? (How do you perceive sex education in the lives of teenage girls?)
4. What are the ways that sex education has helped you make informed decisions about your sexual health?
5. In your opinion, do the sex education programs in your school cover different types of topics/ a wide range of topics relevant to teenage girls? Could you provide some examples?
6. Are there any specific topics you believe are not adequately addressed in the current sex education curriculum?

Objective 2- To explore the attitudes and beliefs of female learners and educators regarding CSE and its role in prevention of learners' pregnancy

1. Can you share your experiences with the Life Orientation subject about sexual education and pregnancy prevention?
2. How do you feel about the information provided in the LO subject regarding contraception and pregnancy prevention?
3. Do you feel the LO subject informs you enough about contraception and pregnancy prevention?

4. What factors do you believe contribute to learner pregnancy?
5. What do you think can reduce learner pregnancy rates?
6. What kind of support do you believe pregnant learners need from the DBE and schools to continue their education successfully?

Objective 3- To determine which design and delivery features in CSE programmes can encourage female learners to participate in sexual education programmes.

1. Are there any specific aspects of sexual education that you feel should be emphasised more or covered differently in the Life Orientation Subject?

Objective 4- To explore the challenges female learners encounter when participating in CSE programmes in schools.

1. How comfortable do you feel discussing sexual health and relationships with your educators? Do you believe your educators are well-trained to address such topics?
2. Do you hold the belief that educators are trained/skilled to address this topic of sexual education?
3. Do you feel the beliefs and cultural identities of educators can affect how the LO subject is taught to learners? If so, how so?
4. Are there any ways you think educators could make sex education discussions more engaging and inclusive for all students?

Appendix N: Educator's guide for interview

Section A: Personal information

1. Age: .....

2. Home language: .....

3. Name of School (teaching at): .....

4. Religion affiliation: .....

5. Education level: .....

6. Teaching experience [in years]

7. Life Orientation teaching and coordination experience at Fidelitas Comprehensive School…….

Section B: Interview Schedule

Objective 1- To assess the role of CSE programs on female learners' knowledge and understanding of sexual health, contraception methods, and the learners' ability to be better informed about their sexual health decisions.

1. How many years of experience of teaching Life Orientation?
2. Based on your opinion, how important is comprehensive sexual education in reducing learner pregnancy?
3. Can you share your experience of teaching topics related to sexual education within the Life Orientation subject?
4. Do you believe that the current curriculum adequately addresses the issue of learner pregnancy? Why or why not?
5. Have you observed any changes in the attitudes or behaviours related to sexual health and pregnancy prevention after receiving comprehensive sexual education?

Objective 2-. To explore the attitudes and beliefs of female learners and educators regarding CSE and its role in prevention of learners' pregnancy

6. What challenges or limitations, if any, do you face when teaching about sexual education in the Life Orientation Subject?
7. What improvements do you believe could be affected to the Life Orientation Curriculum in order to better address the issue of learner pregnancy?

Objective 3- To explore the attitudes and beliefs of female learners regarding CSE and its role in preventing learners' pregnancy, as well as the factors influencing these attitudes.

1. What factors do you think contribute to teenage pregnancy?
2. What ways do you believe that learner pregnancy rates can be reduced?
3. In your experience, what kind of support do pregnant learners or those with pregnancy-related complications need from the Department of Basic Education?
1. Are there any specific resources or services you believe should be provided to help pregnant learners continue their education?
2. How can schools create a supportive environment for pregnant learners?

Objective 4 - To determine which design and delivery features in CSE programmes can encourage female learners to participate in sexual education programmes.

1. How do you think the Life Orientation subject can be improved to better educate students about sexual health and pregnancy prevention?
2. Are there any specific teaching methods or strategies that you believe would be effective in engaging students and addressing the topic of learner pregnancy within the Life Orientation curriculum?
3. What resources or materials do you think would enhance the teaching of sexual education in the Life Orientation subject?