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The value Sexual Health Education in South Africa: A retrospective evaluation by recent matriculants.

Casey Blake

A research report submitted to the University of Witwatersrand, Faculty of Humanities, in partial fulfilment of the requirements for the degree Masters of Arts

(Coursework and Research Report)

University of the Witwatersrand, 2016

Abstract

This research investigated how sex and sexuality is being represented within Sexual Health Education (SHE), as reported by students who completed matric in 2014. Furthermore, this study wanted to investigate how these representations contributed to the perceived value of the SHE. In South Africa, SHE is located within the curriculum of Life Orientation (LO), a compulsory subject through to Grade 12. Despite being compulsory, there is no external moderation for this subject, allowing schools and teachers to decide on the exact content being taught within LO. The theoretical framework of Social Representations Theory (SRT) guided this research. SRT states that our understanding of the world is based on a collection of social representations, accumulated through interactions with the social world. The school environment is a place where social representations are often challenged by new information covered in lessons, as well as in discussions with peers and teachers outside of class. This study was interested in what social representations are being re-presented in the context of SHE. Five focus group discussions were conducted, following a semi-structured interview schedule, informed by the literature review. The sample consisted of first year students at a Johannesburg university, who completed their secondary schooling in 2014. The findings of this study show that South African youth receive vastly different information, some of which is not complete or accurate. Participants felt their SHE failed to assist them in making adult decisions, as there was a sense that vital information was being withheld, and the information that was imparted within SHE was viewed as irrelevant. This was attributed to the societal taboo against speaking openly about topics of sex and sexuality, which was often perpetuated in the ways that sex and sexuality were socially represented within SHE.

Declaration

I declare that this research report entitled “The value Sexual Health Education in South Africa: A retrospective evaluation by recent matriculants.” is my own work. All sources that I have drawn on or quoted have been referenced. This report is being submitted for the degree of Master of Arts (Coursework and Research Report) at the University of the Witwatersrand. It has not been submitted before for any degree or examination at any other university.

Signed on the _____ of _____ 2016

_____

Casey Blake

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Acronyms and Initialisms

CAPS - Curriculum and Assessment Policy Statement

HIV – Human immunodeficiency virus

LO – Life Orientation

PMT – Protection Motivation Theory

PSHE – Personal, Social and/or Health Education

SHE – Sexual Health Education

SRT – Social Representations Theory

SR – Social representation

STI - Sexually Transmitted Infections

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1. Introduction and Rationale for the study

In South Africa, Sexual Health Education (SHE) is taught as part of the Life Orientation (LO) curriculum at school (DePalma & Francis, 2014; Department of Basic Education, 2011a; 2011b; Department of Education, 2002). LO has a holistic curriculum, with the stated objective of providing various skills and information, as well as empowering learners to become functioning members of society (Department of Education, 2002). Within the public school system, it is a compulsory subject from Grade R through to Matric (Department of Basic Education, 2011b; Department of Education, 2002). Elements of SHE are incorporated from Grade R in the form of knowledge about communicable diseases (including HIV), and personal safety and sexual abuse (Department of Education, 2002). In the last year of primary school, under the topic of peer pressure, unhealthy sexual behaviour is included in the teaching plan (Department of Basic Education, 2011a). From the beginning of secondary school, sexuality as a topic is included in the teaching outline, along with sexual behaviour and sexual health (Department of Basic Education, 2011a).

Despite LO being compulsory, there is no external moderation or examination to ensure conformity to the curriculum (Department of Basic Education, 2011b). This means that each school sets their own assessments and examinations, and decides on the particular content covered in LO. This autonomy with regards to the LO curriculum means what SHE content is taught varies from school to school, depending on the importance each school places on SHE, and the comfort levels on individual teachers (Beyers, 2012; DePalma & Francis, 2014).

This lack of national uniformity in SHE is concerning considering that in South Africa, youth aged 15-24 have the highest rate of new HIV infections (van Rooyen & van den Berg, 2009; UNAIDS, 2010) and unintended pregnancy (Shefer, Bhana, & Morrell, 2013). A

contributing factor to this public health crisis may be that learners do not consider the SHE they receive to be of particular personal value (Byers et al., 2003).

In contrast, research done internationally has shown that learners who received comprehensive SHE have a better understanding of Sexually Transmitted Infections (STIs) and a relatively more positive attitude towards safer sex practices, associated with increased reported safer sex practices, when compared to their peers who received less comprehensive or no SHE (Buston & Wight, 2002; Kohler, Manhart, & Lafferty, 2008; Walcott, Chenneville, & Tarquini, 2011). In South Africa, Reddy et al. (2003) found that there was an increase in safer sex practices after learners received SHE.

These studies highlight the value of effective SHE in schools, as well as the need for more research into how effective young adults believed their SHE to be. This research sought to discover how recent matriculants evaluate their SHE, in relation to the way that information and messages around sex and sexuality were socially represented to them. To do so, it is necessary to review what social representations are and the related theoretical framework.

1.1 Research Questions

This research set out to answer the following questions:

1. How is sex and sexuality socially represented within SHE?

2. How do these social representations impact the perceived value of SHE received in school?

1.2 Overview of this research report

The guiding theoretical framework for this research is Social Representations Theory (SRT) discussed in Chapter 2. This is followed by a literature review of studies investigating different aspects of Sexual Health Education, in Chapter 3. The literature review unpacks the importance of SHE being incorporated into the Life Orientation curriculum, and some documented difficulties and obstacles present with implementing comprehensive SHE.

Chapter 4 discusses the Methodology for this study, outlining the procedure for gaining access to potential participants to invite participation for the focus group discussions. The details of running the focus groups and the ethical considerations of this methodology are discussed, along with a description of transcription. This chapter also includes a discussion of thematic analysis as the chosen method for analysing the transcribed data.

Chapter 5 is a reflexive chapter, proving the reader with some insight into the researcher's experiences of the data collection process, as well as her personal investment in the study. Chapter 6 answers the research questions with the themes that emerged from the data. The first research question of how was sex socially represented within SHE, is answered with eight themes: (i) sex belongs within a heterosexual marriage, (ii) sex has consequences for value, (iii) sex is penetration of a penis into a vagina, (iv) sex is a taboo topic, (v) sex is unsafe, (vi) sex is dangerous, (vii) consent is associated with rape, and (viii) sex is gendered. The second research question of how these social representations impact the perceived value of SHE is answered with three themes: (i) sex is still a taboo topic, (ii) SHE is incomplete, and (iii) SHE is irrelevant.

Chapter 7 is a discussion of what these results tell us about the current state of how SHE is being perceived by learners. This chapter integrates some of the results from this study with the literature and the framework of SRT. Finally, Chapter 8 provides the reader with a synopsis of the research, limitations and recommendations moving forward.

2. Theoretical Framework

2.1 Social Representations Theory

2.1.1 Social representations

A social representation (SR) is a shared collection of values, thoughts, feelings, and ideas about people, events, objects or social phenomena; often considered as *common sense* within communities (Christidou, Dimopoulos, & Koulaidis, 2004; Howarth, 2006; Joffe, 2003; Wagner et al., 1999). This perception of *common sense* is due the incorporation of historical connections in SRs, intricately informing what is considered *obvious* within communities or social networks (Ivinson, 2007; Moscovici, 2000). These historical connections also link SRs with strong emotional ties to what is considered appropriate, or not, within these communities (Berger, Bernard, Clément, & Simoes de Carvalho, 2008).

SRs carry meaning for both the verbal and non-verbal communication which occurs during interactions (Moscovici, 2000). SRs are spread through the repetitive use of metaphors and images which communicate and legitimise social values and behaviours (Christidou et al., 2004). These are often considered as obvious due to the constant re-production of beliefs and values associated to all elements of social interaction (Moscovici, 2000).

SRs are upheld within social networks to ensure that all individuals are aware of what is considered as appropriate responses to social stimuli (Joffe, 2003; Moscovici, 2000). Thus SRs assist in understanding the different social phenomena that make up the social world (Howarth, 2006).

2.1.2 Social Representation Theory

Social Representations Theory (SRT) takes into consideration how all social processes and phenomena have SRs. It accounts for how SRs have particular meanings as a result of the historical socio-cultural-political time and place where these SRs developed (Moscovici, 2000;

Wagner et al., 1999). This historical-social-political context conveys values and beliefs about phenomena.

From the beginning of our lives, we are exposed to SRs through early socialisation. Children enter a world that already has meanings associated to all actions and behaviours, based on the specific socio-cultural context of their community (Duveen & De Rosa, 1992). Children become aware of the symbolic order and associated social knowledge at a very early age, as they navigate social interactions and learn what is considered as normal and appropriate in their social worlds (Duveen & De Rosa, 1992). These SRs are internalised, re-presented and re-produced as children participate in their social environments (Howarth, 2006; Höijer, 2011; Rose , et al., 1995; Wagner, et al., 1999).

SRT further acknowledges that individuals are simultaneously positioned in multiple intersecting social systems (Gillespie, 2008; Howarth, 2006; Joffe, 2002; Moscovici, 2000), which are likely to have different ways of socially representing the same phenomena (Daniel & Crabtree, 2014; Rose et al., 1995). As such, all round agreement should not be assumed simply because SRs are shared within social spaces. Rather, there may be various representations for similar phenomena occurring at the same time (Daniel & Crabtree, 2014; Moscovici, 2000; Rose et al., 1995).

To account for how these different SRs compete with each other, SRT distinguishes between three different types of representations (Höijer, 2011). *Hegemonic representations* are the contemporary dominant, mainstream or default variations of discourse present in society (Gillespie, 2008; Höijer, 2011). These SRs are often perceived as the norm, or common sense, and have a coercive effect on the community as a whole (Gillespie, 2008). For example, a dominant representation of SHE is that its purpose is to deter learners from engaging in sexual

activity, by promoting abstinence as the only way to prevent the negative consequences of sex (Walcott et al., 2011).

Emancipated representations are created by a minority in society, and are still compatible with hegemonic representations (Ben-Asher, 2003). To subvert the hegemonic representations, these SRs result from groups of individuals who incorporate new information which creates alternative representations for their social identity and positions, and the subgroups who share them (Ben-Asher, 2003; Howarth, 2006; Wagner, et al., 1999). For example, many teachers feel that learners require more information in SHE than just learning about abstinence. These teachers recognise that many learners are already sexually active, and feel that teaching only about abstinence is a disservice to learners. This is an emancipated representation because the teachers do not challenge the dominant view of abstinence but simultaneously acknowledge that this SR on its own is not sufficient. Thus, they have adapted the hegemonic SR of privileging abstinence, but include content on condoms and contraceptives to be inclusive to those learners who are sexually active (Francis & DePalma, 2014).

Finally, *polemic representations* are created in societal conflicts between subgroups and a majority who do not share the same representation (Ben-Asher, 2003; Höijer, 2011). For example, there are two SRs in conflict when talking about SHE in schools. On the one hand, there are SRs of learners as (sexually) innocent individuals who need to remain innocent by not getting too much information which may entice them into experimentation. In conflict with this is the SR that learners already have knowledge about sex and sexuality, and that this knowledge needs to be engaged with in order to educate learners with accurate information (Berger et al., 2008; Mitchell et al., 2004).

SRT allows for new information to be understood in term of existing knowledge and representations (Höijer, 2011). SRT has two mechanisms for this: anchoring and objectification.

Anchoring makes new information understandable by matching it to known information through the use of metaphors. This enables the comparison of ideas and knowledge with that which is familiar (Höijer, 2011; Joffe, 2003). New information is not yet socially represented, and is thus uncommunicable as there is not yet a shared understanding of it (Wagner, et al., 1999). By anchoring the unfamiliar to known representations, the new information becomes knowable, imaginable and understandable. This metaphorical comparison allows unknown information to be recognised, and thus represented (Moscovici, 2000).

Objectification often follows from the anchoring process. It transforms new abstract information into something concrete and real (Moscovici, 2000; Wagner W. , 1992). This usually occurs by linking the new information with a metaphor or iconic image which already has meaning (Höijer, 2011; Moscovici, 2000). Thus, the new information becomes synonymous with the iconic metaphor, imbued with all that is known about that icon (Moscovici, 2000).

2.2 Critiques of Social Representations Theory

SRT has been criticised as not accounting for individual processes of understanding outside of the social world (Ibanez, 1992). In addition, critics have claimed that SRT does not clearly differentiate social representations from Durkheim's collective representations (Howarth, 2006; Raty & Snellman, 1992).

Ibanez (1992) critiqued SRT for not accounting for the processes of individual representations outside of the social representations. That SRT does not account for the processes involved when individuals question or reject SRs presented to them. Other authors on SRT have discussed how the acknowledgement of intersectionality *does* account for individual processes, as different social situations require individuals to access and behave according to

expectations of the SRs present within each interaction (Duveen & De Rosa, 1992; Howarth, 2006; Wagner, et al., 1999). In each social interaction, individuals' behaviour is based on the intersecting positions available within those interactions (Duveen & De Rosa, 1992).

The presence of emancipated representations accounts for the ability of individuals to reject or push back against hegemonic re-presentations of social phenomena (Howarth, 2006). In this way, SRT accounts for individuality as individuals are not perceived as passive recipients of SRs, but rather active intermediaries in the ways that SRs are re-produced and re-presented (Howarth, 2006). There is an acknowledgement that hegemonic representations are more often perpetuated without conscious analysis, due to their dominance and seemingly consensual obviousness as they are considered as unquestioned common-sense (Howarth, 2006).

SRT has also been critiqued for not clearly differentiating between Moscovici's social representations and Durkheim's collective representations (Raty & Snellman, 1992), in that both provide ways of understanding the social world. Raty and Snellman (1992) differentiate between the two based on the context of the communities in which they are found. Collective representations are typically found in traditional societies, where little change occurs. These collective representations were static and consistently stated as fact, with little new information being introduced (Howarth, 2006; Raty & Snellman, 1992). In comparison, SRs provide a way to understand the constant influx of new information in the context of modern society. SRs have processes for making new, unrecognisable information familiar and communicable (Raty & Snellman, 1992).

Another distinguishing feature of SRs is the acknowledgement of intersections within communities. Each social network within a community may have a different SR for the same phenomena, and individuals may be cognisant of the different, conflicting or even contradictory SRs at play in a given social situation (Howarth, 2006; Moscovici, 2000; Wagner, et al., 1999).

SRT recognises that individuals continuously renegotiate what is socially acceptable and appropriate, depending on their positionality in different social interactions (Howarth, 2006).

Despite SRT's recognition of intersectionality, Howarth (2006) points out that SRT does not adequately engage with power dynamics involved in the perpetuation of hegemonic representations (Howarth, 2006). She discusses how more engagement with power dynamics is needed to fully understand the mechanisms involved in marginalisation and emancipation of SRs.

SRT has been criticised for inadequately accounting for the presence of multiple but clashing SRs in a single community (Raty & Snellman, 1992). Questions have been raised about how SRs can be shared understandings of social phenomena without being consensual within a social space (Raty & Snellman, 1992). Once again, intersectionality is provided as the answer to how fragmented ideas are incorporated into SRs (Howarth, 2006).

Sexual Health Education has been socially represented in many different ways, using various forms of anchoring and objectification processes. Research has looked at different aspects of SHE, from how SHE is socially represented, to how to teachers are socially represented in the process of SHE, to how learners are represented in SHE (Alldred, David, & Smith, 2003; Berger et al., 2008; Beyers, 2012; Buston & Wight, 2002; Byers, Sears, & Foster, 2013; Iyer & Aggleton, 2013). The present study was interested in how sex and sexuality was socially represented for young adults in their SHE classes. It was also interested in exploring whether young adults believed their SHE had value, in terms of providing new information that could be incorporated into their beliefs and behaviours around sex and sexuality.

3. Literature Review

Since the start of democracy in South Africa it has been compulsory by law for all children to attend school until 15 years of age, or the completion of Grade 9 (Republic of South Africa , 1996). School is the one institution that every child encounters, and is the ideal place for sharing information (Kirana, Nakopoulou, Akrita, & Papaharitou, 2007). School is a critical institution for imparting various systems of knowledge beyond the core learning areas of language, mathematics, and science. For instance, psychosocial and health-related content is taught in LO (Reddy et al., 2003). Given that schools have the ability to influence how children see the world (Asmal as cited in Reddy et al., 2003), the school system has the potential to influence young children and adolescents' approaches to sex, sexuality, and relationships, preferably before they personally encounter such issues (Francis, 2010).

Internationally, SHE has been thought to increase adolescents' knowledge base about health and safety in relation to sex and reproductive health (Buston & Wight, 2002; Kohler et al., 2008; Walcott et al., 2011), with the intent of decreasing the negative risks of uninformed sexual activity (Berger, Bernard, Clément, & Simoes de Carvalho, 2008). SHE has been noted as the most wide-reaching method of prevention for lowering rates of STIs and unintended pregnancies (Helleve et al., 2011; UNAIDS, 2010; Walters & Hayes, 2007). Effective SHE provides information which enables learners to make fully informed decisions about their bodies, sexual behaviour and relationships (Berger et al., 2008). In addition, SHE impacts sexual health throughout one's adult life, not just while in school (Kirana et al., 2007).

3.1. The location of SHE in South African education

In South Africa, the subject of LO was introduced into the National Curriculum Statement in the early 2000s (Department of Education, 2003a). It is a compulsory subject for the National Senior (Grade 12) Certificate to be issued under the CAPS (Curriculum and Assessment Policy Statement) Curriculum (Department of Basic Education, 2011b). LO is a

broad subject covering many different components which are intended to help learners develop a wide range of life skills, including "guidance, life skills education, health promotion, physical development and movement, environmental education, citizenship and human rights education and religion education" (Francis D. A., 2010, p. 314).

Within the specified focus area of personal and social well-being, the LO curriculum covers SHE issues such as sexuality, the transmission of STIs (including HIV) and peer pressure related to sexual activity (Department of Basic Education, 2011b). The LO teaching plan has allocated time throughout the school year for these topics to be covered (Department of Basic Education, 2011a; 2011b; Department of Education, 2003b). However, the teaching plan has no specific direction with regards to what SHE information should be incorporated for the suggested assessments to be successful (Francis & DePalma, 2014). This ambiguity allows schools and teachers to be selective in deciding what information is necessary to impart to learners (Shefer et al., 2013; van Rooyen & van den Berg, 2009; Rooth, 2005).

The inclusion of SHE in the LO curriculum is not unique to South Africa. Similar strategies are utilised in the UK, where SHE is part of the Personal, Social and/or Health Education (PSHE) curriculum (Alldred et al., 2003). In both the UK and South Africa, teachers and schools have autonomy over what is covered, as the LO and PSHE curriculum are not externally examined or assessed in the same manner that other subjects are (Alldred et al., 2003; Shefer et al., 2013).

Research has shown that SHE can have a positive effect on learners by decreasing their risk of contracting HIV and having unplanned pregnancies (Kelly, 2002; Reddy et al., 2003). Studies from other African countries, such as Uganda and Zambia, have found a correlation between SHE in schools, and a decrease in HIV rates in the age group 15-19 years (Kelly, 2002). However, in South Africa, the inclusion of SHE in LO seems to have had little impact on the

transmission of HIV among youth aged 15-24 years (UNAIDS, 2010; van Rooyen & van den Berg, 2009), nor on the incidence of teenage pregnancy (Ramathuba, 2013; Shefer et al., 2013). James and colleagues (2004) found that although South African learners have knowledge about HIV transmission, they do not perceive themselves to be at risk of contracting HIV or other STIs (James, Reddy, Taylor, & Jinabhai, 2004).

With these studies in mind, the present research aimed to discover how sex and sexuality were socially represented within SHE. This research was also interested in how young adults evaluate the SHE they received in school, if they believe they benefitted from it, and what they report as limitations of the SHE programme.

3.2. Discomfort when talking about sexual health information

Many adults feel that sexuality and sexual health are difficult topics to discuss with children and adolescents (Beyers, 2012; Mkumbo & Ingham, 2010; Ramathuba, 2013). This may be partly due to them not having positive sexuality-based discussions when they were growing up themselves (Mkumbo & Ingham, 2010), and partly due to a sense that this information is not appropriate for children and adolescents to have (Beyers, 2012; Ramathuba, 2013).

This latter sense of discomfort may be related to a belief that providing children and adolescents with such information is equivalent to condoning child and adolescent sexual activity (Beyers, 2012; Vujovic, Struthers, Meyersfeld, Dlamini, & Mabizela, 2014). This belief may stem from widespread SRs of sex as being a feature of adulthood, and thus inappropriate behaviour for children and adolescents. This draws on SRs of children as innocent and asexual, where knowledge of sex is socially represented as tarnishing this image of innocence (Beyers, 2012; Mitchel, Walsh & Larkin, 2004; Vujovic et al., 2014). This representation of childhood innocence links in with concerns about molestation when children and adolescents have

knowledge about sex. The SR that knowledge of sex is for adults implies that something inappropriate *must* have occurred for children to know about sex (Mkumbo & Ingham, 2010).

Mitchell and colleagues (2004) propose that for SHE to be effective, learners need to be acknowledged for having prior information about sexuality, and be seen as knowers, rather than completely innocent in terms of not having sexual knowledge, desire or experiences. This knowledge may be a natural result of curiosity and access to information, rather than only resulting from abuse. Research has shown that comprehensive SHE which engages with learners' prior knowledge, results in learners making more informed decisions about their sexual lives, and in some cases, even delaying their sexual debut (Buston & Wight, 2002; Kelly, 2002; Santelli et al., 2006).

3.3 Teaching models for SHE.

Internationally there is a trend for SHE to generally follow one of two teaching models: Abstinence-Only or Comprehensive SHE (Walcott et al., 2011).

Abstinence-Only programmes are based on the disease prevention model. It focuses on imparting information about the spread of STIs through sexual activity, the value of virginity, and abstaining from sexual activity before marriage (Walcott et al., 2011). These programmes are often based on religious morals and values (Mkumbo & Ingham, 2010; Walcott et al., 2011), which assume that marriage is heterosexual. This assumption systematically excludes people who do not identify as heterosexual, whom often feel that school based SHE has no valuable information for them (Kennedy & Covell, 2009). In addition, these programmes do not include information on how to safely engage in sexual activities within marriage, nor provides resources in the event that one contracts an STI or has an unintended pregnancy (Kohler et al., 2008; Santelli, et al., 2006).

Disease prevention models often incorporate fear appeals in an effort to change the casual attitude youth may have towards sexual activity (Maddus & Rogers, 1983). Fear appeals are important for Protection Motivation Theory (PMT), which was initially created to bring awareness to the dangers of cigarette smoking and tuberculosis (Maddus & Rogers, 1983). PMT provides graphic information about disease outcomes, as well as alternatives to risky behaviours, in order to assist people in making healthy decisions about their bodies (Maddus & Rogers, 1983). PMT works on the concept of self-efficacy to build up a sense of self-mastery for individuals to be able to take up the alternative behaviours (Maddus & Rogers, 1983).

Initiating a fear response has been theorised to be an important factor in creating change in one's attitudes about a certain behaviour, as well as changing the actual behaviour (Rogers, 1975). From the perspective of PMT, increased awareness of potential threats increases fear, leading to changes in behaviour and becoming more adaptive towards healthy outcomes (Eppright, Tanner, & Hunt, 1994). In the context of SHE, Abstinence-Only programmes are based on PMT. However, these programmes themselves are created out of a fear that too much information will lead to sexual activity (Walcott et al., 2011). These programmes socially represent teenagers as innocent and simultaneaously oversexed, while sex is socially represented as dangerous and life threatneing. In this context, the teachers' role in SHE is represented as protecting learners from these dangers for as long as possible.

Therefore, in Abstinence-Only SHE, learners are not provided with viable options for alternative behaviours, as this is seen as promoting and condoning sexual behaviours. Eppright and colleagues (1994) found that for PMT to be effective, accurate and comprehensive information also needs to be provided, ideally before learners engage in sexual behaviours (Eppright et al., 1994).

The second teaching model, Comprehensive SHE, in addition to promoting abstinence as the safest option, also provides learners with safer sex options (Kirby, 2008). Comprehensive SHE programmes tend to focus on health promotion by including information about protection against STIs, contraception, decision making skills, as well as communication and negotiation skills within relationships and within sexual situations (Berger et al., 2008; Santelli, et al., 2006; Walcott et al., 2011). These programmes do not encourage sexual behaviour, but work from the assumption that at some point, these learners will become sexually active, at which time these skills and information will be valuable (Buston & Wight, 2002).

Comprehensive SHE socially represents learners as potentially sexual, and as being naturally curious about sex and sexuality. Kirby (2008) discusses how Comprehensive SHE has been found to have a positive impact on adolescent sexual behaviour, by increasing the use of safer sex methods for those learners already engaging in sexual activity, as well as delaying sexual initiation for other learners. Berger and colleagues (2008) attribute this to how socially representing learners as curious and having prior knowledge, Comprehensive SHE recognises their need for information, and hence is perceived by learners as more relevant to them.

In South Africa, some teachers are teaching SHE in a way that could be considered the middle ground between Abstinence-Only SHE and Comprehensive SHE (Francis & DePalma, 2014), sometimes referred to as Abstinence Plus (Kirby, 2008). These teachers prioritise the message that abstinence is the only way to stay safe from STI transmission and pregnancy, while remaining aware of the reality that many of their learners are already sexually active. Therefore, they provide information on safer sex, such as using condoms and contraception as prevention methods (Francis & DePalma, 2014). However, Francis and DePalma (2014) as well as van Rooyen and van der Berg (2009) comment on how these teachers are not necessarily provided with training on how to bridge this gap in a manner that meets the needs of the learners effectively.

3.4 The role of teachers in SHE

The social representations that the teachers hold about sex and sexuality greatly impact the message that the learners receive, as these social representations get re-presented and re-produced in SHE classes (Berger et al., 2008). Ivinson (2007) discusses the importance of teachers being aware of the SRs they personally hold about sex, to prevent moralistic judegements about sex from being passed onto the learners.

Many LO teachers report finding it awkward to teach SHE, as they feel this conversation is best had among adults (DePalma & Francis, 2014; Ramathuba, 2013; Shefer et al., 2013). This awkwardness is often as a result of learners being socially represented as (sexually) innocent, and not mature enough to handle the adult information involved in SHE (Francis & DePalma, 2014). For these teachers, the topic of SHE may be socially represented as condoning adolescent sexual activity rather than preventing it (Francis & DePalma, 2014). This SR persists, despite evidence of learners falling pregnant in school in the absence of SHE (Francis & DePalma, 2014; Ivinson, 2007).

Due to the discomfort with discussing sexuality, many LO teachers reportedly filter the content of the curriculum, based on what they feel comfortable teaching, and what they personally believe to be appropriate information for learners to receive (Beyers, 2012; Cohen, Byers, & Sears, 2012; Davids, 2014; DePalma & Francis, 2014; Iyer & Aggleton, 2013; Rooth, 2005). This discomfort may be due to the way safer sex is socially represented as predominantly required for promiscuous, premarital sex, and as a method for learners to prevent pregnancy. These SRs go against these teachers' personal belief systems about sex being reserved for the sanctity of marriage, fuelled by the fear that teaching about safer sex can be perceived as condoning premarital sexual activity.

For these teachers, SHE content includes teaching the biological aspects of sex, such as puberty, reproduction, and STIs, removed from the context of sex and pleasure (Francis & DePalma, 2014; Iyer & Aggleton, 2013; Ivinson, 2007). These teachers often utilise scare tactics about STIs emphasising the possibility of death and disease, when teaching SHE, in an attempt to put the learners off sex for as long as possible (Berger et al., 2008; Francis & DePalma, 2014).

For these teachers, Abstinence-Only education seems the most appropriate, as they get to maintain the SR of learners as innocent, as they are not encouraging sexual behaviour by omitting it from their lessons. However, the fear that learning about safer sex, and all the other negotiation skills included within Comprehensive SHE, reveals their SR of learners as fragile, gullible and unable to make decisions for themselves, if provided with all the information.

Internationally, research has reported that learners evaluate their SHE as being unhelpful when there is a predominant focus on biology - such as puberty, reproduction and abstinence (Byers et al., 2003; Selwyn & Powell, 2007), or based on moralistic or negative judgements (Forrest, Strange, & Oakley, 2002; Rijsdijk, Lie, Bos, Leerlooijer, & Kok, 2013; Walters & Hayes, 2007). This depersonalised biomedical model of SHE creates a distance between what the learners already know and believe about sex, and the information which the teachers are imparting. Learners require SHE to be more than just biomedical, and to include content on the emotional and social elements of sexuality (which are included in Comprehensive SHE; Ivinson, 2007).

With this in mind, some teachers are more comfortable with the Comprehensive SHE curriculum (Cohen et al., 2012). These teachers are likely to be cognisant of the changing youth landscape and with sexual activity taking place among some adolescents by the age of 14 (Reddy et al., 2003). Thus they are more likely be meet the needs of the learners by providing a

more balanced view of sex. These teachers may have SRs of learners as potentially sexually active, and thus provide information that will assist these learners in making better informed decisions when they do engage in sexual activity (Francis D. A., 2010; Francis & DePalma, 2014).

These teachers are likely to share the SRs of Comprehensive SHE. These SRs include learners being able to make decisions about their lives and bodies when given information about the emotional, social and safety aspects of sexual situations. Teachers are also likely to share the SR that this information will be helpful, not only in school, but also as learners navigate their adult sexual lives (Kirana et al., 2007).

However, these teachers face the obstacle of being accused of providing too much sexuality information to learners (Alldred et al., 2003). Fellow teachers and parents may represent them as corrupting the innocence of children. Although most SHE teachers represent themsevles as protecting learners from the dangers of sexual acitivty, the intricacies of this SR have become polemic. On the one hand, teachers who provide Abstinence-Only education socially represent themselves as protecting learners' innocence. On the other hand, teachers who provide Comprehensive SHE represent themselves as empowering learners to have less risky sexual lives. Conversely, they may represent the previous type of teacher as executioners who knowingly withhold potentially life-saving information, who in turn may be representing themselves as protectors of childhood innocence.

3.5 Consequences of the taboo against comprehensive SHE

The lack of open discussion on sex and sexuality often results in adults viewing adolescent curiosity about sexual health as 'proof' of sexual activity (Rijsdijk et al., 2013). This reduces the chances of adolescents asking their parents or guardians questions about sexuality, due to a fear of being represented as oversexed teenagers, and the possible punishment

associated with this representation (Vujovic et al., 2014). Research has revealed that being able to have these conversations with parents and caregivers not only made the adolescents more open to the information provided in SHE, but also lowered the risk of them engaging in unsafe sexual behaviours (Byers et al., 2003).

Without being able to have open discussions about the topic, youth curiosity about sex persists. In order to get information, adolescents source their peers (Buston & Wight, 2002; Newby, Wallace, Dunn, & Brown, 2012), the media and the internet to find out about sex and sexuality (Vujovic et al., 2014). Adolescents are aware of the inaccuracy and embellishment that their peer-sourced information contains (Buston & Wight, 2002; Newby et al., 2012), and that information from the media or the internet is not always accurate (Vujovic et al., 2014). However, they often do not know how to make sense of the contradictory information from these different sources about sex, sexuality and relationships (Rijsdijk et al., 2013). In particular, they struggle to reconcile how sex is socially represented as positive in some of these social spaces, and negative in others, within the context of adults who withhold information and punish curiosity.

When SHE is taught in the manner of Abstinence-Only education, learners are at greater risk for the dangers associated with sexual activity. This kind of SHE provides no information on actual sexual health, on how to communicate with a partner about sexual activity, how to recognise when a situation is unhealthy, or skills for how to negotiate such situations (Mitchell et al., 2004). Basically, when SHE avoids imparting information needed to make informed decisions about one's body, it puts learners at risk of contracting STIs or of unwanted pregnancy (Mitchell et al., 2004).

In South Africa, SHE has been equated with HIV prevention (Francis & DePalma, 2014), rather than a comprehensive education programme encompassing the whole range of topics that may be relevant to adolescents. Relevant topics include physical changes in puberty, sexual response, protection and contraception options, as well as relationship skills to assist them in navigating the many pressures placed on them (Francis D. A., 2010). The present study aimed to investigate what young adults believe are the necessary elements of SHE for them to make fully informed decisions about their bodies and their sexuality.

3.6 The value of Comprehensive SHE

Comprehensive SHE programmes socially represent learners as potentially sexual, providing them with information and skills to assist them in navigating their sexual lives from an informed position (Buston & Wight, 2002; Santelli et al., 2006; Walcott et al., 2011). These programmes acknowledge that adolescents may have sexual feelings, and address these in a manner that does not conform to societal taboos. In other words, Comprehensive SHE educates without shaming learners for having sexual feelings, nor for acting on them (Francis D. A., 2010).

Comprehensive SHE has the potential to help learners navigate the different SRs about sex and sexuality, to better differentiate between what information is factually accurate, and that which is not (Berger et al., 2008). However, for this to occur, SHE needs to be able to provide accurate information, as well as allow for non-judgemental discussions around the social and moral issues surrounding sex and sexuality (Berger et al., 2008). Ideally, these programmes include discussions around pleasure and desire, without which, the concept of consent is unlikely to be understood effectively (Francis, 2010; Kirby, 2008; Vujovic et al., 2014). When pleasure and desire are left out of SHE, the choice consent becomes centred on stopping sexual activity, rather than autonomous individuals wanting to engage in mutually pleasurable activities. Without acknowledging that consensual sex can be pleasurable for all parties involved, the

representations of sex may not normalise desire and pleasure as legitimate reasons people engage in sexual activity (Francis D. A., 2010; Kennedy & Covell, 2009).

The idea that providing Comprehensive SHE in schools would only encourage sexual activity amongst learners is a result of the hegemonic social representation of learners as sexually innocent (Ivinson,2007; Mitchell et al., 2004). When teachers are represented as the ones with all the information about sex and sexuality, they are often confronted with apathetic learners, who feel that they already have the basic information which is repeatedly provided in SHE (Selwyn & Powell, 2007; Walters & Hayes, 2007). Studies with learners have found that they already have a certain amount of sexual health information, which needs to be engaged with in order to provide accurate information (Mitchell et al., 2004).

Thus, the representation of the process of SHE becomes polarised, as the unfamiliar representation of children and learners as knowers is in direct conflict with the hegemonic representation of them as innocent. This makes teaching SHE even more difficult for teachers who have the former representation of learners, but are working in schools or communities, steeped in the hegemonic representation, and are consequently unwilling to actually engage with the learners (Francis & DePalma, 2014; Moscovici, 2000)

3.7 Aims of this research

The aim of this research was to investigate how sex and sexuality were represented to learners in SHE, and if these representations affected their evaluation of SHE.

The ways in which sex and sexuality were represented to the learners was expected to be in relation to how learners themselves were represented in the SHE process. Thus another aim was to explore how learners themselves felt they were represented in this process, for example, as possible sexual beings, or as innocents who could be corrupted by sexual information.

Further, this study was interested in understanding how all these representations were perpetuated by the SHE process, and what mechanisms of learning the teachers used to perpetuate these SRs.

4. Methodology

This research was exploratory and qualitative in nature, and was conducted using thematic analysis of data collected through focus group discussions. This chapter will discuss the theoretical and methodological assumptions underpinning this study, before outlining the different aspects involved in conducting this study.

4.1 Research Design

This research followed a qualitative research design by using focus group discussions to investigate how sex and sexuality are socially represented in SHE, and how these SR's affect the perception of SHE. Qualitative research is a broad tradition of research, with different approaches (Guba & Lincoln, 2005). The assumptions underlying a research project best outline how the research is situated within this tradition.

4.1.1 Assumptions. All research has implicit assumptions about ontology and epistemology which impacts on the methodology used (Guba & Lincoln, 2005). This study is located within the framework of SRT. As such, the ontological assumptions - how this research views knowledge - are that multiple SRs are present in all social spaces, and are cumulative of the socio-historical location of all individuals in those spaces (Daniel & Crabtree, 2014; Markova, 2008; Wagner et al., 1999). This can be positioned within the relativistic stance on research (Guba & Lincoln, 2005). In addition, these SRs are evident in the ways that individuals interact and communicate with each other (Daniel & Crabtree, 2014; Markova, 2008; Wagner et al., 1999).

This leads to the epistemological assumption - how one understands knowledge - that these SRs can be identified by investigating the way individuals communicate within an interactional setting. The data collection methodology of focus groups creates the situation where individuals will interact and discuss their representations of sex and sexuality within the context of discussing SHE (Kitzinger, 1995).

4.2 Sample and Sampling

This research sampled South African youth who completed secondary school (matriculated) in 2014. Once adolescents have left school, they are viewed by society as young adults, and no longer children (Ramathuba, 2013), allowing for sexuality based conversations to be considered less taboo. The sample had experienced SHE relatively recently having only completed school less than a year prior to data collection.

In order to access and recruit a population that consists solely of recently matriculated young adults, the researcher relied on convenience sampling to target first year students at the University of the Witwatersrand. The First Year Psychology modules provide an incentive for students to participate in a research project of their choosing, either in terms of credit or being given leave from a tutorial. The researcher invited students who completed their secondary schooling in 2014 (at either a public or private school in South Africa); who were over the age of 18 years; and who were proficient at speaking English, to participate in this study. The specification for English proficiency was a practical requirement as the focus groups were conducted in English.

The researcher approached four psychology classes during lecture time, in addition to sending out an invitation to participate in the research (Appendix A) via the electronic student portal. The recruitment procedure is elaborated on in detail below. Initially 28 students responded as willing to participate in the study. They were given the days and times of possible focus groups, and chose their preferred days. Of those initial volunteers, 24 responded with preferred days, and a final 18 participants arrived for the focus groups[1].

The sample consisted of 18 participants. Based on appearance, the researcher identified the participants according to gender and race. The reference to race draws on the nomenclature

[1] [1] The focus groups consisted of the following number of participants: Two focus groups with four participants, and one focus group with two, three and five participants respectively.

of South Africa's apartheid past and should not "lend credibility to popular stereotypes that accompany these descriptions" (Francis & DePalma, 2013, p. 12, cited by Beyers, 2013, p. 5). The sample was made up of six men and twelve women. The racial distribution of the sample appeared to have eight white participants, eight black participants, one Indian participant and one coloured participant.[2]

This response rate was lower than anticipated. The researcher attributes the low response rate to the taboo nature of having to discuss experiences of SHE in a group setting. The number of participants in the actual focus groups were less than the number of people who signed up for the groups. This may have been due to people initially feeling comfortable discussing sex education within a group setting, and deciding against it after signing up.

Focus groups were conducted until the researcher decided that data saturation had been reached. Data saturation occurs when new data is no longer presenting more information for analysis, which according to McLafferty (2004) can occur between three and twelve focus groups. Following this guideline, five focus groups, with a total of eighteen participants, were conducted. Based on a cursory analysis after each focus group, the researcher decided that data saturation had been reached.

4.3 Instruments

In order to explore the SRs present within SHE, the researcher used a semi-structured interview schedule (Appendix B) to facilitate the focus group discussions. This interview schedule was informed by the literature, with the intent to investigate the perceived value of SHE received at school. Focus groups are group interviews which collect data both from the content of the discussions, and from the interactions of the participants amongst themselves and

[2] The researcher is aware that these racial classifications mimic those used during Apartheid, and is aware of the paradox that using these terms perpetuates these classifications as essential. However, within a South African context, this is the only way for describing the racial makeup of a group.

the researcher (Kitzinger, 1995). The focus groups were audio-recorded using a Dictaphone, allowing for transcription and analysis of the data.

The following topic areas formed the semi-structured interview schedule in Appendix B, focusing on the following topic areas: (i) How youth evaluate the SHE received in school (Iyer & Aggleton, 2013; Newby et al., 2012; Walters & Hayes, 2007); (ii) what kinds of metaphors were used in SHE (Christidou et al., 2004); (iii) whether pleasure and consent was covered (Francis D. A., 2010); (iv) what they would have liked to learn about in SHE (Newby et al., 2012); and (v) what other sources they had for information about sexual health and relationships (Buston & Wight, 2002; Selwyn & Powell, 2007).

The researcher did not request demographic information as requesting such information may predetermine some variables as relevant (Kitzinger, 1995). Rather, the researcher allowed the participants to determine which areas of intersectionality (such as race, class, religion, sexual orientation and social environment), if any, were relevant to their experiences of SHE, without the researcher imposing what she considers as relevant variables (Kitzinger, 1995). In this way, the SRs related to sexual health and SHE are fully re-presented by the participants themselves (Wagner et al., 1999).

4.4 Procedure

After ethics clearance was granted by the Faculty of Humanities, the researcher contacted the course co-ordinators of the First Year Psychology modules (Appendix C) via email, requesting permission to approach the first years during lecture times. This permission was granted with the relevant lecture details, allowing the researcher to visit the First Year Psychology lectures, to invite students to participate in this study. These visits were conducted during the first two weeks of the third teaching block of the academic year.

During these visits, the lecturers were kind enough to briefly introduce the researcher, stating that she is doing her Master's Degree, and that this research is a requirement of the degree. The researcher then briefly explained to the students the nature of the research, and what voluntary participation would entail. The researcher then provided her email address for those students who were interested in participating in the research. In addition to visiting the First Year Psychology lectures, an invitation with the same information was sent to the students via the electronic student portal (Appendix A).

When potential participants emailed the researcher, the researcher responded with a note of gratitude for volunteering to participate in the study, and a list of potential dates for when the focus groups would be running. The researcher provided eight different days when the potential focus groups could run (Appendix D). The participants then responded with their preferred dates. Once there were seven participants volunteering for a particular focus group, the researcher omitted that option from future responses to other participants. It was expected that there would be an average attendance of four to five participants for each focus group. Reminder emails about the focus groups were sent the day before the focus group, as well as on the morning of the focus group.

The focus groups were held during lunch time on the university timetable, as such, the researcher provided refreshments to the participants during the focus group. Before each focus group began, the participants were given a participant information sheet (Appendix E) to read, and an informed consent form (Appendix F) to sign, indicating their agreement to participate in the focus group, as well as for this participation to be audio-recorded. The researcher briefly went through the information sheet with the participants, and explained the need for informed consent.

The information sheet outlined how confidentiality and anonymity was to be implemented in a group setting, as well as in the research report (Appendix E). There was an emphasis on the possibility that the information discussed may be of a personal nature, and that the researcher could not guarantee other focus group attendees would keep the focus group discussion confidential. However, for the purposes of anonymity, pseudonyms would be used in reporting the data. The researcher did impress upon all the participants the importance of adhering to the ethical standards to which this study holds itself, and appealed to them not to disclose the identity of the other participants, or the content of the focus group to any third party.

Once informed consent had been obtained, the focus group commenced with the recording device placed in the middle of the table, and with the participants and researcher seated around the table. The researcher opened the discussion with the first broad question in the interview schedule (Appendix B), and did her best to keep the conversation going with prompts and probes from the interview schedule.

After each focus group, the research made an entry into a reflexivity journal, where she noted her experience of the focus group, including feelings about how she felt it went, and if there she experienced any difficulties with the group. Themes that stuck out after each focus group were also noted in the journal.

4.5 Data Analysis Procedure

The recordings are considered as the data, however, for pragmatic purposes, the recordings were fully transcribed to facilitate the analysis of the data (Jefferson, 2004). The transcriptions are akin to Jefferson-lite, whereby pauses, repetitions, emphases and interruptions were transcribed, to show some of the interactional elements, which contribute to the co-creation of the focus groups (Potter & Hepburn, 2005). For ease of reading the transcriptions in the extracts, the following may be useful to note: Pauses are indicated by (.) with the number in the

brackets indicating how long the pause lasted in experiential seconds, in other words, how long it felt within the rhythm of the talk. Speaker's emphasis is indicated by an underline. Word repetition and incoherent sentence fragments have been preserved from the recordings, as they may be indicative of how sensitive the speaker finds the topic (Bonilla-Silva, 2002). The researcher chose to provide pseudonyms for the participants, in the form of numbers, in the order they participated in the research.

A thematic analysis was chosen to analyse the data for this research. This began with an initial analysis after the conclusion of the first focus group, identifying common themes, metaphors and social representations used to discuss and describe the ways in which SHE addressed content about sex, sexuality and sexual health in school. These were combined with the themes the researcher recorded in the reflexivity journal.

An ever-present question with thematic analysis is what constitutes a theme within the data (Braun & Clark, 2006)? Sets of data are considered themes and subthemes based on their relation to the research questions (Braun & Clark, 2006). These themes became clear as the researcher became immersed in the data.

Part of this analysis was based on assumptions held by SRT, namely that messages about the social world are encoded into everyday language, used to navigate the social world (Christidou et al., 2004;). As sex and sexuality are such taboo topics, there is an assumption that the language used to discuss these topics are laden with SRs. SRs are then re-presented, challenged or resisted by participants, depending on the social representations they came into the conversation with, as well as if, and how, these changed over the course of the focus group. These representations provided the data for interpreting how dominant values and attitudes surrounding sexuality and SHE are constructed and represented (Kitzinger, 1995).

4.6 Ethical Considerations

Participation in this research process was voluntary, with the right to withdraw without consequence, as discussed in the information sheet (Appendix E). As the data collection occurred within a group setting, confidentiality and anonymity could not be guaranteed. To this end, there was a conversation prior to the commencement of each focus group discussion, requesting participants to keep the content of the discussion confidential. Anonymity in the written report and analysis of the data was guaranteed through the use of pseudonyms in all transcriptions.

There was a benefit for participating in this research, as participants received course credit or leave from tutorials for their participation. At the University of the Witwatersrand, the mainstream Psychology First Year courses offer credit for participation in post-graduate research. The health-based Psychology First Year classes have weekly tutorials, and participation in this research allowed them to take leave from one tutorial, without it negatively affecting their tutorial attendance.

There was no anticipated risk to the participants for participating in this research. However, in the event that participation in the research brought up any unexpected emotions, participants were referred to the CCDU (Counselling and Careers Development Unit) for counselling. Details for the CCDU were included on the information sheet (Appendix E). In addition, had participation in the research raised their curiosity on the subject, the information sheet also included a referral to an educational website, as well as the option to contact the researcher for additional educational resources.

During data collection, when participants shared misinformation about sexual health in the focus groups, the researcher waited for the other participants to challenge or question the misinformation before intervening. Any misinformation that was observed by the researcher

was questioned, and alternative information provided, for example when participants discussed how condoms are painful, the researcher asked if they knew of the benefits of using water-based lubricants with condoms, to reduce or eliminate painful intercourse. The researcher attempted to do this in a way that did not stifle the flow of conversation in the group.

Recorded data has been stored electronically, and has been password protected on the researcher's personal computer. Only the researcher and supervisor have had access to the data. The data will be kept indefinitely for further analysis, and may be used as verbatim quotes for future publications and presentations. As is standard procedure for Post Graduate research conducted at the University of the Witwatersrand, this report will be published online, available to anyone who has access to this database.

Findings will be available to the participants in the form of a one-page summary, by the end of 2016. Participants were encouraged to keep the information sheet (Appendix E) to retain contact details for the researcher to request this summary of the research findings.

5. Results

This chapter provides an in-depth insight into the different themes that arose during data collection, and how they answer the research questions of this study. There was a vast amount of data supporting each of the themes, however, due to space limitations, the researcher has selected the extracts which best exemplify the themes discussed.

This analysis will answer the following two research questions:

1. How is sex and sexuality socially represented within SHE?
2. How do these social representations impact the perceived value of SHE?

5.1 How is sex socially represented within SHE?

The themes in this section provide insight into the social representations of sex and sexuality that participants received from their school based SHE. These representations are prevalent in the SHE classrooms, stemming from the teachers or the education system as a whole.

5.1.1 Sex belongs within a heterosexual marriage. The participants reported that SHE socially represents sex and sexuality as something which is monogamous, meaningful, heterosexual, and which can only legitimately occur within marriage. The participants reported that their SHE emphasised the importance of saving oneself for sexual activity within a marriage, where sex is appropriate. These are hegemonic representations, as they are discussed as the expected norm and appropriate context for sex to occur (Gillespie, 2008).

5.1.1.1 Sex is monogamous. Participants discussed how there was an emphasis on the importance of sexual activity to occur within monogamous relationships. One participant was told how sex can lose its meaning, if it occurred too often outside of a monogamous, meaningful relationship. In this way, sex is socially represented as a finite resource, which can become less meaningful if engaged in with numerous people. This message was likely intended as a

preventative message, not only for promiscuous sex, but also as a warning against multiple partners.

> *I feel that was probably the most relevant thing that I learnt in sex ed, (.) like the example like my headmaster gave me in like I can apply it to myself, he was the one who gave us the sex ed talk, (0.1) was he went and said "sex is an amazing thing, (.) and its' not something you want to spoil by making it a casual occurrence for you. (.) you don't want it to be just something you do with anyone, anytime*
> *(P1, white man)*

> *You have to be like in a proper relationship, you know, trust each other to go all the way, and to know that, especially now that (.)you won't leave each other because now you get people just hopping from one sex partner to the other, no emotional investment at all, you understand.*
> *(P3, black woman)*

5.1.1.2 Sex is meaningful and serious. Participants reflected on how SHE represented sex as something to be taken seriously, rather than casually and frivolously. There was a sense that sex was meaningful only when done correctly, with the right partner, and that it could somehow lose its meaning if not taken seriously, or engaged in too casually. This leads to sex being re-presented not only as a finite resource, but also as inherently dangerous if engaged in too much.

> *P1 if I relate back to our talk, it was focused around three aspects*
> *R yeah*
> *P1 and that was, STDs, pregnancy, (.)and then having sex with multiple partners, or early on can spoil relations in the future, like I remember they made the example of sticky tape, like you stick it to one person and then it holds strong and then(.) the second person it's a bit less sticky and so on(.) until sex just means nothing to you.*
> *R is- who is the sticky tape? Was-*
> *P1 (.)well the sticky tape would be your sexual relations with someone*
> *(P1, white man)*

5.1.1.3 Sex is procreation. Participants reported how lessons revolved around how sexual activity inevitably results in procreation, especially within subjects such as Biology or Natural Science, where reproduction forms part of the curriculum. Here sex was represented as

having a single purpose, within a single setting; that of creating a family from within the confines of a marriage.

> *I think the last- the last sexual education I remember partaking in was in grade 7, in a co-ed government school that I went to. Uhm, from there on, from grade 8 until matric, I was at a private all-boys school, uhm which was quite aggressively catholic (.) and there was no sexual education. It was mentioned in the latter years in things like LO (.) uhm but to the degree of like "you will find a wife, (.) and (.) you will rear a family with her" it's that sort of thing, and then, even then when it was spoken about it, it was very heteronormative, uhm, there wasn't any variation to it, it wasn't about sex recreationally, it wasn't about safe sex, it was just about sex is about procreation*
> *(P10, white man)*

5.1.1.4 Sex is heterosexual. Participants were told they should wait until (heterosexual) marriage before having sex. Marriage was constructed as a heterosexual relationship between a husband and a wife, who could have their own biological children. This focus on marriage and procreation is necessarily heterosexual or heteronormative. The participants reported that concepts around varying sexual orientations as relationships or marriage options were seldom discussed in a neutral or positive manner. The assumption that all learners is in the class will inevitably have sex within this heterosexual context is why this SR is hegemonic, as it is seldom questioned within SHE.

> *But like, ya, that sort of thing like sex shouldn't always be like – it's so heterosexual, you know. (.) I feel like there was never mention in like sex ed, from my perspective (.) from my school like- well it could be between two men*
> *(P10 white man)*

> *they-they're gonna be like like "no it's a very spiritual thing, its-its-its-it's what god created between a man and a woman"*
> *(P12 black man)*

5.1.2 Engaging in sex has consequences for one's value as a person. Many of the participants spoke about the ways in which sex has been socially represented within SHE as having an impact on one's value, especially for women. These representations varied from how sexual activities affected one's purity, influenced one's personhood, and made one less

appealing as marriage material later in life. It appears that these messages around value were presented to almost all the participants and to both genders when classes were separated. This theme has hegemonic representations, based on the dominant discourse of women being (de)valued, based on their level of sexual experience.

5.1.2.1 Purity and virginity. Participants spoke about how SHE perpetuated the concepts of virginity and purity. In particular, there was emphasis on how maintaining one's virginity until marriage was of great importance, especially if one is a woman. These representations involved imagery of being deflowered and loosing value as a person - that by engaging in sexual activity, one's worth somehow decreases. These representations hold the value of one's personhood contingent on one's sexual inexperience. Thus, there are negative consequences to sexual activity, in terms of losing a perceived value that once gone, cannot be redeemed.

> *ya, with us it was more of, if you lose your virginity before marriage, or before a certain age, mostly ya, by the time you are 29, if you lose it before 29 or anything like that, then there is something definitely wrong with you. You've lost your value as a girl, and whoever will marry you, will not value you as much as somebody who would find you pure, without being you know (.) ya ruined in any way*
> *(P7 black woman)*

> *P5 yeah, you just know – she would just explain how it like makes you (0.3) like less of a person, if you (.)have sex before marriage. That's all that she said about it.*
> *R was this the message that only the girls received? Or was it a message that the whole class got?*
> *P5 (.) well she said it to the whole class. I mean there weren't that many boys in my class, (.) but it would be- she would say ah–say to the girls like you know "a guy wouldn't want you" and stuff like that. You know it would(.) be mainly like that. (.)Not much focus on the guys*
> *(P5 coloured woman)*

5.1.2.2 Commodity. Within the theme of value, sex is represented as being a commodity, where one's value gets lost or diminished with regular use and with more 'users'. This social representation of sex is connected to notions about used commodities inherently having less value or being less desirable than new, unused ones.

P17 yes! This guy named J in my class, we were talking about sex and all that stuff, and then he's like (.) uhm, no, how can you how can you buy a car without test driving it. I'm like (.) and then our teacher was like haibo, when you get married you're going to want a virgin, or don't you. Like ya

P16 exactly, that's exactly what they tell you. And it's like (.) ok, so you don't want us to do it, because the husband is not going to like it, but then (.) are we allowed to ask the husband, with who has he been sleeping with?

(P17, black woman; P16, white woman)

P1 if I relate back to our talk, it was focused around three aspects

R yeah

P1 and that was, STDs, pregnancy, (.)and then having sex with multiple partners, or early on can spoil relations in the future, like I remember they made the example of sticky tape, like you stick it to one person and then it holds strong and then(.) the second person it's a bit less sticky and so on(.) until sex just means nothing to you.

R is- who is the sticky tape? Was-

P1 (.)well the sticky tape would be your sexual relations with someone

(P1, white man)

5.1.2.3 Marriage material. This focus on saving one's sexual self for marriage is rooted in the social representation of virginity increasing one's value as marriage material. The participants related how SHE focused on being able to find a spouse in the future, and how their previous sexual history has an impact on whether or not their future spouse will be interested in them, or value and respect them as a person.

P16 ya, and I mean we were also taught that (.) remember if you have sex with this guy, (.) if you're getting married, (.)that guy is not going to want to touch you, because he knows that you've been having sex with other people-

P17 you've been around

P16 ya, so I mean that is what they told us. They were like, if you have sex with a lot of guys, your husband is not going to even want to touch you, and we were like ok, then don't do it.

(P16, white woman; P17, black woman)

P5 yeah, you just know – she would just explain how it like makes you (0.3) like less of a person, if you (.)have sex before marriage. That's all that she said about it.

R was this the message that only the girls received? Or was it a message that the whole class got?

P5 (.) well she said it to the whole class. I mean there weren't that many boys in my class, (.) but it would be- she would say ah–say to the girls like you know "a guy

wouldn't want you" and stuff like that. You know it would(.) be mainly like that. (.)Not much focus on the guys
(P5, coloured woman)

5.1.3 Sex is penetration of a penis into a vagina. According to the participants, SHE socially represented sex as the act involving penetration of a vagina with a penis. This was the reported focus of SHE conversations around sexual activity. This definition of sexual activity being assumed to be the only way to engage in sexual acts, shows the hegemonic nature of this representation. Especially as so few participants reported SHE discussing sexual acts involving anything other than a penis and a vagina. The participants also spoke about how this representation of sex resulted in their peers engaging in other sexual acts, believing that they were still virgins. These acts are emancipated representations of sex, as they are represented as heterosexual penetrative sex, without having a bearing on the person's value as a virgin.

P10 Also, when we're spoken to about (.) having sex, it is very much that, it was "when you have sex, it must be about penetration" (.) there is no speak about –that sex can just be flourtage, that sex can just be oral (0.1) you know, there- it -it was just, "if you have sex, it is penetrative. Full stop." You have to go the full mile (.)
P9 otherwise it isn't sex
P10 yeah (.)
P9 which is frightening. I know girls (.)who have gone to very religious all-girls school, and they (.)are virgins, in inverted commas, but they've done (.) almost everything else under the sun except penetration. They- they've done anal, they've done oral, they've done everything else, but they still virgins and therefore they still (.) holy (.) and they haven't lost anything, nothing's been taken away from them, they still have their virtue in tact
(P10, white man; P9, white woman)

for me, like the only time(.) I was exposed to like anything regarding consent, was when we read that first-like the introductory sentence of like a paragraph in a textbook, where they say sex is an act between two consenting adults, where there's the-the erect vagin-the erect penis is inserted inside a woman's vagina.
(P12, black man)

5.1.4 Sex is a taboo topic. Sex has been socially represented as a taboo topic during SHE. This taboo is evident in the levels of discomfort the participants reported during SHE, as well as from the teacher's avoidance of, or refusal to teach, certain content from the curriculum.

5.1.4.1 An uncomfortable topic. The participants noted that SHE lessons were uncomfortable, both for the learners and teachers. This discomfort from the learners was acknowledged when reflecting on the high levels of laughter, giggling and disruption which occurred during SHE classes, compared to other classes. It was unclear whether the cause of the laughter was the content of SHE, or the context in which SHE was taught. The participants reflected on how topics covered under SHE were done superficially, without much detail, which they regarded as a reflection of the teacher's discomfort in teaching the SHE content.

> *P18 yeah but, but then –oh ya and they also taught us about safe sex, and stuff, and you could tell from the teachers that they weren't really comfortable about this-*
> *P16 no, that's another thing*
> *P18 and you weren't comfortable either, and it's funny because they keep scolding us for giggling while they were talking about these things but how else were you supposed to react? I mean we're not <u>used</u> to talking to our parents about (.) sex and now our teachers want to teach us about sex (.) and it's just weird.*
> *(P18, black woman, P16, white woman)*

> *well I suppose we had it every now and then, an actual conversation about it. They'd bring in male condoms and female condoms as well, (.) and it was- to be honest it was presented in a seriously immature way. Where it was like this glorified thing, and girls would like go crazy and start giggling (.) but there was just a condom in the room (.) uhm, (.) and there was never much discussion about it to be honest,*
> *(P14, white woman)*

5.1.4.2 A topic teachers refuse to teach. The hegemonic social representation that sex is a taboo topic was reinforced by some teachers' refusal to teach SHE. Some participants reported that their LO teachers were so uncomfortable with SHE, that they did not cover the topic at all. For these participants, SHE was sometimes covered somewhat briefly in Biology or Natural Sciences while covering reproduction.

we had LO right, but I had 10 subjects last year, and then LO had to be one of them, obviously. And then we had this teacher, she was never (.) never ever present, never had the sex talk with us. Nothing. The only stuff that we learned was like from biology and that was because it had- was something we had to cover. I mean then you only got the biological (.)perspective of it all
(P16, white woman)

so, ya that's the reason I came because (.) my school never had any actual form of sex ed, it was just what our bio teacher told us in grade nine, and I think that's just her feeling sorry for us (laughs) because she knew we'd never actually get any- well, be taught anything about it (0.1) so she thought she may as well use the opportunity
(P13, white man)

And then, when we got to high school, it was like oh, it's not really a big thing, the teachers didn't do anything, I remember when I was in grade 10, my teacher flat out refused to even touch it (laughs) she was like "I am not going to teach you this, because I can't" (laughs) "I really cannot be discussing it with you guys"
(P3, black woman)

5.1.5 Sex is unsafe. SHE provides social representations of how sex is unsafe. This is different from sex being dangerous, as the focus is slightly different. When sex is represented as unsafe, learners are given the message that the only way to remain safe from the dangers of sex is to abstain from all sexual activity. Although there are methods of increasing the levels of safety, such as condom use, these methods are portrayed as unreliable and not always effective. As such, to be safe, sex should be avoided completely.

5.1.5.1 Condoms are not helpful. The participants discussed how, generally, condoms are represented as a safety tool, allowing people to engage in sexual activity safely by preventing pregnancy and STIs. Although condoms are socially represented as a form of protection within SHE, the ways in which condoms were discussed reinforced the notion that condoms make sexual activity awkward.

and and also, uhm they uh – we were told that if you use a condom, then you know you're protected
(P2, indian man)

P1 because, (0.1) condoms (.)actually like, they kinda ruin the experience so to speak. They like break the magic
R they – how do condoms break the magic?
P1 they like ruin the feeling, uh
R ok
P1 like, (.) of course, for things like safe sex against(.) uhm sexual transmitted diseases, they are an absolute necessity, but if you're with a partner who (.)you know has been tested and is safe, and you actually having safe unprotected sex, then you- and you – the only aspect you want to protect yourself from is pregnancy, then alternatives like that are actually(.) much better, (.) under the circumstances.
(P1, white man)

Although condoms are socially represented as necessary for safer sexual practices, they are not constructed as effective. Participants discussed how SHE presented condoms as ineffective, providing them with statistics about how effective they are, rather than with the skills to make condom-use more effective.

uh alright there's a condom, uhm there's a 73% chance that that could break. I mean that could uhm that-that could work and then there's like a –what happened to the other 20 or 18%, and then, you know it's just, you start analysing things beyond what they actually are
(P12, black man)

it's like saying "if you don't use a condom, you will get pregnant (.) if you do use a condom, there is a 99% chance you won't get pregnant" (0.3) that's pretty much it. That's all we learned there.
(P13, white man)

our school also did something sort of similar, in biology also. Uhm, we did this experiment, where we tested how reliable some of the condoms are, so the different makes, and we filled them up with water, and saw how many actually had holes in them. And it was actually the most frightening thing, but for me the more frightening thing is people's reactions – everyone just laughed (.) And (.) I feel like (.) it's just a frightening thought because no one's actually aware (.) of that kind of stuff, you know
(P9, white woman)

and and our teacher, to add onto that, uhm, even when she talked about condoms that are supposed to like protect you, she was like, uhm "but you should know that the chances of like you still getting it, is (.)like great, it's the same thing of not even using them" and she goes on and tells us stories about how, uhm, when condoms are like given out,

apparently they were stapled once upon a time, with a little note or something, so all the condoms had holes. And she was saying, uhm so next time you might take (.)one, and it might be one of those ones. And stuff like that, so you left that class with the idea that every single packet most probably has a hole in it. So, that's why I'm just like "oh, condoms most probably also don't work" so as a kid (.) even though we are taught, yes, HIV with sex, it's even like (.)condoms will help you also, because condoms aren't (.)you know going to protect you in anyway. (.) that was my teacher.
(P4, black woman)

Furthermore, condoms are also socially represented as encouraging sexual activity in young people. The participants discussed how their SHE did not include condom demonstrations, or detailed discussions - out of fear that lessons involving real condoms would encourage sexual activity. The participants critiqued this, saying that those who are already sexually active would now have access to protection, rather than the condoms being a symbol of permission. However, there was no consensus on this issue, as some participants agreed with the idea that condom discussions, demonstrations and availability in schools encourage sexual behaviour. This shows how condoms as a topic are polemically represented, with the hegemonic representation being that they should be used for protection, however there is a tension between teaching condoms as a methods of protection, and the idea that discussing condoms in SHE will encourage sexual activity.

But at school, they wouldn't even like bring a proper condom to class, like this is what the packet looks like at least.
(P3, black woman)

but, ok I understand that, if you bringing condoms to school you're promoting sex what not, but if (.) ok if you are sexually active, cos there are children even if there are no condoms at school, that are sexually active, they probably doing that so that those that are, use condoms so that they don't get (.) maybe STIs or get pregnant,
(P17, black woman)

5.1.5.2 Abstinence is the only way to remain safe. The emphasis of SHE on abstinence contributes to the social representation that unmarried sex is unsafe, and that abstaining from all sexual activity is the only way to remain safe. This social representation of abstinence is imbued

with values of morality, virtue and worth, as was demonstrated in the theme on value. The only way to maintain one's value was through the life-saving concept of abstinence. For some participants, SHE was a series of stories, telling all that can go wrong when people engage in sexual activity. This construct of abstinence was focused on learners being in school, thus only needing to be taught what was currently relevant to them, rather than providing skills or information for when they presumably leave school and become adults. There seems to be a polemic representation between abstinence and safer sex, as safer sex is represented as condoning pre-marital sexual activity, which is further represented as a distraction from school.

> *so then we were watching that, they just-they just called the grade tens up to twelves, and stuck them in the hall, and then they showed us this video, and gave us the whole pep talk about how you gotta (.) uhm use a condom this and that and this and that (.) so yeah, now I come from a very conservative Afrikaans school (.) right, and uh (.) after that teachers went crazy (.) they went insane. They were like "How can your people just come to our school and and do this?" you understand, and the – a lot of their anger was was uhm concentrated towards uhm Mr P, who was our principle, like how could he allow for them to come to the school and just fill the kids with ideas that it's ok not to abstain, and to-to-to use condoms and they-they were up in arms (.) about that idea (.) that school children can be told not to abstain. And-and so (.) ya I think (.)ya*
> *(P12 black man)*
>
> *I had the same like LO teacher (0.1) like all through high school. And she was quite (.)religious, so she would just be like "No, abstain abstain (.) you know if you have sex before you're married, you'll be deflowered"*
> *(P5, coloured woman)*
>
> *uhm, I was also at a co-ed school, and uhm, they also very much- we never really like had like sex ed, but they also just – they have these talks and certain like people would come, like organisations and stuff would come, and also just tell us how bad sex is. Like they only pretty much preached abstinence, they never showed us like safe sex, or anything like that either. It was just basically like "if you have sex, you will get an std and Die, so (.) you really shouldn't" that was like, pretty much it*
> *(P8, white woman)*

5.1.6 Sex is dangerous. Within SHE, sex is socially represented as inherently dangerous That once engaged in, it inevitably has negative consequences, and therefore to remain safe, sex should be avoided at all costs. These dangers include the inevitability of pregnancy, the contraction of STIs, and the experience of pain during sex.

5.1.6.1 Sex will result in pregnancy. SHE focuses on the dangers involved in having unwanted pregnancies during school years, or prior to marriage. Unintended pregnancy is represented as something which is devastating, and an inevitable result of (heterosexual) sexual activity. The participants discussed how pregnancy was represented as a negative outcome, and reflected on the lack of discussion around pregnancy being a good thing within marriage, but rather as an expected result of married sex. This once again points to the heteronormative lens through which SHE is taught. This may have caused some confusion amongst participants as representing pregnancy as devastating is both in line with the representation of the inevitability of procreation from sexual activity, yet contradicts the way procreation within marriage is represented as desirable.

> *especially like in my school, uhm, there were girls who fell pregnant and things like that, so, it was the biggest thing ever, where, if you in matric, they'd literally sit all the girls in the hall and spend like two hours preaching about "not becoming pregnant because it ruins your life"*
> *(P7, black women)*

> *from grade 8 until matric, I was at a private all-boys school, uhm which was quite aggressively catholic (.) and there was no sexual education. It was mentioned in the latter years in things like LO (.) uhm but to the degree of like "you will find a wife, (.) and (.) you will rear a family with her" it's that sort of thing, and then, even then when it was spoken about it, it was very heteronormative, uhm, there wasn't any variation to it, it wasn't about sex recreationally, it wasn't about safe sex, it was just about sex is about procreation*
> *(P10, white man)*

5.1.6.2 STIs are inevitable. In addition to the danger of pregnancy, sex has been represented as being dangerous in the way that STIs are constructed as inevitable consequences of sexual activity. For many participants, they learned about the dangers of STIs through graphic images of genitals in the late stages of an STI. STIs were portrayed as life changing, painful and horrible to look at. The participants reflected on how these representations were repeated so often that the learners stopped paying attention in class.

> *we weren't- like the pictures I remember were of people who had infections, you know, things were just not looking normal for them, so I guess that was supposed to show us that (.) I guess what ya, what goes wrong- If something goes wrong, this is what will happen. Not as in ya normal sex is, just the diseases you get from it*
> *(P7, black woman)*

> *cos like I think, from my perspective, like in school they taught us sex is a very scary thing, because you know – you look at somebody in the wrong way and you'll have an STI. Like they literally taught us like, you shouldn't like sit on the wrong toilet seat, you might get an STI. And like you shouldn't- so I think that they portray sex as like a very scary thing, like you could possibly like get a disease, like – or you will get a disease, it's like inevitable, like according to like what we were taught.*
> *(P8, white woman)*

> *I don't think it really teaches you to recognise an STD (.)because they showing you these people who are so far gone, they're looking monstrous, but as soon as someone pulls down there pants and they've got like a little dot, you're like "ah its fine, it's a pimple" when in the meantime (laughs) you know, its gonorrhoea (laughs) and you have no idea because you've seen gonorrhoea as being like (.) the cave with mucous and puss and like monsters crawling out, you know it starts as a like a little zit, you know what I mean?*
> *(P10, white man)*

5.1.6.3 HIV is inevitable, pervasive and different to STIs. Participants reported that HIV was often taught in addition to STIs, rather than as part of the lessons on STIs. HIV was socially represented as something deadly, and that contracting HIV was going to happen if one engaged in sexual activity. This was socially represented through experiments to demonstrate how easily HIV could be transmitted.

> *it was just like, (.) if you have sex (.)you going to get HIV*
> *(P5, coloured woman)*

P2 uhm yeah, I was also going to say uhm, with the whole HIV thing like, throughout primary school, like that was – you know they they instilled it into us, you know to make us fear AIDS like- cos I remember as far back as grade 1, uhm, (.) in school they would always cement the point that if you ever got HIV there was no cure and you would die, so like like that (laughs) made us all scared like they even told us, you know you you mustn't even share food or anything with your friends cos you might get it. That that's what our teachers were telling us.
P1 so false information
P2 uh yeah, just to like cement it into us.
(P2, indian man; P1, white man)

uhm we had one example for STDs where everyone had a vile of some chemical, I'm not completely sure what it was, I was in grade 7, uhm, and two people had HIV (.)in their vile, HIV supposedly and everyone would go and mix their vials and walk around the class for a couple minutes (.)and mixing it all together, and then at the end, everyone would have something added to their solution, and if it turned orange (.)that meant that you had contracted HIV just to show how quickly sexual diseases can spread from one individual to another.
(P1, white man)

5.1.6.4 Sex is painful. Within SHE, sex has been socially represented as dangerous in terms of the pain it can cause women. The participants reflected on how sex was represented as painful, especially the first time one engaged in it, and that this pain factor was used as a rationale to delay sexual debut and to prevent anyone from engaging in (heterosexual) sex.

P8 ooh, I remember, well, there was this one, it was really strange actually, so (.) there was this lady who came to our school to like teach us about sex, and she had this (.) long bolt-like thing, like this giant long screw and she like hit it on the table, and was like "this is a penis" and then she was like, and like all kinds of bad things that everything and everything, so yeah (laughs) it was really strange
R wow, and how- what was the message that was received from this long screw-thing?
P8 (laugh)
P7 penises are sore-
P8 -yes
P7 stay away from them?
P9 Bad
(P8, white woman; P7, black woman; P9, white woman)

like some of the things that are gonna happen to you (.) once you do – cos you hear stuff (.)you know. like you wanna know, your first time are you gonna bleed a lot? You know, is it gonna hurt? You know things like that you don't know, cos some people say it does, (.) and others say "no, it's ok, (.)don't worry about it" (0.2) like (P5, coloured woman)

5.1.7 Consent is associated with rape. Within SHE, consent is often discussed in association with rape, rather than as a separate construct of bodily autonomy. The participants reported that when consent came up in SHE, it was in the context of a fictional story where the girl character was raped by a man. In these stories, the girl character's role is to not want sex, to say no, so that it is clear that consent was not given. For one participant, the South African context necessitated SHE covering consent in terms of rape.

R ok, we've touched on this a little bit in different ways, but what about consent. What kind of conversations around consent happened at sex ed, (.) if at all?
P2 yeah
P3 yeah, we just know about rape. That's it
(P2, indian male; P3, black woman)

R and for you guys? You said consent was mentioned a lot, in what way?
P14 yeah well, (.) this is South Africa. (.) growing up it's (.) not necessarily at school, but it's (.) always on News, always on (0.2) uhm, you know parents talk about it, everyone talks about it.
R do they talk about rape, or do they talk about consent?
P14 rape, but the emphasis is on consent, that uhm (.) anything, not anything ok fine, but there's a lot more that can amount to rape, than just (.) penile-vaginal uh penetration, or given that there's no consent, so it is (inaudible)
(P14, white woman)

5.1.7.1 Different levels or kinds of rape. Although consent was discussed in SHE, participants felt that when issues like rape were spoken about, SHE was not clear about what constitutes rape. Thus consent is seen as a blurry notion, with levels and mediating factors which impact on whether the situation can really be called rape or not. As a result, there is confusion about the criterion for assessing whether sexual activity is consensual. The participants discussed different levels of rape, outlining the kinds of sexual contact and relationships that can be considered consensual and legitimate. These qualifications for legitimate consent seem to balance on the type of relationship involved between the parties.

P3 And I think (.) there are levels to it, there- like there's you know, rape as in someone you don't know, or rape – an older trusted (.)person who knows they have power over you, because of their age, and tell you that its fine, and then also the kind where rape, but then let's say someone my age, like as if I had a boyfriend, and he goes like

"let's have sex, let's have sex" and I'm like "no", he could still rape me. Yes, we're in a relationship, but that does not mean we're having sex, or that I want to have sex with him at that moment,

R all these different levels, did you learn about them at school?

P3 no. (.)yeah, about the older person thing – yes I did. … so like I think, consent is something (.)that should really be emphasised on, because (.) sometimes, even if you are in a loving relationship, but you're not ready yet, you're made to feel like you have to do it, you know. and then, yeah, you're gonna give your consent because you're going "ok, I love this person", but like (.)ya, really. So, but like – yeah I think there's really levels to it

(P3, black woman)

P1 (.)relate this to (.)the issue of consent (0.1) my girlfriend's older sister has been involved in consensual sex within a relationship, which was absolutely fine. She's(.) had sex with uhm a guy at a party –(.)well I'm not saying she like a slut or anything but(laughs) there are just circumstances I have heard about

R mmm

P1 uhm, after which she was like ok fine, and then they had sex and later she regretted it, and she actually went and told her future boyfriend (.)that that counted as rape, and then she had actually properly been raped before. And so (.)there are almost three levels to it, (.) by which people offer their consent, (.)cos sometimes people just go around- along with it cos they just horny.

(P1, white man)

P15 there is life after rape, but it depends- when it is an emotional rape where your boyfriend is forcing you,

R mmm

P15 something –ok in- at least when your rapist is a person that I don't know, it's a stranger, he doesn't love me. But if its someone who is supposed to love me when emotionally raping me, I won't let that go.

(P15, black woman)

5.1.7.2 The legalities of consent. Participants discussed how they learned about the legal aspects of consent in SHE. There was a concern that in order for rape cases to stand up in court, the victim needed to have verbalised not consenting to sex. For one participant, consent was represented as something which could only occur after the age of consent, prior to which sex is considered illegal. However, it was not clear if SHE included any detailed discussion the purpose of the age of consent.

uhm, for me consent wasn't brought up largely uhm they they did mention it quite a few times uhm when we were younger that the age of consent is 16, and (.)it's illegal for anyone to have sex before then whether you want to or not, they made that clear.
(P2, indian man)

uhm, the only thing we were taught is that it- when you say no it has to be verbal, else it's not legitimate in court (.) and that was (.) it
(P14, white woman)

5.1.7.3 Presence or Absence of No. For many of the participants, consent was socially represented as the absence of a 'no'. They discussed how SHE messages about consent revolved around the necessity of sexual activity stopping when one partner, usually the woman, says 'no'. This is the indicator that consent was not granted, and therefore all sexual activity should stop. This presence of 'no' is expected to occur once intimate and sexual activities have already been initiated in some way. Consequently, the (male) partner who stops is represented as a 'good guy', because he was able to stop the activity, despite his arousal levels, and thus denying himself the sexual gratification he was expecting only moments ago.

for me, like the only time(.) I was exposed to like anything regarding consent, was when we read that first-like the introductory sentence of like a paragraph in a textbook, where they say sex is an act between two consenting adults, where there's the-the erect vagin- the erect penis is inserted inside a woman's vagina. (.) That's the only part where we hear the word consent (.) and then you know they have these uhm campaigns of –of no means no, and sexual harassment this and sexual- and a lot of the time the emphasis was on the girls, (.) was girls uhm (.) you know, you're the one with the power, uh you can tell the guy no, (.) and no means no and this-this whole thing of (.) how uhm basically it was always- it was never addressed until it was uhm seen in like uh (.) a sexual harassment context
(P12, black man)

P10 consent for us was always brought up (.) I'm not sure if it sunk in. but it was always brought up
R in what way?
P10 uhm again as in in-passing, so, if ever sex was mentioned, it's "oh, and make sure that she agrees" you know, it's that sort of thing. No means no,
(P10, white man)

5.1.7.4 Presence of Yes. Within SHE, consent is seldom represented as the presence of 'yes', although this did come up in discussion with the participants. These participants had consent represented in terms of autonomy, as there was a presence of a 'yes', rather than an absence of a 'no'. This could be an emancipated representation, as it still aligns with the hegemonic representation of consent being the absence of 'no', while making the change towards a presence of 'yes', showing agreement to engage in sexual activity.

> *R cool. (.) Uhm (.) was consent ever a conversation (.) in sex ed?*
> *(0.2)*
> *P5 well (.) yes (.) but not (0.2) I suppose like it was always just like well both of you have to agree, otherwise it rape-*
> *(P5, coloured woman)*

> *(exhales) ya I feel like I feel like they did mention stuff about how you need to both agree to have sex*
> *(P18, black woman)*

> *if you don't say yes, then its rape (.) but I mean I don't know, there's a lot of (.) weird stuff about it as well, because if you don't say yes, (.) then (.) is it always rape? (0.1) isn't it like if you lead it on, but not say the word yes, then is it still (.) is it still rape? Oh I don't understand*
> *(P16, white woman)*

5.1.8 Sex is gendered. The discussions in SHE gave participants the impression that sex and sexuality are different for different genders. This impression is from the teaching practice of spitting SHE classes according to gender; in addition to the gendered messages around sex and sexuality learners received through SHE. These gendered social representations impact on a learner's perception of what makes situations safe or dangerous for men and women, as sex has different meanings and consequences based on gender. The overall picture of how sex is socially represented within SHE is sexist, following conservative values and ideas about the world, and steeped in a patriarchal view of women.

5.1.8.1 Separation of classes by gender. Many participants reported that their SHE classes were separated by gender, with the boy learners being taught separately from the girl learners. This separation leads to questions about the sensitive nature of this information, that learners cannot learn about in the presence of the other gender. This informs the impression that sex is different for boys and girls, so much so, that different information needs to be imparted. Information in SHE is represented as only for boys or for girls, otherwise these classes would be mixed (if the school was co-ed) as LO is for any other topic in the curriculum.

> *And then (.) in primary school though, they did do this one thing where this nurse came and talked to us, and she talked to us about all of this stuff and it was all boys separate, girls separate, not in the same session and – (.)but yeah it was horrible, it felt like like they didn't really educate us at all, … Even when that nurse came and spoke to us, I suppose that because it was like separated into boys and girls, I don't know what she told the boys, you don't know, you never know what they tell the boys, you know, so*
> *(P16, white woman)*

> *there was this like nurse lady who came in, and uhm she- there was a huge like talk about it. They separated boys and girls, uhm (.) so and she showed us like everything.*
> *(P5, coloured woman)*

5.1.8.2 Different expectations for men and women. Participants discussed the ways that SHE perpetuated different expectations for men and women through the anecdotes and stories used for teaching. The discussions in the focus groups often came back to how men are supposed to be not only knowledgeable about sex and sexuality, but experienced too. These expectations include how men and women are expected to behave in situations, with women being expected to say no to sex, and men always wanting sex. This inform social representations of people who do not meet, or do not follow, these gendered expectations as deviant. Gendered expectations are often in opposition to one another, for example, virginity is socially represented as desirable for women, and undesirable for men.

> *P16* *exactly, that's exactly what they tell you. And it's like (.) ok, so you don't want us to do it, because the husband is not going to like it, but then (.) are we allowed to ask the husband, with who has he been sleeping with?*
> *R* *so virginity is only for girls?*

P17 yes
P18 yes exactly
P16 that's actually exactly, it's like the biggest problem for a girl (.) but if a guy is not a virgin, it's fine.
P17 that's cool.
P18 thing is, you see guys who are virgins, they like they get ashamed, even saying that. but like if you're a girl, and you're not, that's the shameful part for you.
(P16, white woman; P17, black woman; P18, black woman)

P3 its always like really sad that girls aren't supposed to be as well (laughs)
R they not sexual?
P3 as sexual or all-knowing about sex as boys are. So, with us we were always kinda like excluded from that thing, that's why for my group of friends, we always used to ask the guys about it, cos we know they knew stuff, you know. we know they knew- they experienced stuff because they were like on that level, sexually. Like sexually experienced and stuff and like
(P3, black woman)

P17 yes! This guy named J in my class, we were talking about sex and all that stuff, and then he's like (.) uhm, no, how can you how can you buy a car without test driving it. I'm like (.) and then out teacher was like haibo, when you get married you're going to want a virgin, or don't you. Like ya
P16 exactly, that's exactly what they tell you. And it's like (.) ok, so you don't want us to do it, because the husband is not going to like it, but then (.) are we allowed to ask the husband, with who has he been sleeping with?
(P17, black woman; P16, white woman)

5.1.8.2.1 Safety and danger have different meanings based on gender. These gendered representations of sex and sexuality have an impact on how safety and danger are socially represented for men and women. For women, sex is socially represented as dangerous in terms of losing one's value and worth as a person and as marriage material, falling pregnant and having their lives ruined, and at risk of being raped. In contrast, the worst risk for men, apart from impregnating a woman, is contracting an STI. For men sex is socially represented as something that is expected of them; something whereby experience increases their social capital. Men are not socially represented as being at risk of being raped, nor are they at risk of losing the respect of their peers and spouse for engaging in premarital sexual activity.

Safety for women extends to what they are wearing. Clothing that is considered revealing or provocative has been represented as an invitation for sexual activity. Women must therefore self-police and ensure that they are not unwittingly sending out signals of sexual availability which could result in accusations of leading men on when they do not consent sexual activity. Safety for men is represented as using condoms during sex to prevent pregnancy or STIs.

> *But uhm, for for like rape and stuff (.)again we understood it as rape as something that happens to girls, not boys. (.) Because uhm, (.) ok well the idea – if someone said it's possible for a woman to rape a man – (.)like (.)you say that to like a 12-year-old boy (laughs) he'll laugh at you, but uhm (.)but then like also for male uh molestation uhm, we couldn't comprehend one man raping another, we'd wander why would, why would any man (.)do that, you know.*
> *(P2, indian man)*

> *P10 on that note, we weren't taught to say no. (0.1) guys don't have the opportunity to say no, apparently*
> *P7 yeah because girls don't ask, that the thing*
> *P6 also we never heard about men being raped, (.) that's something that never came up*
> *P9 that's taboo*
> *P10 men being raped by men, was mentioned, for us*
> *P6 ya, but not by women*
> *P10 women will never rape you (laugh)*
> *P6 it's not being rape if a woman does it to a man*
> *P10 mmm*
> *P9 and again culture shock when you arrive at university and you hear someone talking about how a guy talked about how they turned a girl down, and we had a experience where a guy told us (.) about he had to turn this girl down, because she was absolutely throwing herself at him, and he told us how uncomfortable he was, and I actually thought like "oh my god, this happens"*
> *(P10, white man; P7, black woman; P6, white woman; P9, white woman)*

> *and I think also with like, some of my high school friends (.) uhm (.)he (.) it happened –it was- it wasn't a rape (.) but the thing is that if (.) if it happened then the girl obviously has a right, but then this is the guys' point of view (.) that uhm (.) you don't like come visit me in my home, dressed like that, because with- in his mind (.) what a girl wears (.) is gonna like tell him what we gonna do, so if you rock up like (.)in like ugh pants and whatever, we just gonna sit and most probably watch a movie, but if you dress like that (.)that's what you trying to tell me, that's what he was telling me so (.) his point of view was like "please, I didn't rape her (.) she was the one that was (.) dressed that way, so*

(.)she gave me (.)you know kind of thing" (.)so I think (.) ya I don't think I answered the question, but ya
(P4, black woman)

5.1.8.3 Sexist. Finally, the differential ways in which sex and sexuality are socially represented for men and women can be considered sexist and part of a system of patriarchy where women are automatically valued less than men for the same behaviours. Sexual behaviour in men is celebrated as it is represented as normal and expected behaviour, yet women are punished if they exhibit the same behaviours.

P5 yeah, you just know – she would just explain how it like makes you (0.3) like less of a person, if you (.)have sex before marriage. That's all that she said about it.
R was this the message that only the girls received? Or was it a message that the whole class got?
P5 (.) well she said it to the whole class. I mean there weren't that many boys in my class, (.) but it would be- she would say ah–say to the girls like you know "a guy wouldn't want you" and stuff like that. You know it would(.) be mainly like that. (.)Not much focus on the guys
(P5, indian woman)

I think I remember, uhm, my teacher (.) it was- I think it was in grade eleven, yes. She said something to that effect, that uh as much as you would want to take part in or participate in sex, you must realise that (.) uhm boys actually earn a reputation by having sex, and your reputation (.) it diminishes because of that. and that, ya it is something they brought up, well my teachers brought up in class.
(P18, black woman)

P2 And so you can actually see that there are (0.1) its prejudice or stereotype, I can't remember which one (laughs) towards uhm a girl's ability to speak up with her friends, compared to a guy's ability to speak out about his sexual experience
P3 because as girls we are not really to be allowed to be as sexually aware of ourselves, as guys are.
P1 a guy's a player, a girl's a slut
P3 ya, if he has more sexual partners, if I have the same amount of sexual partners as he does, (.)I'm a slut, I'm a whore, he's a player, he knows the game. You know, and I actually- I feel if a girl is saying a guy thing, that you don't really wanna be emotionally invested in a relationship, but you just want the sex out of it, then it's like "no no no, you are not allowed to do that" (laughs)
(P2, indian man; P3, black woman; P1, white man)

5.2 How do these social representations impact the perceived value of SHE?

This research question will be answered by three themes. These themes draw on the social representations above, and demonstrate how participants evaluate their SHE, both in terms of how they felt about it while still in school, and as young adults already at university.

5.2.1 Sex is still a taboo topic. The manner in which sex and sexuality are socially represented within SHE reinforces the taboo around sexual discussion in general. Participants reflected on how they continue to grapple with this taboo, both with friends and family as well as with partners.

5.2.1.1 Reinforcing the taboo around sexual discussion. This taboo prevented them from asking questions in class, even when the topic being taught was SHE, as there were repercussions for breaking the taboo, such as being labelled as sexually active or promiscuous. By representing the topic of sex as taboo, participants felt that SHE limited their ability to engage with the topic in order to learn anything. Participants commented on how this taboo extends into their personal relationships, as they have difficulty engaging in discussions around sexuality and protection with their partners. By socially representing sex and sexuality as a taboo topic of conversation, participants felt they were not equipped with the conversational skills to discuss safer sex possibilities with partners.

> *P7 they've made it taboo.*
> *P8 yes*
> *P7 I feel like because of how like they were teaching us about sex and ish like that, people are not open about it even now, like if you ask somebody if they've had sex or anything, most of them will tell you no, because in school it was such a big thing, like "no, if you had sex, this would happen" you know, so people don't actually know anything good about it, all they think is "oh my god, having sex is such a bad thing" you can get sick and things like that*
> *(P7, black woman; P8, white woman)*

> *I was like "Ai't it's cool, (laughs) I'm not ever going to even go there" you know, but I- I think (.)you tend to be like there's something wrong – cos like I said, there's always a bit of a taboo, especially as a girl when you really really interested and really really want to*

know, you're made to feel promiscuous although you don't engage in it, you're made to feel like "oh no, there's something wrong with you"
(P3, black woman)

5.2.1.1.1 Teachers reinforce the social taboo around sex and sexual discussion.

Participants discussed how the different ways sex is socially represented in SHE, leaves teachers in a space of conflict. They felt that some teachers withheld information from the learners, as though the teachers felt it was not necessary for learners to have such information. Other participants felt that teachers really wanted to impart information to the learners, but were concerned about whether the learners were ready for it.

but I think(.) they are also scared (.)as teachers (.) because I think like your teacher (.)like was (0.1) overly (.) excited at such a young age, (laughs) and then (.)as they grow old, they think that we actually don't hear about it, but ya, I think they also scared to talk about it, cos they don't know how we are going to respond to it, so sometimes they say it and then they stop and like, "ok wait, maybe these kids aren't ready yet, and not doing it yet" so
(P4, black woman)

I just want to add (.) onto what she said about (.) like(.) it's usually just about teachers laying down the law (.) uhm (0.1) I think-I think that (.)in sex ed (.) you (.) the teachers (.) have to like not speak to the kids (.) as though they are children, because I know that (.) technically we are still (.) really young, you know (.) uhm and we don't really know that much about life and whatever (.) but (.) when we are making those decisions, we are making them as adults.
(P5, coloured woman)

they just give you like it's like they-they wanna (.) put out something like ok, they teaching you about sex, but then they still have those reservations like no, they shouldn't really know about sex, you're too young for this. And, no. it was (.) something like that.
(P18, black woman)

The discomfort displayed by teachers perpetuates the notion that these topics are uncomfortable and should be avoided. This discomfort is not limited to primary and secondary school educators. Participants reported that even within tertiary institutions, in the context of biology lectures on reproduction, when students asked questions relating to sexual anatomy, the lecturer referred them to the internet for the answers rather than answering the question directly.

earlier this year we were talking about sex in biology (.) and (.) one of the guys asked (.) about (.) like how-how do we turn girls on, and (.) like (.) she couldn't, not that she couldn't answer it (.) but I felt like (.) I was sitting in like primary school again, and we couldn't get to like (.) an answer like (.) you study our body, could you not answer it, so I just want to say that it wasn't even like just in school – I'm just saying (.) at Wits university (.) we couldn't even talk about sex in a lecture room that was like (.) about reproduction. So (.) ya I just remembered that so
(P4, black woman)

but what changes still is the awkward part you know, I remember, last semester I was doing biology (.) then when we were doing reproduction (.) this girl was like, you know this stuff is for guys, they always pass reproduction, and he he said ok I see the female structure for, then he was like where is g-spot? Then the lecturer, you know, she she wasn't ready for that question, and then she was like google it. (.) and ok he thought, she thought maybe we knew. I don't even know where the g-spot, where is it. I don't know. So I also wanted to hear it hear from her, but she didn't tell us.
(P15, black woman)

5.2.1.1.2 SHE being covered in Biology rather than in LO. Participants who received SHE in Biology rather than in LO commented on how Biology teachers may have felt more comfortable teaching SHE related topics under the auspices of reproduction. However, this sense of appropriateness perpetuated the taboo around sex and sexuality, as it limited the ways in which SHE could be discussed. Limiting the topic to reproduction furthers the representation of sex as solely for the purpose of procreation.

yeah I mean like for me it was also horrible, like I felt like (.)we had LO right, but I had 10 subjects last year, and then LO had to be one of them, obviously. And then we had this teacher, she was never (.) never ever present, never had the sex talk with us. Nothing. The only stuff that we learned was like from biology and that was because it had- was something we had to cover. I mean then you only got the biological (.)perspective of it all, so that's why I felt like (.) really?
(P16, white woman)

I think the only thing that I could actually refer to as sex ed, was when we were doing reproduction in grade 9 biology, and then, I'm sure you can imagine how a biology teacher teaches this stuff, very factual. Very emotionless. (laughs) doesn't really drive home anything. (P13, white man)

5.2.1.1.3 Sex becomes medicalised information. Bringing in medical personnel to teach the SHE portion of LO sets SHE apart from what the LO teacher can cover. This creates a social representation of sex being so complicated that it requires expert medical knowledge to navigate safely.

P17 but then this one time at school, uhm, people from the clinic came,
R mmhm
P17 so they (.) educated us about sex and all that stuff, don't sleep with boys whanana
P16 ya
P17 you'll get pregnant, use a condom, you should go get contraceptives (.)if you want to be sexually active, and ya, that's that's actually the sexual-
P16 and the main focus of that is also not to get STDs and stuff like that
P17 yeah STDs
P16 so that's like what they think, like don't do it, you're going to get sick. You're going to die (laughs) so ya no, it wasn't positive. It was horrible actually.
(P17, black woman; P16, white woman)

I mean in primary school my sex ed I think was (.) pretty good, like (.) there was this like nurse lady who came in, and uhm she- there was a huge like talk about it. They separated boys and girls, uhm (.) so and she showed us like everything. You she showed us how to (.) use a condom, she explained how (.) it works, (.) like how sex works, all different types of sex. and you know all of those things.
(P5, coloured woman)

5.2.1.2 Lack of confidence for future conversations. By reinforcing the taboo status of sex and sexuality, learners do not leave SHE with the skills and confidence to engage in sexuality related discussions. Some participants discussed that in their families such conversations remain uncomfortable and taboo, even within the context of discussing marriage. This taboo continues to prevent learners from engaging in meaningful conversations with partners, friends and family.

P15 even now I can't I can't talk to my sisters about sex, (.) I can't, it's just awkward and I have like they -but I can't really just talk about sex-
P17 sho
P15 -and then we never even talk about it (.) you know, now ok they have- some of them have babies but they can talk about how they gave birth, but sex- how they make the babies, they never, never acknowledge the sex
(P15, black woman; P17, black woman)

P16 and I also feel like (.) parents could play like an important role because like (.) if it's not that awkward between you and your parents, then it would be easier cos like there was girls in the uh psychology class the other day that said that they could actually talk to their parents about it, I mean that's so much easier, if you could talk to them about it, it would be so much easier but now (.) parents should also be educated about how to
P17 talk to children
(P16, white woman; P17, black woman)

I think upbri- upbringing is a huge part of that as well. I think like family values and whatever- like for example, my mom, she is an absolute prude, like completely preaching wait for marriage, and all of that, and I've actually -like it was quite difficult being able to talk to her about growing up, and you know – it – I just- it's very difficult to- to- hmm how do I put this- I don't know, if you feel like your own parents are judging you, then you feel like what you are doing is wrong, and you feel like it's a bad thing. And it's not you know, so long as you're safe, and you –you know – its – (.)I think it actually it's supposed to be a really beautiful thing, and a lot of people with showing us all the horror stories take away so much from that (0.2) but then again, safety is incredibly important obviously (.) so, it is (0.1) difficult to find the balance
(P9, white woman)

I have a younger sister (.) and sometimes when I like (.) see my friends do certain things, then I'm like (0.1) she's not learning it at school, and as her sister, I can't be like "ok (.)so we gonna have like the sex talk right now" (.) because I feel like (.) she feels like she goes to school for that (.) and when she's at home (.) she wants to talk to me about "Oh P4, I like this boy and this boy nanananana" she doesn't want to be lectured on what (.) you know cos school is supposed to do that for her, but teachers aren't doing that, so like (.) family has to step in, and then it seems like now I'm like saying(.) This, and she's like "ok, I don't trust my sister anymore because (.) she thinks sex is this" you know kind of thing
(P4, black woman)

5.2.2 SHE is incomplete. This theme covers what participants felt was missing from their SHE and what they would have wanted to learn about to make SHE relevant to their experiences. This theme consists of subthemes which canvasses the different ways participants evaluated SHE as incomplete.

we leave the class with more questions than answers. So that's why most guys will go out and actually have sex to be like (.) what was she like going on about for (.) like the whole – cos we leave that class more confused about a topic that (.) like LO
(P4, black woman)

5.2.2.1 Emotional aspects of sex and sexuality. The focus on abstinence until marriage in SHE often does not allow for discussions around the emotional aspects of sex to take place. The participants discussed how they would have benefitted from learning about the emotional elements involved in making sexual decisions, as well as how engaging in sexual activity can have emotional effects. The participants felt that by focusing purely on the physical elements of sex does not prepare them for the emotional elements they expect to have to grapple with when entering a sexual relationship.

> *and that's the other thing, we are not really taught about the emotional aspects of it, which is very wrong I think, you know, if they get- if they tell you that you have to be emotionally ready, to share your space like that with somebody else, it's always made to be a physical thing, (laughs) like you should just abstain from it, you know*
> *(P3, black woman)*

> *uhm, I'd say cos when we know all the- well our school taught us all the facts and that, but (.) there was nothing psychological, like you were saying earlier, uhm (.)no psychological preparation, because they completely eliminated the fact that it could happen (.) while we're still in school, so I'd say that'd be an important part to teach*
> *(P14, white woman)*

5.2.2.1.1 Unprepared for relationships and marriage. Participants commented that despite the focus on abstaining from sexual activity until marriage, they felt that SHE did not provide them with the skills they would need to navigate within a serious relationship or marriage. This included both the relational aspects to being in a serious relationship, as well as discussing issues about when to initiate sexual activity and what to expect when this activity begins. Due to the focus on abstinence in SHE, participants felt they were not provided with information or skills to navigate potentially sexual situations, other than to abstain.

> *I would say definitely (.) that it's not a negative thing, and that when it is (.) the time's right and you make it (.) you make the decision based on (.) facts that you feel are important for you like if you like they tell you when you married then (.) it's fine, and I mean like I feel like (.) that then (.) is fine if you (.) know all the precautions and whatever (.) but I would like to know like (.) so when it happens, (.) is it ok if you don't know what's going on? Because I mean like I feel like they tell you that well the first time is going to be awkward, but like nobody tells you how to make it less awkward (.) nobody tells you anything like that, so if you still afraid, whenever you allowed to have sex, you*

still afraid like (.) ooh I'm going to be judged because I can have sex, And I haven't had sex so what-how does this work? I mean like they shouldn't like encourage you to have sex but they should at least tell you that (.) well this is more or less something that you can do like if it's gonna happen. Cos I mean ya,
(P16, white woman)

you know all the negative consequences, but they don't ever tell you if you find the person that you love, then- and if you both feel like you are in that space, and you both know what to do to prevent yourselves from like contracting something or like falling pregnant or something, then do it.
(P3, black woman)

P16 and I mean I feel like they should also teach (.) that like (.) it all depends on how you feel; it's not about what society expects from you-
P18 mmm
P16 they should teach it that it's like (.)its (.) you have to have your own boundaries about what's ok for you and what's not ok for you. And then there should –you should know that you should tell a person that when you're in a relationship
(P16, white woman; P18, black woman)

5.2.2.2 Important information was withheld. This subtheme reflects how participants feel SHE was incomplete due to important information being omitted. They discussed aspects of SHE which they noted as missing from the content taught to them, which they regarded as important information for making decisions in their lives as potentially sexually active adults beings. They reflected on how not having this information has influenced their perceptions of SHE.

Although participants may not have been sexually active during school, there is a possibility of them being sexually active adults, prior to getting married. In not receiving this information in school, they were released into the world without information needed to make informed decisions about their lives and bodies.

I feel, so in the sense that they gave us so little, the-the-the the ideas that you get (.) uhm that-that transpire from what you've been taught, like there-there (.) (exhales) I don't know how I can say this, (.) uhm (.) you start thinking up your own things, and you don't-you don't have the-the proper guidance, the proper (.) like understanding of certain things because all you have is like this-this ten percent of what you're supposed to know, and then the other 90 % is ideas that you have, and perceptions that you have, and what

you- the little that you picked up on the internet, and the little that you picked up on television, which in some cases is sensationalised (.) and so then you never know (.) what and who to trust, so I feel like if we had, you know (.) sex education where(.) you know there was uhm, (0.1) people who didn't feel like we should shy away from the topic, alright, number one. So then they-they deliver the content better, (.) naturally.
(P12, black man)

mm, they kind of leave you completely on your own, for- for your own personal experiences. They talk about the horror stories, they don't talk about your own personal situations and how to handle, if something were to go wrong. and and I feel like, coming into university, it can be a bit of a culture shock because, you are with all these different people, who've had all these crazy experiences and especially if you've been at a school who's preached abstinence, or has just told you horror stories, you think like what world am I living in, you know.
(P9, white woman)

5.2.2.2.1 Unequal access to SHE. Participants reflected on how vastly different their experiences of SHE were from each other, as well as from their partners. This frustrated them - many of them were separated by gender for SHE, which led them to wonder what different information the other gender was receiving in SHE. In addition, if their partner is from a different school, they have different perspectives on sex and relationships based on the SHE they received. This differential exposure to SHE information leads to participants perceiving their SHE as incomplete.

R *do you think they should keep the girls and boys together so that everyone gets the same information, or do think it's better-*
P16 *well (inaudible) would make it even <u>more</u> awkward because you still afraid of boys (.) but then I feel like, (.) they should because (.) how (.) can you-like who says that those boys who know what they told them, will be the ones you're gonna have sex with, so then if you just know about girl stuff, how are you ever going to explain it to (.) the guy that you're having sex with*
(P16, white woman)

I just want to emphasise the fact that like (.) I've a boyfriend now, and the thing is that he was taught about sex <u>completely</u> different. Cos for him (.) if you are in a relationship, sex is number one. I don't even tell you I love you first (.)kinda thing. And I'm like (0.1) I won't say like a <u>strong</u> believer that sex has to happen after marriage (.) but it does for me, and I think (.) he was <u>brought</u> up in a <u>school environment</u> that like (0.1) sex was everything, and I was like brought up at sch- "No, don't even <u>think</u> about it yet" (.)don't

- you know kinda thing, so I think we (.) supposed to all be taught the meaning of sex, because
(P4, black woman)

5.2.2.2.2 Anatomy. Participants discussed how basic sexual anatomy was omitted in their SHE, especially regarding the anatomy of the female sexual organs. Some participants discussed how their sexual partners had a better understanding of their female anatomy than the participants had themselves. These young women felt that SHE would have been more meaningful had this information been imparted to them.

what I found very interesting is we were never taught anything to do with the anatomy (.) so (.) matriculated not knowing anything about anything down there. Like we didn't know what the parts ev- what the names were, what function they -you know, we knew nothing.
(P9, white woman)

P8 like even just to understand (.) the anatomy of it for example, (.) like the female anatomy can be kind of complicated-
P9 kind of complicated!
P8 yes!
P9 I literally did not know it, until my boyfriend was like" ok, you need to know" like-
P8 it's like- yes. They – we just don't know, cos its confusing.
P9 its literally that bad.
.....
P7 that's it, you know the weird thing that I found out is that, it seems like the guys know more than the girls, like your boyfriend, did he know more information than you?
P9 yes, he actually told me about- I don't know if you guys had an experience where they talked about the anatomy, cos he told me that it was at school
P10 in bio I suppose
P9 it's possible
(0.1)
R was the clitoris mentioned?
P9 uhm, no- I wasn't exposed to it
P7 no
(.)
P10 clitoris was never mentioned in bio, which was hilarious. (laughs) it was all about this is how to penetrate, (.) and this is exactly where you should be shooting. (0.2) not this is how you help her shoot.
P6 yeah, it was sort of just assumed that the males would ejaculate and the-nothing happens to the female
P9 exactly
(P8, white woman; P9, white woman; P7, black woman; P10, white man; P6, white woman)

5.2.2.2.3 Safer sex demonstrations. Participants discussed how SHE sometimes spoke about the importance of protection from STIs and pregnancy, but as discussed above, this was often represented as ineffective and thus unsafe. Despite condoms being represented as unsafe, participants expressed a desire for more information about how to engage in sexual activity safely. Participants also discussed that when demonstrations did occur, they were inaccessible. Only a visual demonstration was provided which did not allow learners to experience the skill of correctly putting a condom onto a phallus.

> *But at school, they wouldn't even like bring a proper condom to class, like this is what the packet looks like at least. You know from TV or something, that's it.*
> *(P3, black woman)*

> *for us, like basically, it wasn't about, like the -the -the sex or whatever, it was mostly, uhm, "ok fine, these are the diseases, uhm, there are condoms, and uh alright, go pass the test." (.) That was basically what LO was about.*
> *(P12, black man)*

> *P14 well I suppose we had it every now and then, an actual conversation about it. They'd bring in male condoms and female condoms as well, (.) and it was- to be honest it was presented in a seriously immature way. Where it was like this glorified thing, and girls would like go crazy and start giggling (.) but there was just a condom in the room (.) uhm, (.) and there was never much discussion about it to be honest, it's like actual- just- like they showed you how to put in on and what not, and it was just very immature*
> *R did anyone else get to touch the condom, except for the person demonstrating?*
> *P14 no.*
> *(P14, white woman)*

The lack of information about how to use condoms extended to a lack of learning about how the correct lubrication assists in making condoms more effective. Most of the participants had not heard of lubrication, with only three of the participants reporting that lubrication was mentioned in SHE in relation to condom use.

> *R mmm (.) I was going to ask, if lubrication was ever mentioned along with the HIV stuff*
> *All no*
> *P7 what is that even?*
> *(P7, black woman)*

P18 uh ok lubricant came up in bio, when we're doing uhm (.) reproduction and what not,
P16 yes
P18 it was part of the contraceptions- contraceptives or stuff you could use
(P18, black woman; P16, white woman)

P13 oh no, it's- I was going to say, we weren't told anything about the purpose of lubrication, or why it's necessary. We were just told, "ok, petroleum based on latex" (laughs) that was all.
R that was the entire conversation?
P13 that was it
(0.3)
P14 also just in passing but now that you say that uhm, Vaseline uhm breaks down ya uhm latex, it does ring a bell, but like(.) it was said once, in passing like so, I didn't think about it.
(P13, white man; P14, white woman)'

5.2.2.2.4 Contraception. The participants spoke about how SHE focused on condoms as the main way to prevent pregnancies. Very few participants received knowledge about alternative methods of contraception, as well as the other medical benefits of these methods. Some of the participants did have some knowledge of contraception, but seemed misinformed about how the different methods work.

like the conversations like that were had among friends, were basically about uhm pregnancy prevention. None of it was about how the contraction of STIs and stuff, I think that was the only thing that uhm, you know people thought about, was the fact that once you have a child, I mean your life is over, but you can always bounce back from an STI (.) so uhm, I think that was the only conversation or central (.)idea of condom was prevent pregnancy
(P12, black man)

like, for instance, (0.1) I only found out like recently, like in the last six months (.)that females can actually get injections that prevents them from being pregnant, by (.) uhm changing levels of (.)hormones which will (.)reject an egg, or stop it from being fertilised etc.
(P1, white man)

5.2.2.3 Unbalanced information. The overwhelming amount of negative information and representations of sex and sexuality contributes to participants' perceptions of SHE as incomplete. They discussed how SHE represents sex as unsafe and dangerous in an attempt to deter them from sexual activity. However, this representation contradicted representations of sex in the media, leading participants to take SHE less seriously. This sense of imbalance is rooted in the emphasis on the negative consequences of pre-marital sex. The balance participants referred to included having information about pleasure and desire, without encouraging sexual activity. Additionally, rather than only being told that the dangers exist, participants felt that it would have been helpful knowing what to do and where to go if these dangers occurred.

P1 I feel that there is also a lot of focus on the negative aspects of sex, especially at my school, cos my school was a (.)Christian school, (.) so obviously, uhm religious morals (.) and things like that apply. (.)And so, (.)they went- moved away from pleasurable aspects or good aspects of sex (.)in order to emphasise the negative ones that would keep you away from sex long enough to end up being married (.)or so on.
P3 mmm. Yeah to stall you from doing it
(P1, white man; P3, black woman)

P8 I think maybe like don't -like teach all the aspects in like a balanced way, so don't emphasise-
P9 -don't over emphasise
P8 -mention that it's supposed to be pleasurable, but don't over emphasise that, and still mention the negative things that could go wrong, -
P9 -but don't go to extremes
P8 yes, but don't only focus on one aspect. Like don't only focus on the negative things, and don't
also only focus on the positive things, focus like like balanced way on all aspects
(P8, white woman; P9, white woman)

5.2.2.3.1 Scare tactics. The participants spoke about how representing sex and sexuality as dangerous and unsafe is a form of fear-mongering which they see as ineffective. They felt their personal risk levels were lower than how SHE represented their risk. For those participants who learned about the dangers of STIs through graphic pictures, they felt that they might be able to recognise if their potential sexual partner has an STI, and are safe to engage in sex with this

person based on a visual assessment. Other participants critiqued this, saying that these graphic images are not helpful in teaching learners how to identify early symptoms of STIs. In addition, participants who learned about STIs through experiments did not fully buy into the risk levels suggested in these experiments.

> *for us we – at a co-ed school, and we were all – our entire grade – was brought into the room, and some people came in and literally showed us pictures of STDs, and that was an hour of sex ed. That was my experience of sex ed at school. So it was kind of shock factor, but I feel like it wasn't effective because everyone has the mentality that ok, if they're sleeping with their boyfriend or their girlfriend, you know (.) it's not gonna happen to them, so (.) I feel like they just tried to scare us out of it*
> *(P9, white woman)*

> *and furthermore, I don't think it really teaches you to recognise an STD (.)because they showing you these people who are so far gone, they're looking monstrous, but as soon as someone pulls down their pants and they've got like a little dot, you're like "ah its fine, it's a pimple" when in the meantime (laughs) you know, its gonorrhoea (laughs) and you have no idea because you've seen gonorrhoea as being like (.) the cave with mucous and puss and like monsters crawling out, you know it starts as a like a little zit, you know what I mean?*
> *(P10, white man)*

5.2.2.3.2 Pleasure. Participants discussed how pleasure as a topic was sorely missing in their SHE. They reflected on how the message that sex is pleasurable for men was implied, but that female pleasure was mostly absent. Their SHE only covered the negative consequences of sex, with no mention of positive elements, leaving a gap in the curriculum regarding why people would have sex, if not for procreation.

> *yeah, or they so focused (.)on like (.) trying to deter you from the (.) idea of sex, that its (.)not even (.) featured, it's like they won't even speak about it. Almost as if it doesn't exist, like "there's no pleasure, you'll just get AIDS (.) and pregnant" and (.) all of that (0.2) or that the pleasure is so temporary it doesn't even matter (.) you know. it was like that*
> *(P5, coloured woman)*

> *P17 when-when-when when the (.)ladies from the clinic came, they never talked about no pleasure-*
> *P16 no, never*
> *P17 -or anything like that*
> *(P16, white woman; P17, black woman)*

well when it was discussed it was discussed negatively, and to be honest only that the guy's getting pleasure. (P14, white woman)

you when you try to (.) to educate people (.) to not (.) take risks, then (.) you shouldn't talk about it, but the thing is you can't not talk about it, cos now we have this idea that sex is the thing that you only do if you want babies, so (.) obviously you have to cover it. I mean, (.) how how would you know if you having an orgasm if you don't even know what it is?
(P16, white woman)

5.2.2.3.3 Contradicting representations to the media. Participants discussed how the representations of sex and sexuality they received from SHE sometimes contradicted representations present in the media. Sex is not always represented negatively in the media. Indeed, they found representations of sex and sexuality in the media to be more positive. Participants felt SHE was incomplete because it did not acknowledge these positive elements.

P2 and uhm, for from like the emotional side of sex, uhm, ok I remember them telling us in school, like uhm , how like if you uh lose your virginity too young, whether you are a boy or a girl, it can lead to problems later, but then it's like they didn't really go into why it would lead to problems, because, from movies, like from – ok, like uhm my parents never used to like, if a movie was 13, I never actually had to wait until I was 13 to watch it, uhm you know PG 13.
R mmm
P2 so stuff like that, so in movies whenever I'd see a man and a woman have sex, and it was always seen as a good thing, so initially I battled to comprehend why would I have problems doing something that these people enjoy doing so much
(P2, indian man)

ya it's like idolised, it's not like in the movies –everything is perfect, and there's no danger (.) uhm, (.)
(P6, white woman)

P16 yes (.) mm it's true. but I mean like you see stuff like (.) sometimes you see articles in magazines that tell you no, sex is a good health promoter
P17 yeah
P16 and you like but you only supposed to have it (.) like to have babies, and like what are you trying to tell me, that I should have more babies to be healthy? What is going on here?
(P16, white woman; (17, black woman)

5.2.2.4 Defining sex as vaginal penetration. Most of the participants felt that SHE portrayed sex as an act involving only a penis in a vagina, which makes invisible the variety of other sexual acts that people engage in. Participants discussed how these other acts are not considered actual sex, and therefore one could engage in these activities without needing to be protected from STIs, and without one's value, worth and virginity being questioned. This focus on vaginal penetration for sex also results in the safer sex practices for other sexual acts being omitted. Consequently, learners felt unable to make fully informed decisions about their bodies. This social representation also serves to further reinforce the heteronormative representation of sex and removes the possibility of same-sex sexual acts being considered legitimate.

P10 But like, ya, that sort of thing like sex shouldn't always be like – it's so heterosexual, you know. (.) I feel like there was never mention in like sex ed, from my perspective (.) from my school like- well it could be between two men, it could be (.) in a group,
P9 ya
....
P6 but also like the same sex partners, (.)they don't tell you about that. I mean if someone's gay, they still need to use a condom. If- the- there are female condoms as well (.) (inhales) uhm
P9 we also weren't taught about that at all.
(P10, white man; P9, white woman, P6, white woman)

5.2.3 SHE is irrelevant. This final theme details how participants perceived their SHE as irrelevant in how they felt it did not apply to their own lives. They found it difficult to relate to the depersonalised manner in which SHE is taught. Participants also spoke about the ways that SHE failed to introduce new, compelling information resulting in SHE not being taken seriously as part of the LO curriculum.

5.2.3.1 No new information. The participants discussed feeling already familiar with any information received during SHE. They reflected on how they already had a sense of what sex is about through the media, and that SHE did not provide any new information. In addition, participants discussed how SHE was repetitive when it occurred in different grades, with very

little variation of information from previous grades. They felt that new information would have improved their perception of SHE.

> *I feel, (.) I feel none of it was really stuff we didn't already know, so to speak,*
> *(P1, white man)*

> *Ok, in our school, I think we were only like presented with the whole sex education topic when we were like in grade five? Ya I think so, I mean that's that's fine, present it then but, the problem with that is that like children don't know about this stuff like only when they get to grade five, we know about it long before you get there, hey?*
> *(P16, white woman)*

> *I mean cos sex education basically was repetition, like you cover the same concepts, ok fine they add a little bit this year like in grade 9, they'd tell you this, and then in grade 10, they tell you this plus that, in grade 11 this plus that plus (.) and then – and then that's sort of like what happens, its- its- it's like a repetition of mostly the same things, cos they want to drive the point of safe sex home.*
> *(P12, black man)*

5.2.3.2 Not age appropriate. Participants perceived SHE as irrelevant because they felt the information did not speak to the concerns of their age group. Some participants who received SHE in primary school felt that the information was too in depth and detailed, especially since SHE in secondary school was less detailed. There was almost no conversation in class to elaborate and discuss how this information might be relevant to them. They felt the best quality information they received was when they were too young, and when this information would have been more applicable, it was absent.

> *P1 basically, to what I gathered from it, through looking back on it through my whole experience of high school, (0.3) they weren't generally speaking about sex at a level (.) which was a realistic -*
> *R it wasn't realistic?*
> *P1 it wasn't a realistic aspect to someone going through high school, so to speak*
> *R what- in what way?*
> *P1 its, (0.2) when you busy speaking about things like (.)sexual transmitted diseases and pregnancy and that, it doesn't seem like (.) a very realistic thing to someone who's (.) twelve years old going on thirteen, (.) who's going to be going into high school soon*
> *(P1, white man)*

not in high school, I mean in primary school (.)there was – I mean in primary school my sex ed I think was (.) pretty good, like (.) there was this like nurse lady who came in, and uhm she- there was a huge like talk about it. They separated boys and girls, uhm (.) so and she showed us like everything. You she showed us how to (.) use a condom, she explained how (.) it works, (.) like how sex works, all different types of sex. and you know all of those things. But I- and while- I mean the information was really good, but I felt like at the time, I mean we were just like twelve thirteen year olds, you know everyone was like "Eww, (.)sex, (.)what? (.)No" (laughs) you know there were more people laughing and just being awkward about it (.) than (.) taking in any information
(P5, coloured woman)

5.2.3.3 Not relatable to their lives. Most participants discussed how their SHE in general was depersonalised, and not relatable to their lives. These participants discussed how they thought SHE would be better received if the SHE educators took into account the type of person that they were delivering SHE too, and taught at that level.

5.2.3.3.1 Does not take into account different levels of sexual experience. Participants discussed how their SHE failed to address everyone in the class, as it was either speaking to the learners as if they were all virgins or as if they were all sexually active. Participants reflected on how this made the classes feel disconnected from their lives, as they felt they were often not the target of SHE.

P7 ya, with us it was more of, if you lose your virginity before marriage, or before a certain age, mostly ya, by the time you are 29, if you lose it before 29 or anything like that, then there is something definitely wrong with you. You've lost your value as a girl, and whoever will marry you, will not value you as much as somebody who would find you pure, without being you know (.) ya ruined in any way
R hmm
P10 wow (.) cos our teachers just assumed none of us were virgins. (.)
P7 they just assumed-
P10 they just assumed we were all having sex
(.)
P9 gosh
(0.1)
R at an all-boys school, being so heteronormative, who were you having sex with?
(.)
P10 well they assumed that we were just (.) sneaking of to the [all-girls school] girls across the road (0.1) they never took into account that some of us were like (laughs)
(P7, black woman; P10, white man; P9, white woman)

5.2.3.3.2 No engagement with obvious sexual activity. Although SHE represented sex as something to be reserved for marriage, participants felt this was irrelevant to their experiences of peers engaging in premarital sexual activity and becoming pregnant. Participants discussed how the high number of pregnancies within their secondary schools conflicted with the abstinence until marriage message promoted in SHE. In some schools, teachers acknowledged these pregnancies but failed to address them within the SHE lessons.

Participants therefore perceived their SHE as irrelevant. It did not provide information to the learners who were already sexually active and who needed relevant information on safer sex negotiations for the prevention of STIs and pregnancy.

> *I think so, because we –at like my primary school (.) we had quite a lot of girls that fell pregnant - like grade 7 even. In my high school already in grade 9, we had girls fall pregnant throughout like our matric paper, girls were pregnant, so it's not like our teachers didn't know, cos like our LO teacher was like "and even if you have an abortion, don't have it before prelims" so it was like (.) you know, it was- yeah so the teachers did know. and it was just, Yeah (.)*
> *(P4, black woman)*

> *that's the number one thing on the list (0.1) you know, especially like in my school, uhm, there were girls who fell pregnant and things like that, so, it was the biggest thing ever, where, if you in matric, they'd literally sit all the girls in the hall and spend like two hours preaching about "not becoming pregnant because it ruins your life" and all of that, so it was a big thing for us (P7, black woman)*

5.3 Conclusion

This chapter outlined themes that highlight the social representations present within the participants' experiences of SHE, as well as how these social representations impact on the perception of SHE as part of the school curriculum. In summary, the many messages about sex and sexuality which are present in SHE inform participants' perception that SHE maintains the taboo around speaking openly and comfortably about sex and sexuality. Participants found their SHE incomplete, especially in comparison with information they discovered from other sources. Finally, participants perceive that the SHE received in school is irrelevant to their lives.

6. Reflexivity

My professional interest in SHE goes beyond this research project. For a number of years, I had been engaging in SHE with adults, as well as with parents, helping them speak about sexual health with their children in age appropriate ways. The lack of basic information that so many adults have about sexual anatomy and function, as well as ways to improve condom usage for safer sex compliance, has been saddening. Many of whom were young adults, who had graduated from an LO curriculum which supposedly taught them about sexual health. I embarked on this research project to get a clearer idea, not only about the content being taught in SHE at schools, but I also wanted some insight into the messages, or social representations learners were receiving about SHE.

During data collection, I did my best to not influence the data, by letting the participants speak freely. I only corrected blatantly erroneous information after providing the possibility for other participants to do so. I also allowed the participants to speak from their own perspective, even when what they discussed may have been contrary to what I was hoping they would say. I made an effort to encourage all topics of discussion that were related to SHE, especially when the participants began to ask each other questions.

Not engaging with them to discuss misinformation, and only providing accurate information was particularly difficult. I had to keep reminding myself that the point of the focus group discussions was to get their input and information, rather than to educate. This was especially difficult when the participants were speaking about not having information, especially around female sexual anatomy and function, and condoms not being effective due to pain or breakage.

The use of focus groups for this research allowed the participants to hear how other participants reported their experiences of SHE. This allowed them to share their own experiences, both similar and different. The experiences and narratives shared across different focus groups were similar. However, the initiating speakers on a topic seemed to largely determine the pattern of sharing in the group for that topic, unless one participant had something they wanted to share, which was not in line with the pattern for the topic. Participants were mostly respectful of each other's speaking time. Rather than interrupting the flow of conversation to make their point, they would return to an earlier topic when they had a turn to speak.

Although I followed the semi-structured interview schedule during data collection, the participants often brought up some of the topics organically. As stated earlier, I was cautious not to lead the participants to follow a perceived expectation based on a demographic questionnaire. Instead I wanted them to speak about aspects of their demographic information which they felt would be important to the discussion. This resulted in some participants not "placing" themselves in particular demographics, unless it was part of the pattern of sharing. For example, if one participant described the school they went to, other participants followed that pattern, and described their own schools. Other demographic markers, such as whether their school was private or public, religious or not, or what was the main language of the school, came up organically, as the participants felt it was necessary to the point they were making.

However, upon reflection, having some demographic information regarding where the participants attended school, and whether the school was public or private, religious or secular, would have made for a richer description of the sample.

I acknowledge that my presence in the focus groups played a role in the co-creation of the data as it unfolded in the discussions (Kitzinger, 1995). I was aware that the participants were performing "school leaver", "first year" and whatever other subjectivity they identified with during the course of the focus groups. These performances were most probably internally monitored and adjusted based on the perceived responses of other participants as well as my own.

To encourage further reflexivity in this research process, I relied on supervision, debriefing sessions, and a journal of the process. This helped to temper particular emotions and personal reactions that arose during data collection, transcription and initial analyses. Reactions documented in the journal were used as a guide for unexpected data, as typically, only aspects that stick out get documented in such spaces (Wolfinger, 2002).

For example, many of the focus groups had participants who arrived late, and slotted into the conversation fairly naturally. One focus group, however, started off well, but when the late participant joined us, I wrote in my journal how they had thrown the whole focus group out of sync and that the data from that group would be useless. I documented how this participant took over the focus group, so much so that I had to intervene to let other participants share their thoughts. I wrote about being so uncomfortable by what the late arrival shared that it would probably be a waste of time to transcribe that group. Supervision and debriefing gave me the opportunity to discuss my discomfort and narrow down the elements of the group that had unsettled me so much. Later on, during the transcription phase, I was once again aware of how uncomfortable this participant made the group, but I also became aware of how well the other participants handled this particular participant's contribution. They provided the rest of the group with the opportunity to share experiences that differed from theirs. I became aware of how much valuable data actually arose in that group, which I was initially tempted to not transcribe.

A further example of analytical insight facilitated by the reflexivity journal can be found when I was grouping data about consent. In my journal I had noted my discomfort at the participants' general confusion around the concept of consent. I had written about how I had wanted to intervene to provide them with the definition of consent, and how I had to wait for participants to contribute before I phrased my definition as a question, such as "would it be any different if we were taught consent in terms of saying 'yes', rather than saying 'no'? I noticed how much empathy I had for the participants who were confused about how to engage with consent in their own relationships. They were really trying to be respectful and respected in their relationships, but were finding the societal messages about clothing and behaviour conflicted with their own understandings of consent.

7. Discussion

This chapter will discuss the results of this study in relation to the literature around SHE. Due to space limitations, not all the results will be discussed below. The discussion will touch upon answers to both research questions, in no particular order.

In this chapter, the theoretical framework of SRT cannot be discussed in terms of what anchoring and objectification processes occurred during the data collection. This is because these processes occur within the minds of individuals, and the researcher does not have access to the participants' mental processes. However, a discussion does occur around how they reportedly expected SHE to critically engage in some of the topics.

7.1 Stated purpose of having SHE in LO

Schools create the ideal situation for promoting healthy behaviour (Pommier, Guével, & Jourdan, 2010), which is a foundational premise for the subject of Life Orientation. LO covers a wide variety of life skills areas, which learners need to navigate to become more effective participants in the social world (Department of Education, 2002). SHE was originally included in this area as a way to combat the rising rates of HIV infection in the age group of school going youth (van Rooyen & van den Berg, 2009).

School based interventions are said to have the potential to increase knowledge and awareness of issues impacting the sexual health of youth (Harrison, Newell, Imrie, & Hoddinott, 2010). Thus, the stated purpose of including SHE into the LO syllabus was to change the current patterns of negative consequences of sexual activity, especially in the South African context with its high levels of new HIV infections and unintended pregnancies within the age group 15-19 years of age (Beyers, 2013; Francis, 2010; Kelly, 2002; Mkumbo & Ingham, 2010). Comprehensive SHE includes providing youth with information that assists them in making

decisions about their bodies, with the intention that these decisions will be healthy and responsible (Harrison et al., 2010).

Participants in this study reported how this objective is not being met in their schools. They reflected on how the information received in SHE did not change their perceptions of personal risk for contracting an STI, or falling pregnant, and thus had no influence on their behaviour, or that of their peers.

7.2 Teachers' role in SHE

Participants in this study discussed how their teachers may have been imparting their own personal values about SHE, rather than providing information that would enable learners to make informed decisions when in a sexual relationship. This finding is comparable to Beyers (2013) and Davids (2014), who's research found that teachers often teach SHE from within their own personal value systems which dictates what they feel is appropriate for learners to know in different grades.

Some participants discussed how their LO teachers showed clear discomfort when teaching SHE content, or avoided teaching SHE altogether. This pattern of selective SHE has been noted in the literature, where teachers do not teach content they are uncomfortable with, or find inappropriate (Beyers, 2013). Davids (2014) found that teachers' subjective understandings of sex and sexuality mediate the way they teach the curriculum, often perpetuating the taboo of silence around open sexual discussion (Davids, 2014). This perpetuation of silence around sex and sexuality was reflected upon in this study, where participants commented on how some teachers represent sex as a taboo topic, to be avoided at all costs.

The literature points to how some LO teachers believe that a strong religious, moral foundation to SHE would help learners make better decisions, thus include this element in their SHE lessons (Beyers, 2012; Davids, 2014; Rijsdijk et al., 2013; Walters & Hayes, 2007). This

was confirmed in this study, where participants discussed how their SHE was often imbued with religious morals and associated values. Participants commented on how they felt their teachers would try to use morals and the ideas around value to discourage them from engaging in sexual activity. This was especially present when sex was represented as only legitimate within the confines of a marriage, with the intention of procreation.

However, this research also found that some teachers are trying to go against this taboo, but are unsure about how much information the learners need. The literature does point out that some teachers try to teach comprehensive SHE, as they acknowledge that their learners may be making sexual decisions based on their SHE classes (Alldred et al., 2003; Cohen et al., 2012; Francis, 2010). Davids (2014) calls these teachers daring, as they go against the tradition of silence, and attempt to provide their learners with needed information to make informed decisions, especially around safer sex, that other teachers have personal difficulty with.

Beyers (2012) found that these teachers commented on the difficulties in teaching comprehensive SHE due to the general avoidance of frank sexual conversations between learners and their parents. This societal taboo against speaking about sex and sexuality puts pressure on SHE teachers to be the first point of accurate information, when the learners have already been engaging in unsafe sexual activities (Alldred et al., 2003; Beyers, 2012). For those teachers wanting to engage with the topic, this taboo against speaking about sex and sexuality was seen as a great obstacle preventing them from teaching comprehensive SHE (Beyers, 2012; Francis, 2010). This can be attributed to the social representations of SHE having the responsibility to teach learners about safely navigating sexual situations, while at the same time not providing them with too much information which may entice them into experiencing and experimenting with the activities discussed in SHE (Alldred et al., 2003).

7.2.1 Differential access to the same information. The flexibility of the curriculum of Life Orientation allows teachers to avoid teaching certain topic areas, without any repercussion (DePalma & Francis, 2014; Francis, 2010; Shefer et al., 2013). As mentioned above, teachers tend to teach the topics they are more comfortable teaching and this level of comfort is often influenced by their personal feelings about whether the learners are ready for such information, and if they personally feel it is appropriate or not (Beyers, 2012; Cohen et al., 2012; van Rooyen & van den Berg, 2009).

This autonomy for LO teachers to decide on the specific content to teach in SHE (Francis D. A., 2010) was a point of discussion for the participants in this study. This was especially so when discussing the different messages and information they received in SHE, compared to other participants in the focus group. For example, some participants found they had less knowledge about STIs, compared to other participants in the focus group. This unequal access to the same information extends to all topic areas within SHE. Participants commented on how this made conversations within relationships difficult, due to the different messages, and representations of sex their partners may have received in SHE.

7.3 Medicalisation of sex

When SHE topics are only covered within the context of Biology or Natural Science, it is focused on the biological aspects of reproduction. This biological representation of sex becomes further medicalised when SHE is taught by nurses or clinic staff. This medicalisation and biological-focus of SHE has been noted by Beyers (2012) as well as Iyer and Aggleton, (2013) who found that even LO teachers prefer to teach SHE from a biological perspective, rather than discuss the emotional aspects involved in making sexual decisions - this despite Beyers' participants acknowledging that a biological discussion alone is not sufficient to engage the learners (Beyers, 2012).

In addition, this representation of sexual knowledge as medical has the possibility of leaving learners with the impression that sex and sexuality is so complicated and dangerous that specialised medical knowledge is needed to even have conversations about SHE in class. Participants in this study discussed how these medical experts often provide information that is not relevant to them. Even though it was the best information about sex they received from SHE, it was often too advanced for them, especially in primary school.

7.4 Sex is dangerous and unsafe

The data has shown that many South African youth are exposed to SHE which follows the disease prevention model, a feature of many Abstinence-Only programmes (Kohler et al., 2008; Walcott et al., 2011). This model presupposes that people will engage in alternative behaviours if informed of the dangers of sexual activity (Mkumbo & Ingham, 2010). Disease prevention seems to follow the underpinnings of Protection Motivation and Fear Appeals, which provides information on the dangers of certain behaviours, in an effort to deter people from engaging in them (Eppright, et al., 1994). However, these theories focus on the importance of increasing self-efficacy, so that alternative behaviours may occur in the future (Robinson, Bockting, Rosser, Miner, & Coleman, 2002). These need to be viable and realistic alternatives to current behvaiour, which goes beyond abstinence (Eppright, et al., 1994; Kohler et al., 2008).

Participants reported how SHE provided them with the deleterious outcomes of sexual activity, which were sometimes presented as life-changing or life-threatening. In addition, the data suggests that self-efficiacy was discouraged. For example, participants discussed the different ways SHE represented condoms as unsafe and unlikely to prevent the transmission of HIV and other STIs through a variety of messages about their ineffectiveness. This results in participants reflecting how youth possibly believe that condomised sex has the same level of STI protection as not using condoms.

SHE seems to focus on the dangers of sexual activity, especially how contracting an STI is inevitable. While acknowledging that contracting an infection through sexual activity is possible, participants felt that their SHE did not provide helpful information about how to engage in sexual activity safely to reduce these risks.

Exposing learners to graphic images of genitals in the late stages of symptomatic STIs may possibly have the intended result of delaying sexual activity. However, the data suggests this may also result in learners feeling able to visually determine if their partner has an STI. Participants critiqued this method as the only way of teaching about STIs. They discussed how STIs with visible symptoms do not begin in these late stages, and that if scary pictures are to be effective, there needs to be a critical discussion about how these STIs can have seemingly benign symptoms. In addition, this tactic seems to leave out how not all STIs have visual symptoms.

Eppright and colleagues (1994) argue that in the absence of realistic alternatives to unsafe sex, learners are likely to engage in behaviour that has increased risks. There is data from this study which supports this claim. When learners are only provided with information about the value of sexual inexperience (abstinence), with the addition of graphic images of genitals with late-stage STIs, without information about safer sex practices, they leave SHE without the skills and information needed to navigate their adult sexual lives safely. This is within a context where learners are known to be engaging in both vaginal and anal sex, without information on lubrication and condom usage, which would increase the safety of these activities, as well as prevent the numerous pregnancies occurring in school.

7.5 Condoms

Preventative behaviours such as increased consistency for condom usage during sexual activity is one of the stated goals of SHE (Mkumbo & Ingham, 2010). In line with this goal, participants in this study reported that condoms were discussed in most of their SHE classes as a

way to protect themselves against STI transmission as well as pregnancy. However, as stated above, condoms were often represented as not really an option for safe sex. In fact, some participants reported how their SHE represented condoms as statistically unhelpful, potentially having holes in them, or likely to break.

In addition, participants discussed how their SHE did not teach them about using condoms more effectively, such as learning about lubricant use in addition to condoms. Some participants had not heard of lubrication prior to the focus groups. The participants who knew about using lubrication to increase the effectiveness and comfort of condoms, claimed that they did not learn about lubrication in SHE. Thus, participants felt that their SHE lessons on condoms could be summarised as sex without the use of a condom is just as safe/unsafe as using condoms. For most of them, the SHE lessons on condoms focused on the ineffectiveness of condoms, rather than on strategies for increasing their efficacy.

7.6 Heteronormativity

Participants commented on how SHE socially represented sex as heterosexual. That when sex was discussed, it was referring to the act of vaginal penetration by a penis. This assumption that sex is a heterosexual act, engaged in by heterosexual people, results in youth who do not identify as heterosexual feeling excluded and invisible in SHE. Beyers (2013) as well as Kennedy and Covell (2009) discuss the importance of SHE not representing sex and sexuality as universal and homogenous, but should rather acknowledge, and neutrally represent, the existence of different sexualities.

The assertion that sexual activity can only legitimately occur within a heterosexual marriage made invisible those learners who identify with other sexual orientations, or who were already engaging in meaningful sexual relationships. In addition, by representing pregnancy as

the ultimate result of sex, learners who are not heterosexual, and thus unlikely to engage in penile-vaginal intercourse feel further excluded.

This social representation of sex as vaginal penetration by a penis may lead to a perception that all other sexual acts are not really sex, and thus are less dangerous. This relates to how learners navigate representations of value and virginity, in addition to wanting to engage in sexual activity of some kind. One participant shared how peers in her school had been engaging in anal sex to maintain their virginity. Thus, when safer sex is discussed only in the context of vaginal penetration by a penis, many sexual acts which have a risk of transmitting STIs are excluded, and learners may believe that they can engage in them without needing to use safer sex strategies such as condoms, with the addition of the correct lubrication, to prevent condom breakage and skin tearing.

Another participant, who self-identified as a gay man, spoke about how his SHE had little value to him, as the classes were tailored towards safer penile-vaginal penetrative sex. His experience of SHE made no mention of how additional sexual activities, that people from all sexual orientations might engage in, should also be done safely. He reported learning about the benefits of lubrication for sexual activity outside of school, and could not understand how such an important safety accessory was left out of SHE.

Kelly (2002) has critiqued the focus of sex as a penis penetrating a vagina, and how prevention is discussed solely in relation to this definition of sex. Kelly (2002) reflects on how prevention needs to be discussed in relation to a variety of sexual acts. Without this broad focus, learners who are excluded by the heteronormative safer sex conversations, are at risk of not practicing safer sex themselves, as SHE never addressed them as needing to.

7.7 Communication

The participants discussed how their SHE lacked information and skills relating to communication and negotiation within relationships. This extends to their anxieties around what to expect the first time a relationship becomes sexual, as well as how they are supposed to navigate expectations within a marriage. This includes their concern around the gendered nature of the messages they received, and the vast differences in the SHE they and their partners may have received. Kelly (2002) reflects on the importance of SHE approaching sex and relationships holistically and providing communication tools for having difficult conversations. These tools can enable learners to feel a sense of autonomy within the narrow roles they find themselves in when in relationships.

The participants spoke about how they felt unprepared to engage in difficult conversations around sexuality and sexual activity within their relationships. They felt let down by the subject of LO, which has a stated goal of preparing learners for adult life (Francis D. A., 2010). They discussed the difficulties of negotiating different beliefs around sex and sexuality with people who had vastly different representations of what sex is, and how important it may or may not be within relationships.

The literature points out that the taboo against talking about sex and sexuality can lead to adolescents not asking important questions about these topics, out of fear of being labelled as sexually active, which has a negative impact on social capital, especially for girls and young women (Rijsdijk et al., 2013; Vujovic et al., 2014). This was confirmed by this study, where some women who participated discussed how SHE does not provide a safe space to ask questions about sex and sexuality which they were curious about, out of fear of being labelled as promiscuous. At the same time, some of the men who participated made mention of how they were expected to know all there is to know about sex. They discussed how if SHE did not

provide information, they lost their credibility by asking questions, and outing themselves as inexperienced.

7.8 Gendered representations

Within this study, gender was socially represented as binary, with men and women as the two options. Participants reported that SHE represented this gender binary as oppositional, in terms of expectations and acceptable behaviour for men and women. During the focus groups, participants often interchanged terms for sex - male and female – with terms for gender - men and women. This implies that SHE lacked conversations about the difference between sex and gender, a discussion which often unpacks concepts such as gender identity and sexual orientation (United Nations Educational, Scientific and Cultural Organisation , 2009).

Participants spoke about how they feel SHE is gendered, not only as it provided different information in classes separated by gender, but by as it also socially represented sex and sexuality in different ways for boy and girl learners. This confirms the results from Beyers' (2013) study, which found that teachers often use their own internalised values to teach about SHE, which can, and does, result in SHE reproducing gendered norms around sexuality, perpetuating the ideas that boys are always out for sex, and that girls need to stay away from sex to maintain their value (Beyers, 2013).

Participants expressed their disappointment that the emotional elements to relationships and sexuality were generally left undiscussed. When SHE did discuss emotions, it was reported as being within the limited context of representing women as being more emotionally attached after sexual encounters, when compared to men. This perpetuates gendered stereotypes about how women are more emotional compared to men who are more rational. Men's rational abilities allow them to be promiscuous, as they are represented as not being emotionally attached

to their sexual partners, in the same way that women are represented to be. In addition, there is a representation that men need sex in a different, non-emotional way, when compared to women.

This representation of different sexual needs was present in the focus group discussions around consent, as SHE reportedly represented consent as something women need to withhold, rather than something both men and women can grant or refuse. This implies an underlying assumption that men would always want sex, while women do not always want to engage with it, as they have emotional needs to be met first, and thus they have to be responsible for consenting, or not, to sexual activity.

Participants in this study expressed their disappointment that SHE did not engage with these gendered messages, especially around concepts of virginity and value. Harrison and colleagues (2010) discuss the importance of SHE unpacking gendered associations of sex and sexuality. They discuss how critical engagement with gender as a topic, is an important step for learners to engage with the negative effects of these gendered stereotypes and representations of sex and sexuality. That critical engagement is an important step in halting the perpetuation of these representations (Harrison et al., 2010).

7.9 SHE is viewed as irrelevant

During the focus groups, the participants differentiated between how they personally perceive sex and sexuality, versus how it was socially represented within SHE. This differentiation was the basis for the themes discussing how SHE was incomplete and irrelevant, pointing to the fact that learners enter SHE with prior knowledge they have learned through social interactions, media and the internet.

Participants discussed how SHE did not acknowledge that there may be different levels of sexual experience within a class, thus representing all learners in the class as virgins, or all as sexually active. Berger and colleauges (2008) comment that how learners feel perceived by their

teachers, impacts on their evaluation of SHE. This contributed to the participant's critique that the messages and information received in SHE were unhelpful. Unhelpful because representing the class as homogenous resulted in teachers only covering topics assumed to benefit that particular, singular representation of learners. For example, if the learners were represented as virgins, the focus of SHE was on abstinence, with information regarding safer sex practices and contraception being deemed unnecessary. If some learners had already begun engaging in sexual activity, they found this focus on abstinence to be unhelpful, as they required information about communication skills for negotiation of mutual protection within sexual relationships.

In their South African study, Harrison and colleagues (2010) found that interventions such as SHE are more relevant to South African youth, when there is a focus towards changing group norms, rather than measuring individual behaviours. They found that interventions which challenge the status quo around sex and sexuality, for example, by breaking some of the taboos around speaking to these topics, resulted in changes in group norms around these discussions. In other words, by merely allowing youth to engage in conversations relating to sex and sexuality, without the typical judgement and shame, changes in their peer social groups can occur (Harrison et al., 2010). Participants discussed how they did not feel SHE welcomed non-judgemental discussions around sex and sexuality, but rather that it perpetuated the taboo of silence and discomfort around the topic.

7.9.1 Age-appropriateness affects relevance. The literature discusses the importance of SHE beginning in the younger grades, where the information can be presented to learners before they begin to grapple with these issues in their own lives (Byers et al., 2013; Francis, 2010; Kelly, 2002). That introducing comprehensive SHE at a younger age, provides learners with a space that enable them to critically engage and discuss issues around sex and sexuality before they become sexually active themselves. Thus, allowing them to be informed agents in their own lives when they are ready. However, Mitchel and colleagues (2004) note that by

schools and teachers deciding what content is age appropriate often leads to a disconnect with what the youth are already engaging with in their personal and social lives (Mitchell et al., 2004). The teaching plan for SHE does provide guidance informing when to teach different aspects of SHE. However, the topic of sexual behaviour is only introduced in Grade 8 (Department of Basic Education, 2011a), which may already be too late.

Participants discussed how LO was a subject where they had to learn what would be in the test in order to pass, rather than a subject which engaged them critically, or provided information which they perceive as relevant. This is similar to Beyers (2012) critique of SHE within LO, which she states that the focus on Abstinence-Only and route learning of content does not provide learners with information in a way that learners find relevant. Mitchel and colleagues (2004) as well as Beyers (2012) suggest that SHE should rather engage with learners on topics which affect them, or will affect them when they enter into relationships with a sexual component, so that they can assimilate the information into what they already know, making the content relevant.

7.10 SHE is viewed as incomplete

A theme that was repeated in all of the focus groups was how the participants felt that their SHE was incomplete. This has been supported in the literature, as Beyers (2012) speaks about the importance of comprehensive SHE to provide learners with the skills to negotiate sexual relationships where there may be pressure to engage in sexual activity that is mutually consensual and responsible.

According to the United Nations Educations, Scientific and Cultural Organisation (2009), adolescents seldom receive suitable information enabling them to be fully informed about sex and sexuality, thus not allowing them to make decisions based on a comprehensive understanding of the psychological and physiological elements involved in sexual activity.

When SHE does not provide balanced information, which includes both the reasons to engage with sexual activity when one is ready, as well as the reasons to not have sex, youth are put in a position where they do not fully understand how their actions may result in the dangers SHE focuses on, nor do they know how to avoid these dangers. This study confirms that South African youth are aware of some of the risks involved with sexual behaviour, such as STIs and pregnancy. Participants reflected on how SHE represented abstinence as the only method to avoid these dangers, rather than providing information on ways to lower their risks when engaging in sexual behaviour. This leaves youth feeling ill-prepared for sexual situations, as the only skills they feel SHE imparted was how to say 'no' and to abstain from sex altogether.

Participants spoke about how some guest speakers for SHE took an approach which attempted to scare them into abstinence, or shamed them for engaging with sexuality in any form. This confirms what Francis's (2010) finding that many approaches to SHE tend to shame youth for their sexual thoughts and behaviours, alienating them from engaging with the content of the class or lesson. This was confirmed by this study, where participants reported that when LO discussed sex and sexuality in a negative manner, learners seldom engaged with the topic, either out of fear of being ridiculed for engaging in such conversations, or for having to ask questions, implying that despite the taboo and stigmatised nature of the topic, youth should have this information already.

7.10.1 Consent and Pleasure. Participants discussed how the topic of pleasure was absent from their SHE classes. This absence influenced their understanding of consent, as their lessons around consent usually focused on how important it is to say 'no' when sexual advances are being made, and to listen out for a 'no' in order to stop sexual activity. Participants spoke about how the omission of the possibility that sexual activity could be pleasurable, resulted in very rare conversations in SHE about the reasons people would say 'yes' in the first place, and how to determine if one wants to say 'yes' to sexual advances.

The literature discusses the importance of including pleasure in the SHE syllabus, as it links in with reasons for engaging with sexual activity in the first place, as well as negotiating safer sex for mutual protection (Francis, 2010; Kennedy & Covell, 2009; Vujovic et al., 2014). Beyers (2012) argues that when this is left out of SHE, the link between pleasure and consent is lost on the youth, and conversations of consent revolve around saying 'no'.

7.10.2 SHE does not acknowledge sexual behaviour. One of the reasons for including SHE in the LO syllabus was to reduce the number of pregnancies occurring in secondary school (Shefer et al., 2013), estimated at approximately one third of young women falling pregnant between the ages of 15-19 (Pettifor, et al., 2005). It is unclear how this objective is being met, as participants in this study spoke about the high prevalence of pregnancies amongst their peers while still in school. They reflected on how teachers acknowledged these pregnancies, and yet their SHE did not engage the learners on ways to avoid unintended pregnancies, other than abstinence.

Participants highlighted that the topic of contraception was in incomplete in SHE. They reported their frustration at the differential exposure to information about hormonal contraception, with some participants claiming to learn about these methods after completing school. In addition, participants also expressed a need for information about emergency contraception, and termination of pregnancy, if one was to fall pregnant. That they knew such options existed, but had no idea how to access them.

7.11 Conclusion

Participants discussed how they had expected their prior knowledge to be non-judgementally acknowledged within SHE, so that new information, or in-depth discussions on previous information could be either accommodated or assimilated into their personal SRs. Social representations do not exist in a vacuum, but within a vast network of social systems that

attribute meaning to the world. Due to their participation in the social world, learners are already exposed to a wide variety of social representations about sex and sexuality (Beyers, 2012), which they use as a base to understand new information. Thus, SHE needs to take into consideration how sex and sexuality has already been represented for learners, and to challenge some of these representations. It is important that learners have access to information which is presented in such a way that they feel empowered, rather than left with more questions than answers, as the participants in this study claim.

This reveals the complexity of looking at the different social representations of sex and sexuality present within SHE, and how this affects the perception of the value of SHE. That there are many competing representations for not only sex and sexuality, but of the learners, the teachers and SHE as a process. There are a multitude of representations which teachers need to navigate, including their own representations of the learners, and their role as teachers to impart meaningful and helpful information.

8. Synopsis, Limitations, Recommendations and Conclusions

8.1 Synopsis

This research investigated the social representations of sex and sexuality within SHE, as well as how these SRs impact the perceived value of SHE. Sex and sexuality have been represented within SHE as only legitimate when occurring inside the confines of (heterosexual) marriage, for the purpose of procreation. In addition, sexual activity outside of this legitimate space was represented as dangerous and unsafe, with gendered messages about one's value if sex occurs prior to marriage. This is perpetuated by the focus on abstinence as the only way to remain safe from these dangers. Furthermore, the concept of consent was represented as an extension of conversations about rape, rather than as a concept of bodily autonomy.

These SRs of sex and sexuality resulted in participants feeling that SHE perpetuated the societal taboo silencing discussions of sex and sexuality. This resulted in them perceiving their SHE as unhelpful for learning to engage with difficult conversations around sex. Furthermore, these SRs influenced the participants' perception that SHE was not relevant to them, as SHE did not engage them on the issues they were facing in their lives. They also found their SHE to be incomplete, as the representation of sex within marriage did not allow for conversations about effective safer sex and contraception, nor how to negotiate for safer sex within sexual relationships. The lack of balance with regards to not acknowledging their prior knowledge or experience of sexuality in SHE, and the absence of conversations about pleasure left participants perceiving their SHE as incomplete.

8.2 Limitations of the study

This study was exploratory in nature, with a sample limited to first year students. Due to the nature of researching taboo topics, finding participants for this study proved difficult, with a lower number of participants than originally hoped for. One focus group had only two

participants while another had only three. The data collected from these focus groups was undeniably valuable, however having more participants would have provided more space for interactions to occur, where agreements and differences could be discussed, which occurred in the focus groups with four or more participants.

Focus groups potentially create the space for interactions between the participants, as they discuss their points of view. However, there seemed to be a pattern in the groups, where the first speaker on a topic set the tone for the rest of the discussion on that topic. Although there were moments of disagreement amongst the participants, these were mainly based on their SHE experiences rather than on their opinions or perceptions of the value of these experiences. It is possible that those who had different opinions did not speak up, as they may not have wanted to be the voice of dissention. When one participant did disagree, sometimes other participants would then engage in the discussion, from a different perspective to moments earlier.

Being a retrospective study, participants had been in the university setting for more than six months at the time of data collection, which influenced their memories of SHE. This means they had more than six months of relative adult-freedom to potentially explore the topics, and discover new information. This time in the university setting may have exposed them to different representations, which may have affected their responses.

The decision against using a demographic questionnaire for this research seemed sound at the time. However, this meant the researcher had to describe the sample make-up based purely on visual ques, rather than allowing participants the opportunity to identify themselves according to race and gender.

8.3 Recommendations

8.3.1 Future Research. Future research should investigate how learners in secondary school are finding value in the SHE they are receiving. This research would be able to investigate learner's stated opinions, based on what they already know, prior to the exposure to different information in university, which may have influenced the data for the current study. This future research could provide data to confirm or counter the findings of this research, to further the knowledge base on the state of SHE in South Africa.

For policy change to result from research, future research should incorporate a quantitative element. This study was qualitative, and as such the results are not measurable in terms of statistical findings about the impact and perceived value of SHE (Winter, 2000). Thus, future studies should incorporate quantitative elements, as research with large representative sample sizes, and statistical results are perceived to have undergone more rigor, when compared to qualitative research with relatively small sample sizes (White, 2002).

8.3.2 Recommendations for SHE. This research has shown how learners enter the LO classroom already equipped with representations of sex and sexuality. Furthermore, participants felt SHE was mostly irrelevant to their lives, as it lacked information which they did not already have, and was often presented in an abstract and depersonalised manner. Moving forward, SHE could engage the learners, acknowledging their prior knowledge, and use the broad SHE curriculum to guide teachers in terms of what aspects to engage with, including providing accurate information and encouraging engaged conversations about how these aspects of SHE may be relevant to the learners.

8.4 Conclusion

This study has shown that SHE, as it is currently being taught is not meeting the stated objectives of providing information to learners which will enable them to make informed decisions about their bodies. Rather, SHE is providing learners with information steeped in gendered moral messages about value, and that premarital sex is inevitably dangerous and unsafe to engage in. The focus on abstinence does not allow for frank discussions about safer sex practices, nor provide information on resources for what to do in the event that they contract an STI or fall pregnant.

The participants in this study perceive their SHE to be working within a taboo against speaking openly about sex and sexuality. This makes it difficult for the learners to ask questions about aspects of sex and sexuality they are curious about. This resulted in participants reporting difficulties for having meaningful conversations about sex and sexuality with their partners, and feel that the lack of uniform SHE has contributed to making these conversations even more difficult.

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Appendix A - Invitation to participate in Sex Education Research

Dear Students

This is an invitation to participate in my research on sex education in school. I will be running focus group discussions, which I am inviting you to be a part of.

Your opinions matter! My research is looking at how **you** feel the sex education in school helped you, and what you wish you had learnt.

Help me make a difference for future school students.

Requirements:

-matriculated in 2014,

-feel comfortable speaking English in a group setting,

-and would like to assist me with my research.

Please email me on caseyblakesa@gmail.com

These focus groups will run for approximately 45 minutes, during lunch time.

Snacks will be provided

Thank You!

Casey Blake

NB: Confidentiality of all participants will be maintained through the use of pseudonyms in the transcriptions, and only I will have access to the recordings.

Appendix B – Semi-Structured Interview Schedule

- How would you evaluate the Sexual Health Education you received at school?
    - Why do you say that?
    - What about everyone else?
    - Does anyone feel differently?
- Do you think the information in sex education was helpful?
    - Did you learn about lubrication during sexual activity?
        - Do you think that information was necessary?
        - When?
    - Why do you say that?
    - Can you think of an example?
    - What about everyone else?
    - Does anyone feel differently?
- What images and metaphors come to mind when you think about the content of sex education?
    - Did these come from the teacher or your peers?
    - Did these images and metaphors make you want to participate more in class?
    - Why do you say that?
    - Can you think of an example?
    - What about everyone else?
    - Does anyone have anything else to add?
- What would you have liked to learn about in sex education?
    - Why do you say that?
    - Can you think of an example?
    - What about everyone else?
    - Does anyone feel differently?

- Where else did you get information about sexual and relationships from?
    - How accurate do you think this information was?
    - Why do you say that?
    - Can you think of an example?
    - What about everyone else?
    - Does anyone feel differently?
- Was pleasure ever mentioned in sex education?
    - Do you think it is necessary to talk about pleasure in sex education?
    - How was masturbation spoken about in class?
    - Why do you say that?
    - Can you think of an example?
    - What about everyone else?
    - Does anyone feel differently?
- Was consent ever mentioned in sex education?
    - Do you remember any images or metaphors related to consent?
    - What kinds of messages did you get about consent from sex education?
    - Why do you say that?
    - Can you think of an example?
    - What about everyone else?
    - Does anyone feel differently?

Appendix C – Course Co-ordinator request for participants

Good day [insert name of course co-ordinator]

My name is Casey Blake, a Psychology Masters student doing coursework and research report. This letter is to request permission to approach the first year students registered for PSYC [1009/1008/1004] to participate in my research.

My research is interested in how 2014's matriculants evaluate the sexual health education they received in school. I will be conducting focus groups as my method of data collection.

I am requesting permission to recruit first year students from your course, as many of them are likely to have completed Matric last year.

Many Thanks

Casey Blake
Email: caseyblakesa@gmail.com

Research Supervisor: Lynlee Howard-Payne
Email: Lynlee.Howard-Payne@wits.ca.za

Appendix D – Email request for participation

Dear [insert student name]

Thank you for showing interest in participating in my Masters Research.

As mentioned in class, I am doing research on how last year's matriculants evaluate the sexual health education they received in school. This will be done in a focus group setting.

I will be holding focus groups on the following days and times. Please indicate which group times you would be able to attend. I will let you know which of those times I get the most volunteers for, and I will send a confirmation email with a venue.

I would like to run the following focus groups:

1. Monday 27 July 13:20- 14:10
2. Tuesday 28 July 13:20- 14:10
3. Wednesday 29 July 13:20- 14:10
4. Friday 31 July 13:20 – 14:10
5. Monday 3 August 13:20- 14:10
6. Tuesday 4 August 13:20- 14:10
7. Wednesday 5 August 13:20- 14:10
8. Friday 7 August 13:20 – 14:10

Please respond with the slots that you could attend, and any preferences if you can make more than one-time slot.

Many Thanks

Casey Blake

Research Supervisor: Lynlee Howard-Payne

Appendix E – Information Sheet

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

Good Day

Thank you for volunteering to participate in my Masters Research project. This purpose of this research is to discover how young adults evaluate the sexual health education they received in school.

Your participation involves being part of an audio recorded focus group discussion about how you evaluate the sexual health you received in school, and any related matters that come up. Your participation is completely voluntary, and you have the right to leave the focus group at any time. Focus groups inherently involve conversation amongst all participants involved, you have the right to not comment on parts of the conversation, if you are not comfortable doing so.

All recordings will be kept safe in a locked storage area, and electronic copies will be stored on a password-protected-computer. These recordings will be analysed as part of my Masters Research, and possibly used in other analyses. Only myself and my supervisor will have access to these recordings. Any verbatim quotes used in these analyses, publications and presentations will use pseudonyms to protect the identity of all involved in these groups.

All information discussed as part of these focus groups will be kept confidential by myself as the researcher. As this is a focus group, strict anonymity is not possible, as you have met each other. In light of this, I request that you respect the information divulged by others in this group, and keep the contents of this conversation confidential. As this is a group setting, strict anonymity is not possible, however

The findings of this research will be available by the end of 2016. Should you want a one-page summary of my findings, you may email your request directly to me.

Should participation in this study raise any curiosity about the content discussed, you are welcome to make an appointment with me, or consult informative educational websites on the topic, such as www.scarleteen.com. If participation in this study brings up any unexpected emotions, or issues, the CCDU offers free confidential counselling and can be contacted on (011) 717-9140/32.

Casey Blake –Masters in Psychology
Email: caseyblakesa@gmail.com
Department of Psychology
University of the Witwatersrand

Supervisor: Lynlee Howard-Payne
Email: Lynlee.Howard-Payne@wits.ac.za
Lecturer, Department of Psychology
University of the Witwatersrand

Appendix F – Informed Consent for Participation and Audio Recording

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, WITS, 2050

Tel: (011) 717 4500 Fax: (011) 717 4559

Signature of Research Participant

By signing below, I acknowledge that I understand the purpose of the study as it has been explained to me.

Any questions I had about the study have been addressed.

Based on this, I agree to participate in the focus group discussions.

I consent to being audio recorded for data collection

_____ _____

Signature Date