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VIEWS OF PARENTS IN THE JOHANESBURG METRO (REGION 11) REGARDING REPRODUCTIVE HEALTH ISSUES EMANATING FROM THE CHILDREN'S ACT No 38 OF 2005 AS AMENDED IN 2008

NCUBE E. MPUMELELO

A research report submitted to the Department of Social Work, School of Human and Community Development, Faculty of Humanities, University of the Witwatersrand, in partial fulfillment of the requirements for the degree of Master of Arts in Social Development.

2010

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DECLARATION

I declare that this is my own unaided work. It has not been submitted previously for any degree or examination at any other university.

_____

Ennocent Mpumelelo Ncube

9 February 2010

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DEDICATION

This work is dedicated to my wife who is also my best friend, Nozibulo Ndlovu for working so hard in preparation for our wedding while I was studying. You stood steadfastly by my side and know that without your unwavering support, I would not have managed to do it all. This work is also dedicated to our future children, Khaya and Nompumelelo who are giving a meaning to our marriage hoping that they also see the significance of education in their lives.

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My supervisor, Professor Eleanor Ross, for her patience, guidance and support. Her support culminated into the realization of this research project.

The participants for committing their time and effort to participate in this study.

My wife and our wedding task team who worked tirelessly in my absence while I committed most of my time on this research project.

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TRACT/SYNOPSIS

The study took as its point of departure the Childrenôs Act No 38 of 2005 that emanated from the Bill of Rights enshrined in the Constitution of the Republic of South Africa (Act 108 of 1996). This Act has as its primary aims, to promote the preservation and strengthening of families and to give effect to the rights of children as enshrined in the Constitution of the Republic of South Africa, including: protection of children from maltreatment, neglect, abuse or degradation and the fact that the best interest of a child are of paramount importance in every matter concerning children. It was anticipated that the areas of the Childrenôs Act with its emphasis on the rights of children would empower them in relation to their protection and development in that particular context. When the Act was introduced, it evoked mixed reactions with certain segments of society applauding the government for its efforts, and others condemning the governmentôs approach towards reproductive health issues affecting children. The primary aim of the research project was to explore the views of a group of parents in the Johannesburg Metro Region 11 regarding reproductive health care as embedded in the Childrenôs Act. The study took the form of a small-scale, mixed methods, descriptive, cross-sectional survey research design as it sought to elicit participantsô views on those specific clauses in the Act. In addressing the aims and objectives of the study, interview schedules were administered to 35 participants on an individual, face-to-face basis. Participants were adults drawn from Johannesburg Metro Region 11 and the data collected was analysed using descriptive statistics and thematic content analysis. The main findings that emerged from the study were that, participants did not participate in the process leading up to the promulgation of the Childrenôs Act No 38 of 2005. Consequently, participants had little knowledge about the Act and did not have any knowledge about its objectives. The fact that participants did not support certain clauses has implications for amendment of the Act with reference to the clauses on reproductive health care.

Key Words: reproductive health care, contraceptives, consent, Childrenôs Act

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Table of Contents

Content	*Page*
Declaration	(i)
Dedication	(ii)
Acknowledgements	(iii)
Abstract	(iv)

CHAPTER ONE: INTRODUCTION

1.1 Introduction	1
1.2 Statement of the Problem and Rationale for the Study	2-5
1.3 Research Design and Methodology	5-6
1.4 Limitations of the Study	5
1.5 Definition of Terms	6-7
1.6 Organization of the Report	7

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK FOR THE STUDY

2.1 Introduction	8
2.2 Discourses of Sexuality and the Childrenôs Act No 38 of 2005	8-10
2.3 Parental Responsibilities, Parenting and the Childrenôs Act of 2005	11-12
2.4 Stages of Psychosocial Human Development in Relation to the Childrenôs Act	13-16
2.5 Sexually-based Cultural Practices, Human Rights and the Childrenôs Act	16-19

Your complimentary use period has ended. Thank you for using PDF Complete.
Click Here to upgrade to Unlimited Pages and Expanded Features

Act Designed to Combat
Sexually Transmitted Illnesses 19-20

2.7 Summary of Chapter 20

CHAPTER THREE: METHODOLOGY

3.1 Introduction 21
3.2 Primary Aim of the Study 21
3.3 Research Questions 21
3.4 Secondary Objectives 21-22
3.5 Research Design 22
3.6 Sampling Procedures 22-23
3.7 Research Instrumentation 23-25
3.8 Pre-testing the Research Instrument 26
3.9 Data Collection 26-27
3.10 Data Analysis 27-28
3.11 Ethical Considerations 28-30
3.12 Summary of Chapter 30

CHAPTER FOUR: PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction 31
4.2 Demographic Profile of Participants 31-31
4.3 Reproductive Issues in the Childrenôs Act
4.3.1 Knowledge of the Childrenôs Act No 38 of 2005 33-35
4.4 ParticipantsôViews Regarding Medical Treatment and Surgical Operations on 12 Year-Old Children 35-40
4.5 ParentsôPerceptions on Virginity Testing 40-43

PDF Complete
Your complimentary use period has ended. Thank you for using PDF Complete.
Click Here to upgrade to Unlimited Pages and Expanded Features

Stipulation for Virginity Testing 44-45
he Use of Contraceptives and
Termination of Pregnancy by their Children 45-48
4.8 Comparison between Generations on the Use of Contraceptives,
Termination of pregnancy, Surgical Procedures and Virginity Testing 49-51
4.9 Parentsô Perceptions of the Objectives Underpinning the
Childrenôs Act and the Feasibility of these objectives being achieved 52-53
4.9.1 Suggested Ways of Achieving the Actôs Objectives 53-54
4.10 How Parents were Informed About Decisions Affecting their
Children and the Extent to Which Interviewees Participated
in the Buildup to the Promulgation of the Act 54-57
4.11 Summary of the Chapter 57

CHAPTER FIVE: SUMMARY OF THE STUDY, MAIN FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 Summary of the Study 58
5.2 Main Findings from the Study 58-61
5.3 Conclusions 61
5.4 Recommendations
5.4.1 Recommendations for Community Education 61
5.4.2 Recommendations for Further Research 61-62
5.4.3 Recommendations for Amendments of the Act 62
5.4.4 Concluding Comments 62
References 63-67

List of Appendices

Appendix A: Interview Schedule 68-72
Appendix B: Participant Information Sheet 73-74

Your complimentary use period has ended. Thank you for using PDF Complete.
Click Here to upgrade to Unlimited Pages and Expanded Features

orm 75

rtificate

Appendix F: Region 11 Map

PDF Complete
Your complimentary use period has ended. Thank you for using PDF Complete.
Click Here to upgrade to Unlimited Pages and Expanded Features

List of Tables

Page

Table 3.1 Rationale for the Inclusion of Items in the Interview Schedule 24-25

Table 4.1 Age Group and Gender Distribution of Participants 31

Table 4.2 Quantitative Distribution of Participants Opposed to versus those in Favour of Childrenôs Rights to Consent to Medical Procedures 36

Table 4.3 Sources of Information about the Childrenôs Act 55

PDF Complete
Your complimentary use period has ended. Thank you for using PDF Complete.
Click Here to upgrade to Unlimited Pages and Expanded Features

List of Figures

Page

Figure 1 Language Distribution of Participants 32

Figure 2 Distribution of Participants Based on Religious Beliefs 33

Figure 3 Participantsô Knowledge of the Childrenôs Act 34

Figure 4 Views of Participants on the Medical Treatment and Surgical Operations Clause 40

Figure 5 Distribution of Participantsô Views on the Virginity Testing Clause 43

Figure 6 Responses of Participants on the use of Contraceptives by Children 49

Figure 7 Views of Participants on the Termination of Pregnancy Clause in ` Relation to Religion 49

Figure 8. Child Rearing Approaches Experienced by Participants in Relation to Guidelines in the Children's Act 51

Your complimentary use period has ended. Thank you for using PDF Complete.
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CHAPTER ONE
INTRODUCTION

1.1 Introduction

Following the new political dispensation that began in 1994, South Africa developed a Constitution that has been widely recognized by the international community as progressive (Act 108 of 1996). Chapter Two of the Constitution contains the Bill of Rights which enshrines the rights of all people in South Africa and affirms the democratic values of human dignity, equality and freedom. In a bid to fulfil its mandatory obligations in respect of children, the government of the Republic of South Africa made a commitment to have childrenôs rights embodied in legislation. South Africa is also a signatory to other international conventions that seek to protect and promote the interests of children such as the United Nations Convention on the Rights of the Child (CRC) and, the African Charter on the Rights and Welfare of the Child (Loffel, 2008). Loffell (2008) also mentions a host of other conventions and agendas adopted by the South African government to address issues such as child labour, commercial sexual exploitation, child trafficking and inter-country matters affecting children. In addition to these conventions, and as a constitutional obligation of the state to provide mechanisms to protect children against all forms of abuse and neglect, the South African government has adopted a developmental approach towards the upbringing of children and this approach is reflected in the recently promulgated Childrenôs Act (No 38 of 2005) as amended in 2008 (Dutschke, 2009).

When it was introduced, the Childrenôs Act evoked mixed reactions with certain sectors of society applauding the government for its efforts on issues around childrenôs reproductive health as reflected in the Act. In contrast, some reactions have been characterised by disapproval of the way the government has endeavoured to deal with the reproductive health issues of children. These conflicting views provided the context for the study. Against this backdrop, this introductory chapter elucidates the research problem and rationale underpinning the study, the purpose of the research project, the research design, methodology and limitations as well as the organization of the report.

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and Rationale for the Study

(pp.28-29) the government purports to:

> *"Promote the preservation and strengthening of families;*
> *to give effect to the following constitutional rights of children, namely-*
> *(i) family care or parental care or appropriate alternative care when removed from the family environment;*
> *(ii) social services;*
> *(iv) that the best interests of a child are of paramount importance in every matter concerning the child;*
> *(c) to give effect to the Republic's obligations concerning the well-being of children in terms of international instruments binding on the Republic;*
> *(d) to make provision for structures, services and means for promoting and monitoring the sound physical, psychological, intellectual, emotional and social development of children;*
> *(iii) protection from maltreatment, neglect, abuse or degradation; and*
> *to strengthen and develop community structures which can assist in providing care and protection for children;*
> *to protect children from discrimination, exploitation and any other physical, emotional or moral harm or hazards;*
> *to provide care and protection to children who are in need of care and protection;*
> *to recognise the special needs that children with disabilities may have; and*
> *generally, to promote the protection, development and well-being of children."*

On the one hand, the government has shown through this Act, its intention to serve the best interests of children wherever they are located. In essence, the Act is aimed at protecting children from discrimination, exploitation and any other physical, emotional or moral harm or hazards in a bid to promote the preservation and strengthening of families. This goal is also encapsulated in the Constitution of the Republic of South Africa (Act 108 of 1996) where these rights are related to the general right of children to social services. In addition, these sentiments are further highlighted by Dutschke (2009) who indicates that this Act, together with other policy documents such as the Service Delivery Model in South Africa are designed to enable a shift to the rights-based developmental social welfare approach. She further asserts that if this Act could be fully implemented, it has the potential to enhance the lifestyle of children and their families (Dutschke, 2009).

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ome human rights groups as a positive reactionary wing many cases involving gross maltreatment of children in different forms, including child trafficking, child labour, child pornography and an increase in sexual activity on the part of children. This kind of behaviour is believed to be associated with the spread of sexually transmitted infections that include Human Immuno deficiency Virus (HIV) (Barry, 2004). Such behaviour is also perceived to be linked very closely to teenage pregnancies, unwanted babies, disrespect of adults by children and a shortened life-span in children (Holgate, Evans & Yuen, 2007). In addition, Dutschke (2009) notes that the Childrenôs Act is intended to create enabling environments and support services that are aimed at strengthening and supporting families to care for, and protect children.

In contrast, other groups such as Women of National Democratic Convention have expressed their dissatisfaction with and disapproval of the Act. They are particularly opposed to those clauses in the Act that make provision for children as young as 12 years to have access to condoms and be able to undergo abortions without parental consent (Mail & Guardian, 2007). Schmid (2008, p.260) asserts that ñthe childôs best interest standard and the child protection interpretation of childrenôs rights, potentially pits children against their parents and relatives rather than acknowledging the integrated nature of children and family group needsò. Women of the National Democratic Convention (NADECO) (Mail & Guardian, July 2007) state: "What makes this immoral Act unacceptable is the fact that contraception indirectly gives our children permission to engage in sexual activities at the age of 12ò. Furthermore, they maintain that this Act holds the potential to cut short the life-expectancy rate of the younger generation, because some forms of contraception indirectly encourage unprotected sex, which opens a gateway to various kinds of sexually transmitted diseases, such as HIV/AIDS, which has plagued this country immeasurably and claimed many lives over the last decade.

There is also the view that there is an internal contradiction in the legislation regarding childrenôs sexualisation. This contradiction was highlighted by Ashley Theron, an Executive Director at Johannesburg Child Welfare when he said; ñThe Children's Act

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hild can only consent to sexual relations once they are an, July 2007). Moreover, despite the fact that people were afforded the opportunity to participate in the consultative process leading up to the promulgation of the Act, the statements by representatives from NADECO and Child Welfare, suggest a degree of dissatisfaction with the Act.

The contrasting and competing views are what caught the attention of the researcher as he came across some persons who supported the Act, as well as a number of people, particularly parents, who expressed concern regarding the fact that the government could allow ñminorsò to engage in sexual activities and make termination of pregnancies available on demand. While one can understand and support the intentions of the government, there appeared to be a disparity between the purpose of the Act and the objectives formulated to achieve that purpose. Moreover, there seemed to be a dearth of research conducted on specified clauses within the Childrenôs Act.

The researcher was therefore motivated to translate these anecdotal findings into scientific research by conducting a research survey of the views of a broader group of parents regarding the reproductive health issues incorporated within certain clauses of the Childrenôs Act. It was envisaged that the study would address a number of objectives that included an exploration of the manner in which parents were informed about the developments in legislation governing their children and whether they were aware of any services rendered to children between 12 years and 18 years of age regarding reproductive health issues (such as contraception and termination of pregnancy) and what implications they felt the new law had for parental control. Hence, a study of this nature seemed to be both timely and relevant given the high prevalence of HIV/AIDS, child sexual abuse, teenage pregnancy and school drop-out rates in this country (Gallagher, 2004). The research appeared to have particular salience for social workers who are mandated to implement the provisions of the Childrenôs Act. It further anticipated that sections of the Childrenôs Act with its emphasis on the rights of children would empower them in relation to their protection and development in that particular context. It was also envisaged that the findings from the study would be shared with relevant government departments and

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hat they could develop strategies for addressing some from parents. Finally, it was anticipated that there might be policy implications if participants recommended amendments to the Act.

1.3 Research Design and Methodology

In conducting the study, a small-scale, descriptive cross-sectional survey research design was employed. According to Leedy and Ormrod (2005, p.183), ñsurvey research involves acquiring information about one or more groups of people - perhaps about their characteristics, opinions, attitudes, or previous experiences by asking questions and tabulating their answers.ò The survey was cross-sectional as it sought to elicit the views and opinions of a cross-section of the population of parents from Region 11 of Johannesburg Metro at a single point in time. Cluster sampling was used to select 35 participants who met the selection criteria and who were used for data collection. Individual interviews were conducted with the participants and their responses to interview schedules were analysed using descriptive statistics and thematic content analysis.

1.4 Limitations of the Study

De Vos, Strydom, Fouche and Delport (2005) indicate that every study has its limitations and the researcher has to be cognisant of all these potential limitations and at the same time be mindful of and capitalise on all the strengths of the research project. During the study, the researcher encountered a number of challenges and limitations that threatened the reliability and validity of the research.

- Firstly, it was noted during the process of the data collection that some people were unwilling to share information or their views on the subject. This reluctance might have been due to the fact that some cultures treat sexually related topics as taboo. However, through the use of interviewing skills such as probing and questioning, the researcher managed to get interviewees to elaborate on the issues in question. Nonetheless, in certain instances, participants gave very brief answers and did not elaborate on their responses which can be construed as a limitation of the study. This factor could also possibly be attributed to the need to quickly

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alternatively, they might have had little to say about

- Secondly, ideally each cluster in cluster sampling should represent the whole population; however, the small scale cluster sample in this project was another limitation as the size of the sample did not allow for adequate representation of the entire population of region 11. As such, the results of the study are not generalizable to the broader population of South African adults.
- Thirdly, in view of the fact that there are high levels of crime in townships where the study was conducted, the researcher could not access entry into some homes due to mistrust of the dwellers regarding his credentials. For this reason, some persons in some townships could not be interviewed and valuable information may have been lost in this way. Consequently, the researcher only interviewed those persons who allowed him access into their homes and agreed to participate.
- In hindsight, the fact that the researcher probed participantsô views on virginity testing but did not explore issues around circumcision could be construed as a weakness of the research.
- Despite the fact that the research tool was pre-tested, some questions remained unclear to the respondents and represented a further weakness of the study. However, as the method of data collection involved face-to-face interviews, the researcher managed to clarify those particular questions in relation to the context of the study.

1.5 Definition of Terms

Reproductive Health Care- This concept encompasses issues referred to in section 13 of the Childrenôs Act relating to human reproduction and health care of children.

Contraceptive- The term refers to a device, drug, or chemical agent that prevents conception.

Children's Act- In this case the term refers to Act No 38 of 2005.

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refers to all rights that are claimed to belong to all ace, culture, age sex, or anything else. They are universal and apply to everyone, everywhere (Ife, 2001).

Rights- In this study rights refer to entitlements to perform certain actions that are constructed through human interaction and through an ongoing dialogue about what should constitute a common humanity (Ife, 2001).

Surgical operation- This term refers to a medical procedure involving an incision with instruments; performed to repair damage or arrest disease in a living body (Modern Language Association, 2009, December 9).

1.6 Organization of the Report

Chapter One provided a general introduction and orientation to the study while Chapter Two endeavors to contextualize the study by reviewing relevant literature related to the topic and the theoretical framework that informed the research. Chapter Three describes the research design and methodology used to undertake the study and Chapter Four presents and discusses the findings that emerged from the study. Finally, Chapter Five summarizes the main findings, conclusions and recommendations emanating from the study.

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CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK FOR THE STUDY

2.1 Introduction

Issues of sexuality, human development, family life, culture and morality are key features implicit in the Childrenôs Act of 2005. This chapter provides a critical review of discourses of sexuality, parenting responsibilities, psychosocial human development, sexually based cultural practices and provisions designed to combat sexually transmitted diseases in relation to the Childrenôs Act.

2.2 Discourses of Sexuality and the Children's Act No 38 of 2005

Seidman (2004) writes about a dialectical process of society that consists of three steps through which human activities can be understood. These steps include externalization, objectivation and internalization. He notes that ñ*externalization is the ongoing outpouring of human being into the world, both in the physical and the mental activity of men…"*(Seidman, 2004 pp.82-83). On the other hand, objectivation refers to *"…the attainment by the products of this activity… of a reality that confronts its original producers as a truth external to and other than themselves".* Lastly, ñ*internalization is the re-appropriation by men of this same reality, transforming it once again from structures of the objective world into structures of the subjective consciousness".* In other words, Seidman (2004 pp. 82-83) indicates that *"It is through externalisation that society is a human product. It is through objectivation that society becomes a reality and it is through internalization that man is a product of society".* This theory provides a theoretical framework for understanding selected clauses in the Childrenôs Act as to how they might influence certain behaviours, particularly the kind of behaviour that the Act is meant to deter amongst children. However, one is mindful of the fact that to some extent, it is those

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the objectives of the Act. Thus, a balance needs to be ildren assuming centre stage.

Holgate, Evans and Yuen (2007) indicate that sexuality is a component of peopleôs subjectivities that are a result of internalization, and the way in which it is experienced is also affected by multiple interrelated discourses. Some of these related discourses include adolescence and the construction of families. It is also likely that an understanding of the increase in teenage pregnancies can be gained through the lenses of sexuality and its centrality in peopleôs lives. For example, Holgate et al. (2007) argue that sexuality is an important area of social life and is closely related to the most fundamental of social divisions, namely, that of gender, and to one of the most basic social institutions, namely, the family. The fact of being a parent is also likely to influence oneôs perceptions of sexuality and legislation. This could be attributed to the fact that parents have their own desires with regard to how they raise their children and some of these ideas may be based on their experiences of growing up and being socialized within their own families. However, these desires may not necessarily be in agreement with different pieces of legislation about children including the Childrenôs Act.

Previously, the Child Care Act indicated that a child could only consent to sexual relations once he or she was 16 years and older (Child Care Act 74 of 1983). However, the current law makes provision for sexual activity of children from the age of 12 years (Childrenôs Act 38 of 2005). For example, the Childrenôs Act sub-section 1 of section 134 states that ñé *no person may refuse to sell condoms to a child over the age of 12 years or to provide a child over the age of 12 years with condoms on request where such condoms are provided or distributed free of charge…"* (Childrenôs Act 38 of 2005 pp.95). The assumption underpinning this clause is that children from the age of 12 years can be expected to be sexually active (Theron, 2007). This change of focus suggests that over the past two decades there has been a change in how children view and understand sexual activities. Holgate, Evans and Yuen (2007) argue that implicit in the earlier legislation was a conceptualisation of children as sexually innocent which contradicts the increasing early sexualisation of young people as alluded to in the new Childrenôs Act. From this statement

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es were not originally intended for children with a ween childhood (an asexual period) and adolescence which is characterised by heightened sexuality. However, Buga, Amoko and Ncayiyana (1996) found that age of menarche was decreasing for both urban and rural females in the Transkei. Furthermore, one can infer from the data on teenage pregnancies, that many children in South Africa engaging in sexual activities before the age of 16. Holgate, Evans and Yuen (2007) contend that knowledge of sexuality and sexual moralities has been constitutive and constituting in relation to the changing structure of the family, the role of religion, an increasingly multicultural society, changes in the way that society is constructed, globalisation, improvement in accessibility of contraceptives and increasing advances in technology.

The Childrenôs Act No 38 of 2005 further regulates on the consent to medical treatment and surgical operations of children. Subsection (2) of section 129 of the Act states that ñé *a child may consent to his or her own medical treatment or to the medical treatment of his or her child if the child is over the age of 12 years and the child is of sufficient maturity and has a mental capacity to understand the benefits, risks, social and other implications of the surgical operation"* (Childrenôs Act 38 of 2005 pp. 91).

The Act further makes provision for appropriate assistance from a parent or guardian. In relation to surgical intervention, the earlier Child Care Act No 74 of 1983 afforded certain powers to parents or guardians over their children. However, in the present Act, the terminology has been changed from ópparental powersô to ópparental responsibilitiesô (South African Law Commission, 2001). According to the South African Law Commission (2001), the term ópparental powersô implied that parents or guardians had absolute control over their children including decisions on activities that appear to be too personal for children. With regard to the term ópparental responsibilityô, members of the Commission favoured a definition which they viewed as enumerating the components of parental responsibility in a non-exhaustive manner (South African Law Commission, 2001).

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Parenting and the Children's Act of 2005

According to the South African Law Commission (2001), *parental responsibilities* include *care* which encompasses the responsibility of a parent to create suitable residence for the child and living conditions that promote the childôs health, welfare and development to safe-guard and promote the well-being of the child. The intention is for the child to be safe-guarded from ill treatment, abuse, neglect, exposure, discrimination and any form of physical and moral harm. Furthermore, parental responsibilities entail safe-guarding the childôs scholastic, religious, cultural education and upbringing in a manner appropriate to the stage of development of the child (South African Law Commission, 2001). Although this description could be viewed as encompassing a broad range of responsibilities on the part of parents and guardians, there appears to be an overlap with the rights of children. This overlap would appear to have the potential to create conflict between children wanting to exercise their rights and parents seeking to exercise their responsibilities. This conflict could potentially be a source of threat to conventional family roles. This threat could also be exacerbated through different forms of socialisation such as the media, education and migration. Conflicts could also be related to the stages of psychosocial development of the child or adolescent that may be influenced by different styles of parenting which all revolve around issues of control.

The different styles of parenting as described by Baumrind (1966 cited in Grobman, 2004) include a *'permissive or nondirective style* which is usually ascribed to by ôindulgent parentsô. Through this style, a parent behaves in a nonpunitive, acceptant and affirmative manner towards the childôs desires and actions (Baumrind (1966)ô. She further notes that this style requires the parent to consult with the child and gives explanations regarding family rules. In other words, parents who adopt this style do not impose themselves on the childôs life but allow room for the child to exercise autonomy (Baumrind, 1991). Secondly, there is an *authoritarian style* where the parent attempts to shape, control and evaluate the behaviour and attitudes of the child in accordance with a set standard of conduct. Baumrind (1991, p.62) indicates that ñauthoritarian parents are highly demanding and directive but not responsiveò. This standard is usually formulated by a higher

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om the church or ancestors, a system that requires status quo (Grobman, 2004). Thirdly, there is an *authoritative style* where the parent attempts to direct the childôs activities. Unlike the authoritarian style, the parent using an authoritative style looks at the merits of an issue to be dealt with and then engages the child. Such parents are described as both demanding and responsive (Baumrind, 1991). It is this kind of parenting that gives children latitude over their behaviour but also encourages them to account to the parent over their choice of actions. At the same time, the parent stands alert to every move that the child makes so as to respond appropriately where necessary. Lastly, there is a *neglectful parenting style* that is said to be low in both responsiveness and ódemandingnessô. Baumrind (1991) further notes that in extreme cases, this parenting style might encompass both rejecting and neglectful parents. According to Baumrind (1991), the application of these different styles yields differing outcomes for children.

Baumrind (1966, in Grobman, 2004) notes that a permissive style by indulgent parents usually goes with antisocial behaviours being adopted by a child and the latter is likely to have low persistence in challenging tasks as well as poor emotion regulation. On the other hand, an authoritarian style is associated with a child who is anxious, withdrawn and usually unhappy. The child is also likely to engage in antisocial activities such as drugs and alcohol abuse. Unlike authoritarian and permissive styles, an authoritative parenting style tends to produce a lively and happy child with self confidence. Furthermore, the child usually has well developed emotion regulation and well developed social skills (Grobman, 2004). It seems reasonable to assume that some parenting styles may compliment the philosophy underpinning the Childrenôs Act while others may conflict with a form of legislation that is based on the rights of the child. However, Baumrind emphasised that different circumstances make different demands on parents. Certain circumstances may require a parent to be permissive while others require a parent to move from being authoritarian to being authoritative. In other words, although a parent can generally be considered to be authoritative, they may need to respond to varying circumstances with different parenting styles. In addition to parenting styles, the

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lso need to be considered in terms of the stage of

2.4 Stages of Psychosocial Human Development in Relation to the Children's Act

The Childrenôs Act No 38 of 2005 section 13 states that every child has the right to have access to information on health promotion and the prevention and treatment of ill-health and disease, sexuality and reproduction. In his life cycle theory, Erikson maintains that the socialization process consists of eight phases where each stage is characterized by a psychosocial crisis which arises and demands resolution before the next stage can be satisfactorily negotiated (Lesser and Pope, 2007). He further notes that satisfactory learning and resolution of each crisis is necessary if the child is to manage the next and subsequent one satisfactorily (Lesser and Pope, 2007. Hence, certain clauses in the Childrenôs Act No 38 of 2005 need to be considered in relation to Eriksonôs theory of psychosocial human development. For example, Clause 134 of the Act states that ñ*No person may refuse to sell condoms to a child over the age of 12 years or to provide a child of the same age with condoms on request where such condoms are provided or distributed free of charge*ò (Childrenôs Act No 38 of 2005, p. 94).

Erikson (Lesser and Pope, 2007) states that the first stage of development is characterised by learning of *trust versus mistrust* which is said to happen during the period of *infancy* (1-2 years) (McCandles, 1967). Erikson further notes that at this stage, the child needs maximum comfort with minimal uncertainty to develop *self-trust versus mistrust* and to trust others and the environment. As children at this stage of the life cycle are unlikely to need condoms, that clause would appear to be irrelevant to this age group because trust versus mistrust are the only central aspects in the childôs life (Webring, 2007). In other words, based on Eriksonôs theory, children at this age would appear to be asexual as they can not distinguish between different genders or sexual differences.

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velopmental stage is that of *toddlerhood* which occurs and is characterized by *autonomy versus shame and doubt*. At this stage the child works to master the physical environment while maintaining self-esteem (Webring, 2007). At this stage, the child is still grappling with issues of how to cope with basic aspects in the environment without causing shame to him/herself.

This stage is superseded by the *preschool stage* that occurs between 2 and 6 years of age, and is characterised by *'Initiative versus Guilt'*. At this stage the child begins to initiate activities as opposed to imitating others. Furthermore, the child develops a conscience and sexual identity. The most important event at this stage is independence. The child usually continues to be assertive and to take the initiative. Children in this stage are eager for responsibility, thus, it is essential for adults to confirm that the child's initiatives are accepted no matter how small they may be as the child might develop a sense of guilt as a result of being denied a chance to initiate activities (Webring, 2007). At this stage, sexual identity refers to different roles associated with either males or females with the exclusion of sexual activities (Lesser & Pope 2007).

According to Erikson (Webring, 2007), the age group between 6 and 12 years is stage 4 of 8 that he calls, the *latency stage.* He notes that children at this stage are characterised by conflict when issues of *industry and inferiority* take centre stage in their lives. He further notes that at this stage, children are learning to see the relationship between perseverance and the pleasure of a job completed (Woolfolk, 1987 in Webring, 2007). Erikson elaborates by saying that the most important event for children aged 12 years at this level of psychosocial development, is attendance at school. They also need to be productive and successful in their academic work, as it is assumed that they are both physically and mentally ready for this kind of engagement. The question again arises as to whether they have the capacity to cope with extended latitude with respect to sexual activities and the consequences thereof. In other words, if the child at this stage has schooling and academic success as the main priorities in life, does he/she have the capacity to engage in sexual activities and at the same time achieve success at school? In addition, does the child have the cognitive ability to make decisions regarding medical treatment at this stage of development?

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kson (Lesser & Pope, 2007) is the *adolescent stage* o 18 years. This stage is relevant to the discussion in view of the fact that the Childrenôs Act defines a child as anyone below the age of 18 years. One can see that Eriksonôs stages overlap with one another which perhaps creates confusion as to where one draws the line between a child who falls between two stages. A child aged 12 in this stage is said to be an adolescent in search of identity that will lead him/her to adulthood (Lesser and Pope, 2007). This stage of adolescence is characterized by conflict revolving around *identity versus role confusion*. This is the stage referred to in the Childrenôs Act no 38 of 2005 when children are expected to be able to make decisions regarding the use of condoms and termination of pregnancy. Erikson notes that a successful entry into this stage depends on the successful completion of previous stages. In other words, if conflicts emanating from previous stages were not adequately dealt with, the child may be unable to deal with challenges of the next stage and for that reason, a child may face serious challenges in his/her life. However, the Act does not seem to make any provision for a child who by virtue of his/her age falls chronologically within the adolescent stage but has remained in previous stages resulting from having unsuccessfully resolved that stage. Instead, the Act provides such a child with an absolute right to take full responsibility for decisions about engaging in sexual activities and decisions about an unborn child (Childrenôs Act no 38 of 2005). It is therefore of interest to note that, according to Erikson, if a child at this stage cannot make deliberate decisions and choices, especially about vocation, sexual orientation, and life in general, role confusion becomes a threat.

Subsequent stages of development described by Erikson (Lesser & Pope, 2007) include *ôyoung adulthood, middle adulthood and old age.ô* However, because these stages fall outside the ambit of the Childrenôs Act, they are not included within the present discussion. Although plausible arguments may be developed in line with Eriksonôs theory of childhood development, and as much as people like Boeree (2006) can argue that Eriksonôs theory stands true across cultures and times, it is of note that he failed to consider the uniqueness of each culture. Yet such differences have considerable impact on how children develop both physically and cognitively.

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delineated by Erikson also need to be viewed together ning in order to ascertain if children at different developmental stages have the capacity for moral understanding of what is expected of them. This assertion can be backed by Pembaôs (1995) research which indicated that in spite of extensive awareness campaigns by governmental and non-governmental organizations regarding HIV/AIDS, there is still a relatively high prevalence of teenage pregnancies amongst young people. One possible explanation might be the lack of understanding by young people of the information that is being imparted to them due to their mental incapacity to process it. Pemba (1995) further argues that according to Piaget (1965), the risk taking behaviours of teenagers is linked to the underdevelopment of their óoperational/formal thinkingô which also defines the state of their moral development or development of moral reasoning. Kohlberg, Charles and Alexandra (1983) emphasizes that moral reasoning is the basis for ethical or moral behaviour. If this particular aspect from Kohlberg et alôs theory of moral development is correct, it is possible that the concerns regarding these rights enshrined in the Act may have a strong moral basis.

Kohlberg et al (1983) further notes that children in their early teens are characterized by conventional thinking. At this level of thinking he notes that persons who reason in a conventional way judge the morality of actions by comparing them to societal views and expectations. If according to societal standards, it is expected of adolescents to use condoms, one could infer that society condones sexual activities by adolescents. For that reason adolescents can be expected to view the act of engaging in sex by adolescents as morally right. As indicated previously, Erikson notes that at this stage of adolescence (12 to 18 years) the child is in search of an identity that will lead him or her to adulthood. It is possible that this is the point at which one can begin to understand the logic behind these particular rights embedded in the Childrenôs Act No 38 of 2005. Among the activities that adults engage in, are sexual activities; hence the right to access condoms could possibly be construed as assisting adolescents towards finding their identity as adults.

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ractices, Human Rights and the Children's Act

Historically in the African context, culture has been perceived as an anchor of humanity, providing standards of morality (Osei-Hwedie, 1996). Ross (2008) further notes that culture plays an integral part in how people define themselves and is intrinsic to the construction of human identity. However, with the advent of colonization and with many African countries subscribing to the western notion of being civilized, the notion of culture has been put under immense scrutiny with some deeming it to be a decelerating force in terms of human progress (Barry, 2004). This stance has been attributed to the fact that some aspects of the African culture have been seen as primitive and violating certain human rights (Braude, 1999). An example has been made in the case of Bonani Yamani, a young man from the Eastern Cape who has constitutionally challenged his parents on their decision to have him forcefully circumcised (Huisman, 2009). In the Xhosa tradition, traditional circumcision is a cultural initiation into Xhosa manhood that marks the boyôs passage from *"ubukhwenkwe (boyhood)"* to *"ubudoda (manhood)"* (Huisman, 2009). In this case, the young man viewed this practice as being against his personal religious beliefs. Moreover, under the Childrenôs Act of 2005, it is illegal for any circumcision to be performed on a boy over the age of 16 without his written consent.

A second example of the intersection of cultural practices and human rights is in relation to virginity testing. On the one hand, African cultures such the Zulu, Xhosa and Venda view virginity as a virtue. Ramsden (2000) notes that in recent years, virginity testing has been revived and has gained popularity particularly in rural areas such as KwaZulu-Natal. The practice is often supported by local *Amakhosi* and even by some church leaders. South Africa is not unique in virginity testing; for example, Gundani in Barry (2004) acknowledges the practice as a strategy to curb HIV/AIDS in Zimbabwe. He observes that as more people continue to die from HIV-related diseases in Zimbabwe, a number of communities are forced to dig deep into their cultures for solutions. He continues to say that one strategy that many traditional leaders seem to agree on as an effective preventive measure against infection is the reintroduction of virginity testing of girls. According to

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ng session in 2000 attracted 2007 girls aged 12 to 25 r session at the end of the year which attracted 5 000 girls of the same age group, attesting to the social value attached to this practice.

This practice might seem like a plausible strategy to revive culture as a project to rebuild human morality. However, it has been met with serious criticisms from many scholars and human rights groups. Firstly, section 12 of the Childrenôs Act no. 38 of 2005 states that virginity testing for children under the age of 16 is prohibited while those over the age of 16 can participate provided they have given consent to the testing in the prescribed manner. Ramsden (2000) criticizes virginity testing by acknowledging that although it has the justified objective of encouraging sexual abstinence of young people, the practice is unjust because it is not accurate. She further argues that justice is a basic human right, and virginity testing is a violation of this right as it is not possible for anyone to tell, by an external examination, whether a girl is a virgin and often not even from an internal examination by a doctor. This argument in terms of human rights is based on the Constitution of South Africa as well as the International Declaration of Human Rights.

According to the South African Human Rights Commission as cited in Ross (2008), virginity testing as an African traditional practice poses more harm than good to girls regardless of whether they pass or fail the test. They further note that this practice is likely to strip the girl of her dignity, cause emotional distress and represent an invasion of bodily privacy. Above all, although the practice is meant to be voluntary, Ross (2008) notes that some parents may coerce or place undue pressure on their daughters to undergo the examination to comply with cultural norms and to avoid being stigmatized. It is within this context that one has to make a judgment on the ethicality of certain cultural practices that define and govern certain societies.

A further example of the contradiction between cultural beliefs and legislation is the practice of *Ukuthwala.* A recent example was cited in the Sunday Times newspaper (May 31, 2009. pp.4) where certain communities in the Eastern Cape still observe a custom of *Ukuthwala.* Prince (May 31, 2009) notes that *Ukuthwala,* which literally means ćto be carriedĉ, traditionally allowed parents to arrange marriages of their children but was never

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ldren. It is further noted that as the custom evolved, nd young girls would be carried without their consent by unknown men to their arranged husbands. The article continued to indicate that where it happens in the Eastern Cape, ôin most cases the men are between 55 and 70 years old, widowed and HIV-positiveô. When this practice is viewed through a cultural lens, it is seen to be culturally appropriate as indicated by one Chief in one of the villages in the Eastern Cape. She was reported to have rebuked the girls who had escaped and accused them of embarrassing their village by reporting the matter to the media (Prince, May 31, 2009). However, when this kind of practice is viewed through the lens of legislation, it is seen to be a gross abuse and exploitation of the rights of children (Childrenôs Act, No 38 of 2008). Furthermore, Article 19 of the Convention on the Right of the Child obliges states to take all appropriate measures to protect children against all forms of abuse and neglect (Dutschke, 2009).

At this juncture in South Africa, the supremacy of the Constitution prevails over all practices that are deemed contrary to its values (Moultrie, 2005). However, the same Constitution was derived from the Westminster model which is the brainchild of Britain (Van der Vyver, 1985). The question then arises, to what extent this particular Constitution could be regarded as impartial without favoring western values while at the same time undermining those of African origin? The extent to which cultural practices such as circumcision, virginity testing and ukuthwala are regarded as ethically correct would appear to depend on the provisions of the Constitution (Childrenôs Act No 38 of 2005).

2.6 Provisions within the Children's Act Designed to Combat Sexually Transmitted Illnesses

A further rationale for the Childrenôs Act is that if adolescents are already sexually active, the best strategy is to provide them with a way of engaging in safe sex. It is argued that this approach would be in the best interests of children and the country as a whole. One

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out the interests of its children at heart has uncertainty
n 134 of the Act stipulates that ñ*contraceptives other than condoms may be provided to a child on request by the child and without the consent of the parent or care-giver of the child if that child is at least 12 years of age and proper medical advice is given to the child*ò (Childrenôs Act No 38 of 2005. pp. 95). The reason for by-passing parents and caregivers is that many teenagers are reluctant to inform their parents or caregivers that they are engaging in sexual activities as they expect that such activities would not be approved of by their elders. However, what is most likely to happen through the malfunctioning or misuse of the contraceptives by the targeted group is what Bopape (2006) terms the ñunintended consequencesò of such acts. Some of these could be unplanned adolescent pregnancies which the act intends to minimize or eradicate.

Chalmers (1990) notes that unplanned pregnancy occurs when a woman falls pregnant without deliberately trying to have a baby. Bopape (2006) goes on to say that this unintended consequence is likely to happen to many adolescents, mainly in South Africa, particularly if contraceptives relevant to pregnancy are not used properly. Hence the Act makes provision for proper advice being given before issuing such devices to children. Part of the advice that might be given to such a child is that some contraceptives have side effects as may be specified by the manufacturers and they are not entirely reliable in terms of preventing pregnancy, and sexually transmitted diseases. According to Bopape (2006) the National Department of Health (1998) found that a significant number of adolescents in South Africa were reported to have been pregnant or to have had a child in their teens. The Childrenôs Act is intended to address such issues as teenage pregnancy which might have a negative impact on individuals, families and communities in general.

2.7 Summary of Chapter

This chapter provided a critique of the Childrenôs Act of 2005 in relation to discourses of sexuality; parenting and parental responsibilities; stages of psychosocial human development; sexually based cultural practices and human rights; and issues of combating

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s way, the chapter served as the theoretical backdrop

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CHAPTER THREE
METHODOLOGY

3.1 Introduction

This chapter provides a detailed explication of the research design and methodology used to realise the aims and objectives of the study. In addition to describing the different aspects of the research, this chapter highlights efforts made to enhance credibility, transferability, dependability and confirmability of the data analysis.

3.2 Primary Aim of the Study

The overall aim of the study was to investigate the views of a group of parents living in Johannesburg Metro (Region 11) regarding reproductive health issues highlighted in the Childrenôs Act No 38 of 2005.

3.3 Research Questions

1) What are parentsô views on clauses in the Childrenôs Act no 38 of 2005 regarding minor childrenôs rights to surgical procedures, virginity testing, access to contraceptives and termination of pregnancy?
2) What are parentsôperceptions regarding the objectives underpinning the Act?
3) How were parents informed by the government regarding provisions in the Act affecting their children?

3.10 Secondary Objectives

- To obtain information on parentsô views regarding the use of contraceptives by their children.
- To probe perceptions of parents in relation to childrenôs rights to consent to medical treatment and surgical operations.
- To determine parentsôviews on virginity testing.
- To explore parentsôviews about childrenôs rights to termination of pregnancies.
- To probe parentsôperceptions of the objectives underpinning the Childrenôs Act

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ere informed by the government of provisions in the

nd the extent to which the process was participatory.

- To elicit from the parents information rendered to children regarding their reproductive health.

3.11 Research Design

A small-scale, mixed method, descriptive, cross-sectional survey research design was employed, which incorporated both qualitative and quantitative dimensions. According to Leedy and Ormrod (2005, p.183), ñsurvey research involves acquiring information about one or more groups of people - perhaps about their characteristics, opinions, attitudes, or previous experiences by asking questions and tabulating their answers.ò The survey was cross-sectional as it sought to elicit the views and opinions of a cross-section of parents from Region 11 of Johannesburg Metro at a single point in time. A descriptive research design was also employed to give an explanatory analysis of the collected data in relation to the applicable literature. Creswell (2003) indicates that descriptive research is concerned with describing the nature or conditions in detail in respect of the presented situation. The present study was descriptive in that it sought to describe the views and perceptions of participants regarding certain clauses in the Childrenôs Act. Open-ended questions in the interview schedule yielded qualitative data, while closed-ended demographic items provided quantitative data. In this way, the research could be described as falling within a mixed method, hybrid design.

3.12 Sampling Procedures

Region 11 of Johannesburg Metro includes Orange Farm, Ennerdale, Finetown, Lenasia, Eldorado Park and Portjie. The reason for targeting this area was that it is a heterogeneous region with inhabitants drawn from most of South Africaôs cultural groupings. It was anticipated that the nature of this region would enable the researcher to draw a fairly representative sample in terms of different backgrounds. This approach was in line with

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-oppressive research which endeavours to include all affected population groups. The researcher employed cluster sampling which enabled him to draw a sample based on different sections of the geographical area. De Vos, Strydom, Fouche and Delport (2005) highlight the necessity of an area map if cluster sampling is to be used. They further indicate that this kind of sampling is cost effective and also saves time. Using the map of Johannesburg Region 11, the researcher placed the names of all the clusters into a container and randomly chose seven clusters. Thereafter, the researcher randomly chose houses from the area map with a minimum of five houses per cluster to ensure a sample size of 35 participants. The participant selection criteria required that participants be adults aged 18 years and older and they needed to be residents of Region 11 of Johannesburg Metro.

3.13 Research Instrumentation

An interview schedule was constructed in order to collect data from the participants. A copy of this tool is set put in Appendix A. This semi-structured schedule incorporated both closed and open-ended questions. The interview schedule sought to elicit a brief account of the participantsô background including demographic details such as gender, age and ethnic group. A semi-structured interview schedule provided participants with direction in terms of topics probed, while at the same time enabling them to freely express their views. The instrument was designed to address all facets of the study such as race and cultural background as well as the main reproductive issues in the Childrenôs Act, thereby enhancing content validity of the research instrument. In respect of content validity, De Vos et al. (2005) indicate that it is important that the research instrument addresses all the

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ly. In addition, a member of staff from the university scrutinized the interview schedule and made suggestions to enhance content validity and reliability. This person was also of the opinion that the research tool had face validity in that it appeared on the face of it, to measure what it purported to measure. Table 1 explains the motivation for the inclusion of all the items in the interview schedule.

Table 3.1 Rationale for the Inclusion of Items in the Interview Schedule

Item	Rationale for Inclusion
Participant code	Lowenberg, Dolgoff and Harrington (2000) emphasize the paramount importance of the clientôs confidentiality. Replacing a clientôs name with a code ensured that participants could not be identified by anyone through the information given except the researcher who interviewed the client.
Gender	Social constructions tend to influence how people of different gender roles are socialized, and socialization exerts a significant influence on how societies perceive certain social issues (Durkheim, 1984). Based on this analysis, the ógenderô item was included as part of the schedule in order to highlight how this factor informed peopleôs perceptions on the research topic.
Age	Lesser and Pope (2007) echoe sentiments that age also informs peopleôs thinking and is dependent on the values prevalent during times in which they were born and raised. For this reason, information on age was sought from participants.
Race	While acknowledging that ñraceò is a highly contested and emotive concept, different races may have different social values that inform the way in which they lead their lives. Hence it was deemed important to obtain views from differing races within the research area on the topic under investigation.
Ethnic group	Within different races there are differing ethnic groupings which

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	differing social and cultural practices based on their s (McLaughlin, 2007). For instance, it was envisaged that the Zulu nation as an independent ethnic group might value virginity testing to a greater extent than the Tswana or the Tsonga ethnic groups.
Religion	Eller (2007) avers that different religions are associated with different sets of norms and at times these differ from cultural values or amongst different religious groupings. These religious norms also influence peoplesô social values. For this reason this item was included in the interview schedule.
Reproductive health issues in the Childrenôs Act	This section included all the reproductive health issues stated in the Childrenôs Act including: -Consent to the performance of a surgical operation - Virginity testing - Use of contraceptives - Termination of pregnancy - Guidelines on childrenôs upbringing. All these items are key issues in the clauses of the Childrenôs Act that were the subject of the research (Childrenôs Act No 38 of 2005).

It was anticipated that some of the participants might not have had any prior knowledge about the Act. For this reason, the relevant clauses from the Act were read to them so that they could comment on them.

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ch Instrument

The researcher pre-tested the research tool on one 32 year old gentleman and a 25 year old lady, both of whom were parents. Both individuals met the selection criteria but were excluded from participation in the final study. De Vos et al. (2005) describe a pre-test as the application of the chosen instrument before the actual research is carried out, in order to avoid the use of ambiguous, irrelevant or invasive questions. In the pre-test both participants needed terms such as surgical operation, contraceptives and reproductive health to be explained to them. The results further showed that the duration of interview per participant took approximately 45 minutes. Finally, the results showed that the interview schedule was generally understandable to the participants. This pre-test served to align the research tool with the intentions of the research with regard to the participantsô comprehension of the questions, and enhanced the validity and reliability of the research instrument.

3.9 Data Collection

All participants were given information sheets that explained the purpose and procedures of the research prior to the interview. This document enabled the interviewees to give written informed consent for their participation which was an ethical requirement. Copies of the Information Sheet and Consent Forms are set out in Appendices B and C respectively.

In order to effectively address the aim and objectives of this study, interview schedules were administered to participants on an individual, face-to-face basis. Furthermore, all the interviews were conducted in the comfort of the intervieweesô homes. In some instances participants continued with their household chores such as cooking, during the sessions. In one instance, the interviewee was continually disturbed by her crying child as a result of which, the researcher was compelled to pause between questions so that she could attend to the infant. All these disturbances to some extent posed limitations to the research as valuable information could have been lost in the process. While all answers were hand-

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asked questions according to the schedule and offered ifferent official South African languages were accommodated depending on the preference of interviewees and the competency of the researcher in the preferred languages. The duration of interviews ranged from 35 and 60 minutes. In order to enhance reliability of data collection, all interviews were conducted by the same researcher who had full knowledge of the schedule.

3.10 Data Analysis

All closed-ended questions were analyzed using descriptive statistics in the form of frequency counts, some of which were displayed in the form of tables and figures. All open-ended questions were analyzed using thematic content analysis. Thematic content analysis entails identifying dominant issues or themes that keep recurring during data collection (De Vos et al., 2005). Neuendorf (2002) uses qualitative content analysis and thematic content analysis synonymously to subjectively interpret the content of text data though the systematic classification process of coding and identifying common themes or patterns contained therein. This approach is supported by De Vos et al. (2005) where they highlight the fact that thematic content analysis entails identifying dominant issues or themes that keep recurring during data collection. Furthermore, TerreBlanche, Durrheim and Painter (2006) note that ideally, themes should arise naturally from the data but at the same time they should also have a bearing on the research question.

Neuman (2003) emphasizes the need to ensure the trustworthiness or truth value of the qualitative framework (comparable to the positivist notions of validity and reliability) by adopting the criteria developed by Guba and Lincoln (1985) namely *credibility, transferability, dependability and confirmability*. The researcher endeavoured to establish *credibility* of the data by using verbatim quotations to represent the ñreal worldò as perceived by the participants. In terms of *transferability,* it was anticipated that the information obtained from the study would have been applicable to other parents, while not necessarily being generalizable. In order to enhance *dependability* of the data analysis, the same person conducted all the interviews and followed the systematic steps adapted from TerreBlanche, Durrheim and Kelly (2006).

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zation and immersion, which involves putting into simpler terms by means of reading through, making notes, drawing diagrams and brainstorming to obtain a general idea of the findings; (2) inducing themes, which implies inferring general rules or classes from specific instances in a bottom up process; (3) coding, which encompasses the making of different sections of data as being instances of or relevant to one or more themes; (4) elaboration, which involves synthesizing information in a linear sequence; and (5) analysing data, interpretation and inspection, which includes going back to all the aforementioned steps to make sense of the data.

In order to establish *confirmability* of the data, correspondence checking advocated by Pretorius and de la Rey (2004) was undertaken, whereby the primary researcherôs categorization of themes were checked by his research supervisor for correspondence. Once agreement was reached regarding categorization of themes, they were quantified.

3.11 Ethical Considerations

As ethical issues come to the fore where human participants are involved, efforts were made to ensure that the following principles were taken into consideration:

Voluntary Participation

Participants were informed that participation in the study was voluntary and that they had the right to withdraw from the study at any point without incurring any negative consequences. In this respect, Lowenberg, Dolgoff and Harrington (2000) highlight the importance of voluntariness of the client as consent is meaningful only when it is given freely.

Informed consent

According to Lowenberg et al. (2000, p.95), ñthe professional ethics rule of informed consent is derived from the moral principle of autonomyò. In order to be able to make an autonomous decision to participate (informed consent) or to refuse to participate (informed refusal) in a study, ñthe participant should understand the risks and benefits of

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pants were provided with information detailing the s of the Childrenôs Act No 38 of 2005 relevant to the research. This information enabled them to make informed decisions regarding participating in the study or declining to participate. A concerted effort was also made to avoid the creation of any unrealistic expectations in terms of changes that might emanate from the study.

Avoidance of harm or non-maleficence

TerreBlanche, Durrheim and Painter (2006) note that this philosophical principle supplements the autonomy principle and requires the researcher to ensure that no harm befalls research participants as a direct or indirect consequence of the research. In this study, the researcher carried the onus of ensuring both the physical and emotional safety as well as the dignity of participants during the process of their participation in the study. The study did not appear to evoke any emotional distress requiring counselling.

Coercion and perverse incentives

Any kind of coercion and issuing of perverse incentives is seen as a breach of ethical conduct and is deemed to be unethical research (De Vos et al, 2005). For this reason there were no undue incentives provided to those who consented to form part of the study and prospective participants were neither intimidated nor compelled to take part in the research.

Deception

TerreBlanche, Durrheim and Painter (2006) espouse the view that deception is fundamentally wrong and should be avoided wherever possible through careful consideration of alternative research designs. They also emphasise the fact that researchers should avoid and minimise harm and wrongs to research participants. Consequently, efforts were made to ensure that participants were not deceived in any way regarding the true purpose of the study.

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The researcher also endeavoured to uphold the privacy and confidentiality of the participants. The fact that all interviews were conducted on an individual face-to-face basis with the researcher assisted in raising the level of confidentiality in the study. The researcher protected all information that could potentially expose the identity of participants and names were replaced with codes to further ensure confidentiality. Moreover, no identifying details were included in the final report. These procedures were consistent with the ethical principle of confidentiality which affirms an explicit promise by the worker/practitioner to reveal nothing about an individual except under conditions agreed to by the client (Loewenberg et al., 2000).

3.12 Summary of Chapter

This chapter described the research design that was used in the study. It also elucidated the aim and objectives of the study, the sampling procedures adopted, the research instrumentation, the pre-testing of the research tool, the method of data collection as well as the analysis of data and the ethical issues that were considered.

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CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

In this chapter the findings from the study are presented and discussed in accordance with the objectives of the research. Data from the closed-ended questions are analysed using descriptive statistics in the form of frequency counts and depicted in the form of tables and figures. Open-ended items are analysed using thematic content analysis and illustrated with verbatim quotes from participants.

4.2 Demographic Profile of Participants

A total of 35 persons participated in the study of whom 25 were females and 10 were males. The age groups of all 35 participants were distributed across 6 categories as reflected in Table 4.1. While the sample was not necessarily representative of the broader South African population, the demographic patterns of the participants had a somewhat diverse spread that provided a broad range of opinions.

TABLE 4.1: Age Group and Gender Distribution **(N=35)**

AGE GROUP	19-22 Years	23-27 Years	28-32 Years	33-37 Years	38-42 Years	43 Years & Older	Totals
MALE	2	2	1	2		3	**10**
FEMALE	2	2	3	4	6	8	**25**

Within the total number of participants, 10 were of mixed descent and were Afrikaans speakers, of whom 7 were females and 3 were males. Of the 25 remaining participants who were all black, 12 were from Zulu ethnic group, 5 were Xhosa, 4 Sotho and 4 were Tswana. These were further divided into 7 males and 18 females. Fig.1 below shows the

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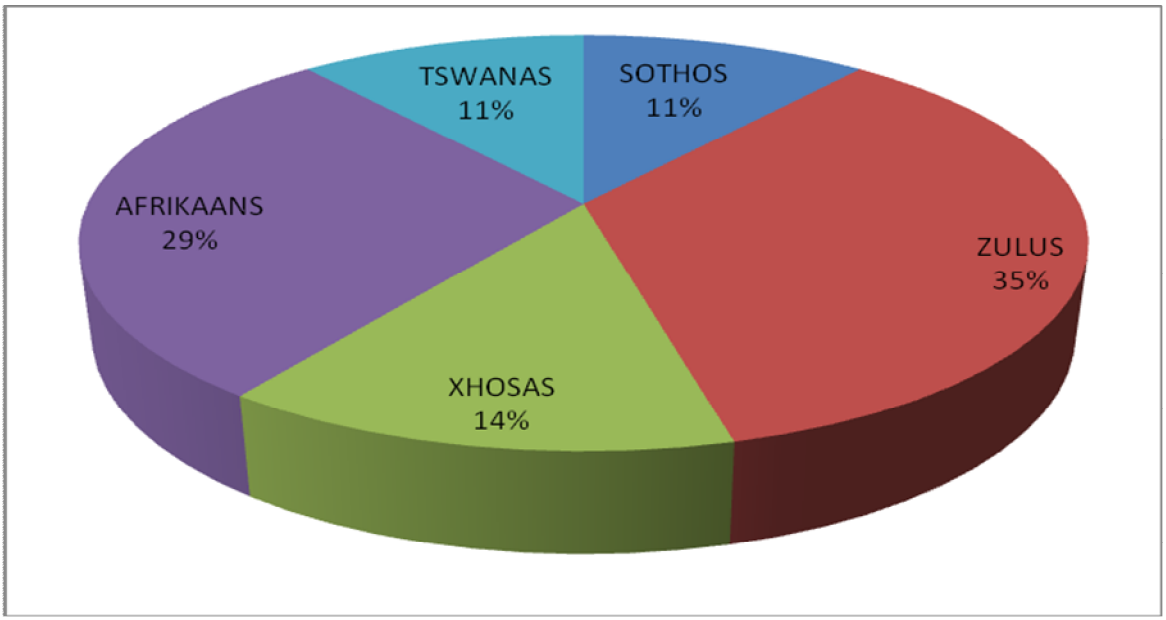


Figure 9 Language Distribution of Participants (N=35)

The fact that there were no whites in the sample could possibly be attributed to the Group Areas Act No 41 of 1950 which separated people geographically in accordance with their race. Du Toit (2006) indicates that during the apartheid era unemployed people from the homelands (predominantly Black persons) migrated to the major cities such as Johannesburg in search of greener pastures and on their arrival they were located at the outskirts of the city centres. It is possible that the current demographic profile of region 11 in terms of race could be a legacy of that particular Act which was later repealed by a democratically elected government post 1994.

Furthermore, participants were from different religious groupings with Christianity being the dominant religion with 20 adherents, followed by 6 participants who were believers of African traditional religion. The Jewish religion had one participant and the non-believersô category included eight participants. The pie chart depicted in Figure 2 illustrates the distribution in this regard.

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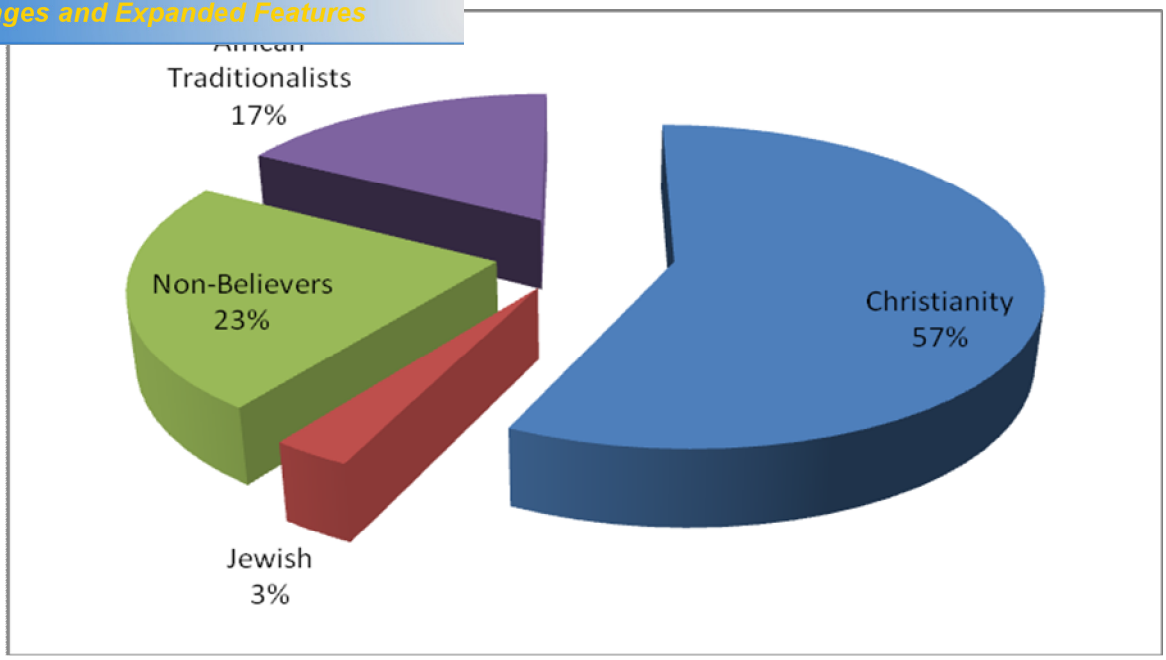


Figure 10 Distribution of Participants Based on Religious Beliefs (N=35)

4.3 Reproductive Issues in the Children's Act

4.3.1 Knowledge of the Children's Act No 38 of 2005

Although 20 (7%) of participants indicated that they had some knowledge about the new Childrenôs Act, their knowledge seemed very limited. It is also possible that some of these participants provided socially desirable responses and claimed to have knowledge of the Act as they did not wish to appear ignorant. Fifteen participants (5.25%) stated that they had no knowledge at all about the Act but this did not preclude them from participating as they answered the questions based on the clauses provided before each question. Figure 3 provides a graphic illustration of this information.

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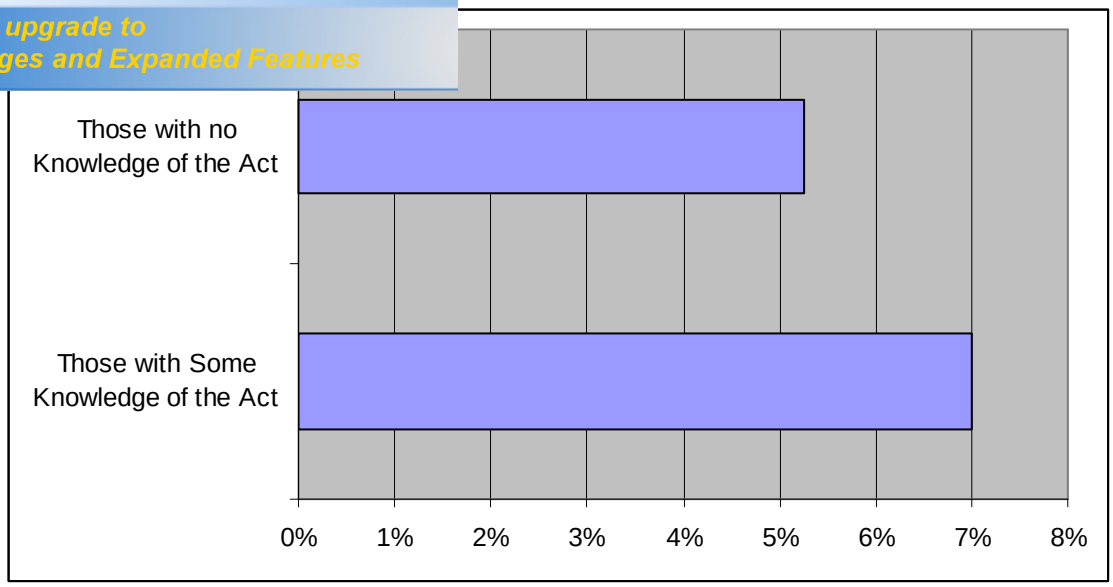


Figure 11 Participants' Knowledge of the Children's Act (N=35)

Participants who had some Knowledge of the Act

When asked about their awareness of and knowledge about the Childrenôs Act, 20 participants seemed to express similar views. One participant who was in the category of 43 years and older responded as follows;

> ñInto engiyaziyo nje ngalemthetho yabantwana ikuthi izingane azisashaywa kanti sezinemvume yokukubophisa emthethweniò
>
> (*What I know about the Act is that children can no longer be given corporal punishment otherwise they can press criminal charges against you.)*

Although two female participants in the categories of 33 to 37 and 38 to 42 years of age also echoed the same sentiments in response to this question, this view seemed to be more common amongst older male participants. The issue of the corporal punishment seemed to be the main aspect of the Act with which they were familiar.

Participants who Claimed to have no Knowledge of the Act

Responding to the same question on their awareness of the Childrenôs Act, one male participant in the category of 33 to 37 years of age from a non-believersô category, who claimed to not have any knowledge about the Act commented in iSiZulu:

"singazi kanjani ngalezi zinto ngoba uHulumeni sewaba uye ositshel' okokwenza ngisho nasemizini yethu".

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e the government has taken the central role of telling households?)

However, this comment suggests that this particular participant did have some awareness of the Act.

Nevertheless, 15 of the interviewees acknowledged that they had no knowledge of the Act but seemed keen to learn about the Act and discuss these issues with the researcher. Furthermore, one male participant aged between 23 and 27 years from the Christian religion as well as two women aged between 18 and 22, and 23 to 27 years of age respectively drawn from Christian religion and non-believers categories indicated that they were keen to participate in discussions of this nature. This finding highlighted the need for awareness programmes to educate people about the Childrenôs Act of 2005.

4.4 Participants' Views Regarding Medical Treatment and Surgical Operations on 12 Year-Old Children

Clause 12 of the Childrenôs Act No 38 of 2005 states that children from the age of twelve years and older have the right to consent to surgical operations. Furthermore, Article 12 of the Convention on the Rights of the Child states:

"States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child". (Unicef, 1989).

There were mixed feelings on the part of participants regarding this particular clause. While the majority of the participants totally disagreed with this particular clause, there were a very few with liberal ideas on decision-making regarding their children. Table 4.2 illustrates how participants responded to this clause in relation to different variables including, gender, age, race, language and religion.

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***n of Participants Opposed to Versus those in Favour Medical Procedures* (N=35)**

Participants opposed to children consenting to medical procedures			**Participants in favour of children consenting to medical procedures**		
Variable	***Sub-category***	***No***	***Variable***	***Sub-category***	***No***
Gender	Males	7	Gender	Males	3
	Females	20		Females	5
Race	Black	20	Race	Black	5
	Mixed Descent	7		Mixed Descent	3
Age	19-22 years	2	Age	19-22 years	2
	23-27 years	1		23-27 years	3
	28-32 years	2		28-32 years	3
	33-37 years	3		33-37 years	-
	38-42 years	5		38-42 years	-
	43 and older	7		43 and older	-
Language	IsiZulu	10	Language	IsiZulu	2
	Afrikaans	7		Afrikaans	3
	IsiXhosa	4		IsiXhosa	1
	SeTswana	3		SeTswana	1
	SeSotho	3		SeSotho	1
Religion	Christians	16	Religion	Christians	4
	African-Traditionalists	6		African-Traditionalists	-
	Jews	1		Jews	-
	Non-Believers	4		Non-Believers	4

Participants Opposed to the Clause

Table 4.2 indicates that there were more females than males who were opposed to the childrenôs right to consent to medical procedures to be carried out on them as stipulated in the Childrenôs Act of 2005. In terms of the age variable, more participants age 35 years

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se. It can also be noted from the table that participants posed the clause when compared to other language groups. This finding could possibly be attributed to the fact that overall there were more Zulus in the sample than other groups. With regard to religion as a variable, more Christian participants opposed this clause which can also be attributed to the fact that they were in the majority in relation to other religious groupings that participated in the study.

These participants were concerned that a child of 12 years of age was unlikely to have the mental or emotional maturity to make decisions on matters with serious ramifications such as surgical operations. One participant commented:

> *"umntanami ngeke akwenze lokho, angivumelani nakho phela lezinto zinokuphazamiseka uma umuntu engaz' elusanga".*

(*My child can never do that, I cannot agree to that because in most cases there are complications that can permanently affect one's life especially when there is lack of parental care).*

Another female seSotho speaking Christian participant aged between 33 and 37 years of age pointed out that the nature of childrenôs rights raises different concerns depending on the prevailing circumstances. She went on to explain that such a right would be problematic if the child had conservative parents whereas other more tolerant parents might not have a problem with children being afforded such rights. She reluctantly indicated that she would be at ease only if the age of consent to surgery could be raised to 16 years. This response appeared to be related to Baumrindôs (1991) description of two different parenting types, namely; authoritarian and indulgent parenting styles. Baumrind (1991) emphasizes that the authoritarian parent would try to influence the child to portray certain behavioural patterns based on moral standards usually set by a higher authority such as the church or tradition. In this case such a parent is likely to oppose the Childrenôs Act in respect of the provision of a childôs right to surgical operation without his/her parentsô consent because it would be in conflict with their belief system. The indulgent parent would be more likely to give children latitude to exercise their right to

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ere able to understand the consequences of such
t was expressed by another Christian female believer in the category of 38 to 42 years of age who commented:

"...ke tswanetsi kuri kefiwe tukelo yakuri ketlokomele ngwanaka a hule katsela etswanetseng. Ha ngwana abatla ku etsa nto aibatlang, hatswe mohaka, ke yona tsela ekihudileng kayona nna..."

(I must be given a right to look after my child so that she can grow with the right manners. If she wants to do as she pleases, then let her leave my house. That is how I was brought up).

This response seemed to be an example of an authoritarian parenting style as highlighted by Baumrind (1991).

Participants in Agreement with the Clause

While 27 participants totally disagreed with this particular clause, Table 4.2 shows that there were eight participants with liberal ideas on decision making regarding their children. The table further indicates that although participants who were in favour of the clause were in the minority, male participants were out-numbered by their female counterparts. It is also worth noting that there were no participants in favour of the clause from the age categories; 33-37, 38-42, and 43 and older. This finding could be indicative of the different value systems that these generations had from those that are espoused by the Act. Lastly, the table also shows that there was an equal number of non-believers that opposed the clause as those non-believers who were in favour of this clause.

One female participant aged between 23 and 27 years of age from a non-believersô category indicated;

"Children should be given the opportunity to choose what they want; I guess it's ok that they have this right".

Although she could not give reasons to substantiate her view, she was of the opinion that children are often suppressed and made to live out their parentsô aspirations. In contrast, she felt that children should be allowed to choose for themselves. This kind of thinking

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e participant aged between 19 and 22 years, also from as saying:

"It is fine because we are living in a democratic society".

This response would seem to reflect the ideals of a democratic society as stated in a Convention on the Rights of the Child (Unicef, 1989). This convention is regarded as a legally binding instrument to all signatories, including South Africa as the country is part of an integrated global community. In line with the aforementioned views, this instrument states categorically that children as human beings have rights that ought to be respected by everyone. One of these rights stated therein, is the right to be respected and to fully participate in all aspects of their social lives. In accentuating the meaning of this right one could argue that respecting children means listening to their views and delivering on their wants and desires, one of which could be the choice to have surgical operations performed on them. In addition to this theme, a male participant in the category of 19 to 22 years of age from a Christian category stated:

"Children should be given the opportunity to choose what they want; I guess it's ok that they have this right".

In support of the clause, one female participant in the age group of 23 to 27 years from the non-believersô category drew a comparison with the manner in which children in earlier generations were raised. She reflected:

> ñ*In the past children were always suppressed and made to live their parent's desires negating their personal desires".*

In other words, she was of the view that children of the present generation needed to be allowed to make their own choices. It is of interest that none of the participants who favoured childrenôs rights mentioned the issue of responsibilities that come with rights. Figure 4 shows participantsô views on medical treatment and surgical operations on children.

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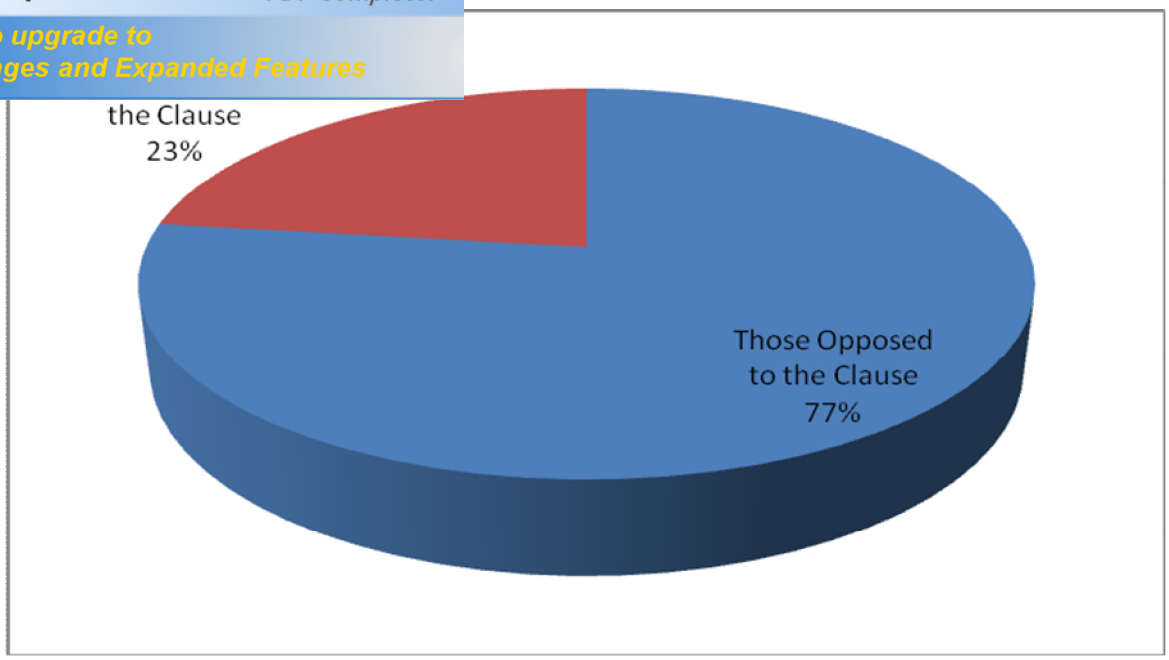


Figure 12 Views of Participants on the Medical Treatment and Surgical Operations Clause (N=35)

4.5 Parents' Perceptions on Virginity Testing

Subsection 5 of section 12 on social, cultural and religious practices in the Childrens Act No 38 of 2005 states:

"Virginity testing of children under the age of 16 is prohibited. Virginity testing of children over the age of 16 may be performed if the child has given consent to testing in the prescribed manner".

Virginity test is the practice and process of inspecting female's genitals to determine if the person is sexually chaste. It is premised on the cultural belief that a womanôs hymen can only be torn as a result of sexual intercourse (LeClerc-Madlala, 2001). Some testers believe that a femaleôs sexual experience can be judged by her external genitalia.

Gundani in Barry (2004) acknowledges the practice of virginity testing as a strategy to curb HIV/AIDS which is prevalent amongst the youth in Africa. However, some have argued in the face of this assertion that this very practice exposes the persons concerned to discrimination and infection with this same virus which could be detrimental to their well-being (Whitty, 2005). The question on views of parents on virginity testing also

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most cases responses seemed to hinge upon the riences. Analysis of responses revealed three main themes.

Participants in Agreement with the Practice of Virginity Testing Practice

Twenty five participants were in total agreement with the practice of virginity testing and they furnished reasons for their support of this practice. In responding to a question on virginity testing one female participant in the category of 43 years and older from an African traditional group commented:

> *"Virginity testing has always been done in our tradition and children have always participated happily. I would love to see the majority of our children taking part in this tradition as it saves a lot of good than harm to both the children and the community".*

Other supporting views noted that every parent would love to see their children succeed in all aspects of life. Thus, they viewed virginity testing as a social aspect that brought positive satisfaction to the children concerned and the broader community in as far as good moral values are concerned. However, these responses seemed to focus more on those children who would pass the examination but had no regard for those that could have lost their virginity either wilfully or unwillingly. Furthermore, those in support of this clause were a mixture of participants from the Christian category and those from the African tradition and 22 of them were above the age of 33 years. This viewpoint could have been related to the age variable considering that this practice might have been more prevalent in their youth. However, this response did not suggest that they all went through the same practice as some of them might have been raised in areas where it was not commonly practiced. Nevertheless, this finding seemed to provide support for the view that age also informs peopleôs thinking and is dependent on the values prevalent during times in which they were born and raised (Lesser & Pope, 2007).

Participants Opposed to the Practice of Virginity Testing

Eight participants, including 3 males and 5 females, 4 Christians, 3 non-believers and 1 participant from the Jewish faith held views opposing the practice of virginity testing and

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g this stance. One female participant aged between 33

> *"I don't think virginity testing is good no matter what the age of the child is because of the emotional abuse it has on children resulting from pressure on them from their parents".*

Other participants sharing the same view elaborated by indicating that unless one is a specialised doctor, it is not possible to tell whether one is a virgin or not by simply looking at a childôs external genitalia. Moreover, they indicated that some parents would want to appear to the public as good parents if their children have been examined and passed the examination thereof. They further argued that the practice usually becomes a publicity measure for parents who would nonetheless disregard the best interests of the children. Some views from the participants suggested that the practice has little impact on shaping onesô behaviour and for that reason, it should be discontinued. The following responses encapsulated this theme.

> *"What is the purpose of testing whether a girl is still a virgin or not. You can not change the situation, Privacy is essential. Emphasis needs to be placed on sexual abstinence for physical, emotional and spiritual reasons"*

> *"Virginity testing is a big no. What happened to privacy? We are living in a western society. Stop this as it sometimes brings in more damage than good".*

Others focused on double standards where they argued that communities and leaders who advocate for virginity testing discriminate against females in the sense that they expect females to be sexually pure whereas their male counterparts are not subject to the same expectations. However, Gallagher (2004) notes that the Childrenôs Act allows for male circumcision as compared to virginity testing. It is possible that this view was informed by the fact that one seldom hears about the same practice being performed on males. In response to this question a male participant aged between 23 and 27 years of age stated:

"If a male counterpart can prove his masculinity by engaging in sexual activities with as many partners as they please, why should a female in the same position be discriminated

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nequality, Holomisa (2009) explains that if a girl loses her virginity, the boy who was responsible does not escape censure. ñHe too is ostracized and prohibited from socialising with his peers for a period. He has brought shame to them as well. If he was due for initiation into manhood, he forfeits his right to do for that particular seasonò (Holomisa, 2009, p. 154).

It was noted that although there were two participants above the age of 33, the majority of those who disagreed with the clause were below this age. It was also noted that 50% of those who disagreed with the clause were from the Christian religion; however, this finding could be due to the fact that there were more Christians in the sample than persons from other religious denominations.

Participants with Indifferent Views on the Practice of Virginity Testing

Two participants aged 28 to 32 and 33 to 37 years respectively indicated that they had no views regarding this particular matter as they had never thought about the practice as being either good or bad for children. One female participant was from the Christian faith while the other female participant was from the non-believers category.

Figure 5 illustrates how participants differed in their views on the issue of virginity testing.

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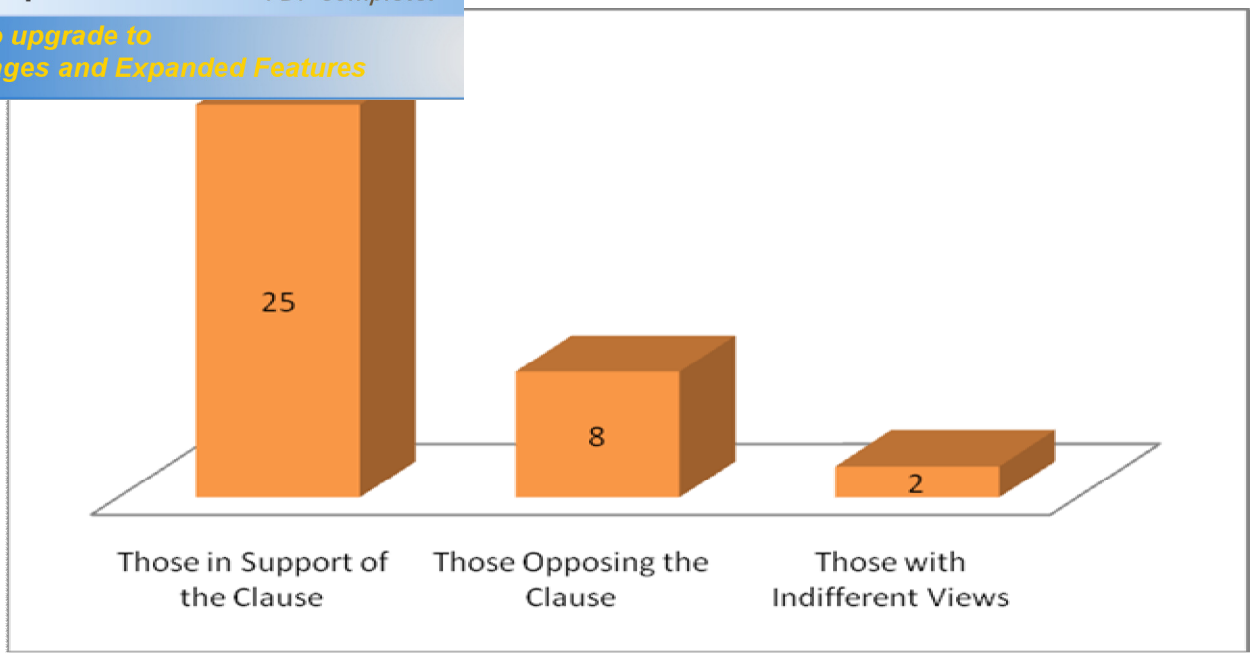


Figure 13 Distribution of Participants' Views on Virginity Testing Clause (N=35)

4.6 Participants' Views on the Age Stipulation for Virginity Testing

As indicated previously, the Childrenôs Act (38/2005) stipulates that 16 years of age is the appropriate starting age for virginity testing and any virginity testing to children below this age would be illegal. Participants also had differing views on this issue with two main themes emerging.

Participants in Agreement with the Stipulated Age for Virginity Testing

Ten participants were of the view that 16 years of age would be the appropriate age for virginity testing. One of the participants who supported the clause thought that 16 years of age was appropriate for virginity testing as the girl child could be expected to be of the right chronological age to engage with issues regarding her sexual life. This feeling would seem consistent with the stage of 12 to 18 years of age which Erikson (Lesser & Pope, 2007) refers to as the adolescent stage characterised by identity versus role confusion. Seemingly the predominant issue for the child at this stage would be that of his or her sexual life. The question possibly focuses on the childôs ability to make rational decisions that would be in his/her best interest. A seTswana male participant indicated:

"Nowadays children look younger than their ages, so I think at the age of 16 they would

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urpose of the practice".

Participants Opposed to the Stipulated Age but Recommending Alternative Ages

Of the 25 participants who agreed with the clause on virginity testing, 15 were of the view that 16 years of age would be too late for any parent to take any preventive measures or teach a child to abstain from sexual activity. The following is one response from an isiZulu speaking male participant in response to the question on the age of virginity testing.

"Ngibona sengathi u16 years ingane isuka isikhule kakhulu, kodwa at 13 years, ingane isuka isalungele ukugoqwa ikhonjw' indlela ukuze ivikeleke ezifeni nasekuzithwaleni".

(I think age 16 would be too late. Instead 13 years of age would be appropriate for a child to start virginity testing as children start at that age to be sexually active. In that way, early pregnancies and illnesses would be avoided.)

Another view that was expressed included:

> *"I think virginity testing should start from the age of 13 years because children think they are clever and mature such that they have sex at younger ages".*

From a different perspective, one could argue that this view presupposes that virginity testing is a deterrent to sexual engagement which is contrary to that indicated by Whitty (2005). She indicated that young girls were opting to rather engage in anal sex in order to keep their status as virgins intact which in itself poses greater risks for the spread of AIDS. This view would to some degree strengthen the argument of those opposed to virginity testing.

4.7 Participants' Views Regarding the Use of Contraceptives and Termination of Pregnancy by their Children

Goosen, Klugman and Boikanyo (2000) define a contraceptive as a device, drug, or chemical agent that prevents conception. Out of a total number of 35 participants 18 were

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n this regard, 12 concurred with the Act citing reasons
ith this clause subject to certain conditions.

Participants in Agreement with the Use of Contraceptives and Termination of Pregnancy by their Children

Of the 12 participants, 6 were Christians, 4 were non-believers and 2 were from the African traditional religion. In addition, 7 of these participants were female while 5 were males. These participants were in favour of the clause on the use of contraceptives and termination of pregnancy by their children. They also gave reasons for their views. Responding to a question on participantsô views about the use of contraceptives and termination of pregnancy by children, one female participant in the category of 38 and 42 years of age stated:

"Kungcono kakhulu ukuthi ngazi ukuthi umntnami uyavikela kunokuba ngimthole esekhulelwe njalo esenegcimwane. Kodwa kufuneka ngimsize ngokumeluleka phezu kwezinqumo azenzayo".

(My child would rather prevent than coming home to find that she is pregnant and also has a virus. However, I must ensure that I advise him/her on the decisions that they make).

Although other participants put their views differently, this theme appeared to be common amongst all of those who were in favour of the clause. The other view was that parents should be available to their children and create an open climate that would enable them to speak about sexual activities including contraceptives that their children could use. Another female, non-believer aged between 28 and 32 years mentioned:

"Thina sikhule sisenza lokho obekuthandwa ngabazali bethu, ingakho sehluleka ukwenza ezinye izinto ezinhle ngempilo zethu ngoba ama-parents ebengazivumi"

(We grew up listening and doing only that our parents wanted, that is why we failed to do certain good things about our lives because they could not give us the space to do so).

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e approach of authoritarian parents who tend to direct their children in terms of how they should lead their lives. These guidelines are likely to be linked to the beliefs and traditions of their own parents. Erikson notes that this kind of parenting style tends to result in a childôs failure to be assertive and may eventually lead to him or her becoming an introvert (Lesser & Pope, 2007). A further argument by one male participant aged between 19 and 22 years was encapsulated in the following quote.

> *"Since children do not tell their parents how they plan to behave, particularly when it is sexually related, they would rather be taught about contraceptives to prevent being a burden to their parents once they have contracted terminal illnesses or fallen pregnant".*

Ironically, 9 of those participants who supported access to contraceptives by children, (7 of whom were females and 2 males) indicated that termination of pregnancy would go against their moral values, especially if it was carried out by their children. Six of the 9 participants were Christians 1 was a non-believer and the remaining two were from the African traditional religion. Instead, they felt that, children should be allowed free and easy access to contraceptives by both their parents and the law.

> *"It's better for my child to prevent pregnancy through contraceptives than terminating pregnancy or having a child born in poverty to suffer".*

Participants in Disagreement with the Use of Contraceptives and Termination of Pregnancy by their Children

Eighteen participants, 15 of whom were above the age of 33 years, held views opposing the clause of the Childrenôs Act on the use of contraceptives and termination of pregnancy by their children. They also gave reasons for their views. One female Christian participant aged between 33 and 37 years indicated:

"Contraceptives should be given to married couples and single mothers as they can use them for family planning"

Another female participant in the same age group commented:

"Ijazi lomkhwenyana ngelomkhwenyana cha izingane, kube belenzelwe izingane kube

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t children; if they were made for children they could have been stated that they are for children as well).

The same participant commented that condoms are elastic and designed for adults. He therefore queried whether the government would manufacture condoms for children that would be the appropriate size in respect of their genitals and if not, then would the current form of condoms serve the preventative purpose that they are meant to serve? Another view was based on the perception that the primary purpose of contraceptives is to assist in family planning (Phillips & Ross, 1992). According to Eriksonôs theory (Lesser & Pope, 2007) one can deduce that a 12 year-old child would be less likely to rationalise the act of sexual engagement and be able to critically process information regarding the impact of certain contraceptives due to their stage of psychological development. For such reasons, whatever decisions they make would need parental guidance.

A Tswana speaking female participant aged between 38 and 42 years who also subscribed to Christian values believed that there was no difference between termination of pregnancy and murder, and that the only distinction lay in the fact that the former was condoned by law in South Africa while the latter was viewed as a criminal offence. Similarly all Christian participants and the one Jewish participant expressed sentiments rejecting the clause. The Termination of Pregnancy Act 92 of 1996 states:

ñ...pregnancy may be terminated upon request of a woman during the first 12 months of the gestation period of her pregnancy...ò

On the other hand, section 11 of Chapter 2 in the South African Constitution states:

ñ*Everyone has the right to life*ò.

In this instance two participants, one a male non-believer aged between 23 and 27 years and a female aged between 28 and 32 years affiliated to the Christian religion argued that the law shows a selective preference on who has a right to life as it chooses not to accord a legal persona to an unborn child thereby depriving such child of the rights that are

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e also five other participants, three of whom were believers who were indifferent in terms of their views on the termination of pregnancy. They explained that the decision was an individualôs choice based on her circumstances. One of these five participants indicated that both the child and her parents needed to make a decision on whether to terminate the pregnancy or not. This comment was consistent with the objectives of the Childrenôs Act which seek to protect and empower children on decision making and also advance their interests.

Figure 7 shows that more Christians in the sample were opposed to the clause on termination of pregnancy than participants from other religious groupings. This finding may have been related to the fact that there were more participants from the Christian faith than from any of the other religions.

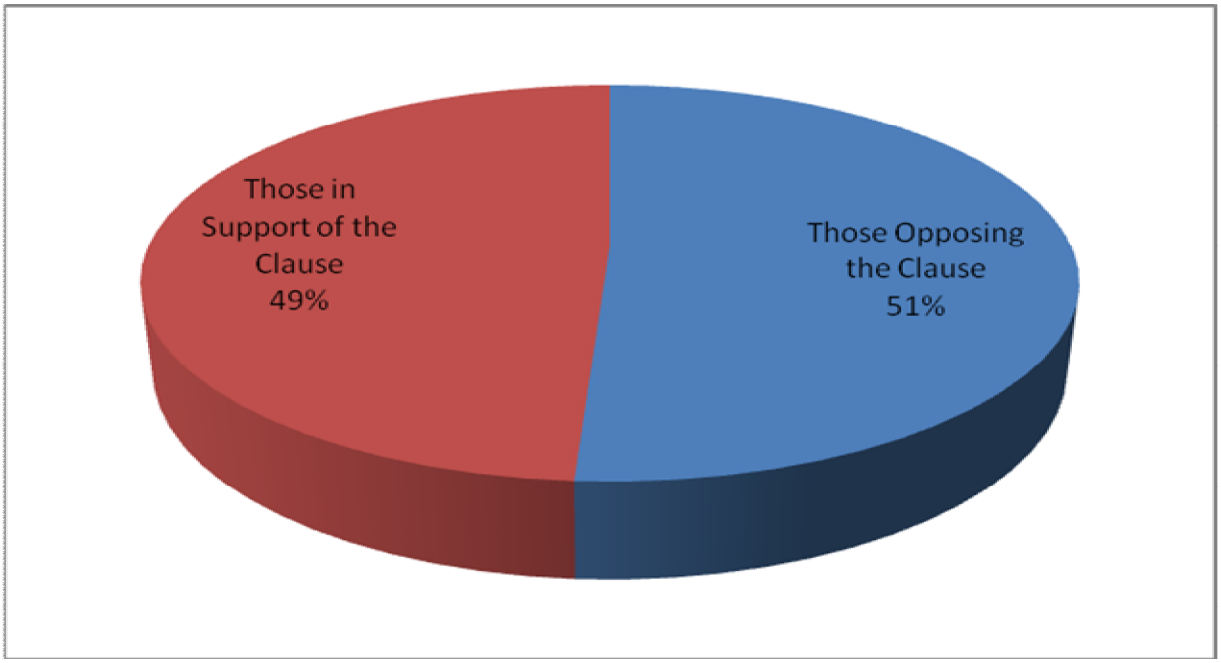


Figure 14 Responses of Participants on the use of Contraceptives by Children (N=35)

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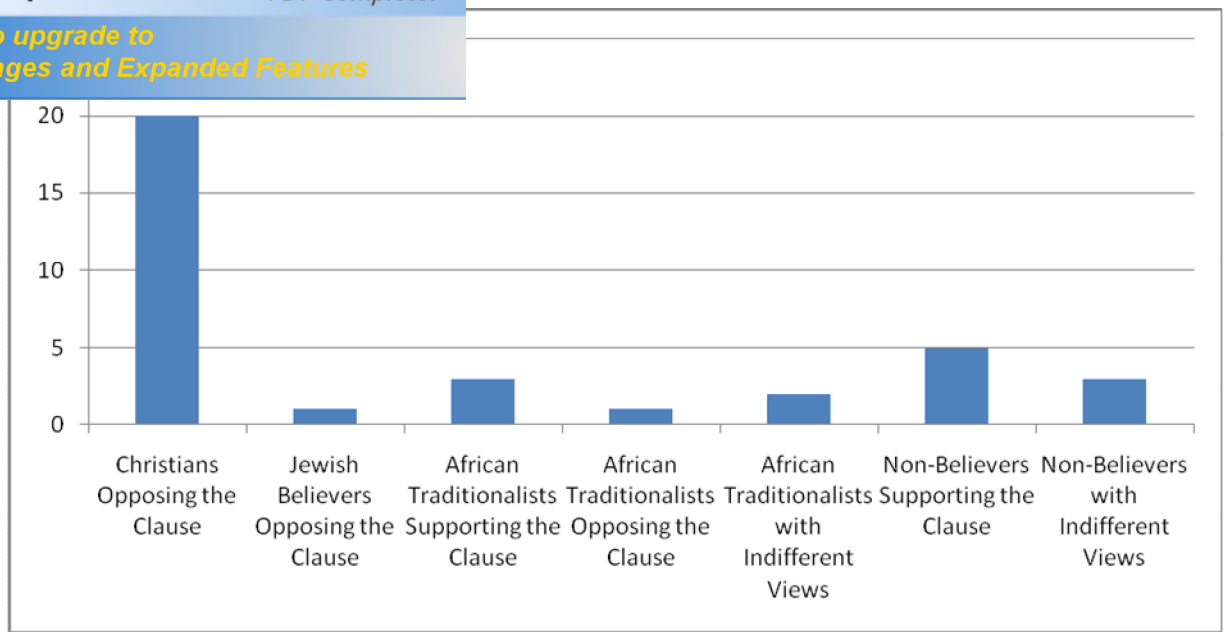


Figure 15 Views of Participants on Termination of Pregnancy Clause in Relation to Religion (N=35)

4.8 Comparison between Generations on the Use of Contraceptives, Termination of pregnancy, Surgical Procedures and Virginity Testing

The Childrenôs Act provides guidelines in terms of childrenôs rights relating to contraceptives, termination of pregnancy, surgical procedures and virginity testing. Thus, the researcher sought to ascertain how these guidelines compared with the ways in which participants were raised as children. Two themes emerged in response to this question, namely those who were brought up in a similar manner to that articulated in the Act and those who enjoyed a different type of upbringing.

Participants who shared the same type of upbringing as reflected in the Children's Act (38/2005) guidelines

Of the 35 participants, 2 indicated that there had not been much difference in the way they grew up and how children are currently raised. They attributed this experience mainly to the fact that they themselves were within the age group of 19-22 years and they regarded themselves as being of the same generation as those that were regarded as children at the time this research was conducted. Although there were 2 other participants

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share the same views as they thought that the law on
om what it was during their time to what it was during the time in which this research was conducted.

Participants who regarded themselves as having experienced a different upbringing to that advocated in the Children's Act (38/2005) guidelines

Thirty one participants indicated that the way in which they were raised was totally different from the approach promoted by the South African government at the time of study. A female participant in the category of 38 and 42 years of age indicated:

> *"I don't have children but I was raised in such a closed surrounding, I was scared of sex".*

"Ngenkathi zethu, there were no guidelines kodwa usiko lwethu lwalufundisa ukuba kumele ingane zamantombazane zishadwe ngaphambi kokuba ziy' ocansini. Futhi besitshelwa ukuba uma sesikhulakhulile singadlali nabafana kodwa besifihlela ukuba kungani kungamele sikwenze lokho"

(We never had those guidelines but our culture encouraged us to be formally married before sex. They would tell us that at the age of puberty we should not play with opposite sex for reasons that were not divulged to us).

This finding can be explained in terms of the fact that in many African cultures discussions about sex have traditionally been regarded as taboo so that it is difficult for children to freely engage with that particular topic with their parents before marriage. Another dimension on this theme was that raised by one male participant in the category of 43 years and older who said:

ñ*As a young child, I was never bombarded with such issues (issues of sexuality and reproductive health) but I used to read about them without fully understanding their meaning. I wonder if children of this age would be able to understand all the implications of the mentioned guidelines".*

It was anticipated that the way in which children could understand the guidelines as set out in the Childrenôs Act might also depend on their parentsô perceptions of the

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For this reason, participantsô perceptions of these



Figure 16. Child Rearing Approaches Experienced by Participants in Relation to Guidelines in the Children's Act (N=35)

4.9 Parents' Perceptions of the Objectives Underpinning the Children's Act and the Feasibility of them being achieved

The actual objectives of the Childrenôs Act No 38 of 2005 in relation to this study are:

> *"To give effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children; to define parental responsibilities and rights; to create certain new offences relating to children; and to provide for matters connected therewith".*

Of the 35 participants, 15 had no knowledge of the existence of the Act while 20 had some knowledge but were not aware of specific aspects of the Act. When asked about their perceptions regarding the objectives of the Act, participants gave their responses mainly based on what they thought the objectives were as well as the information that

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ng of the interviews. It is acknowledged that although neutral manner, it could have biased responses and therefore represents a limitation of the study. In response to a question on this issue, one participant was quoted as saying;

> *"I suppose that's the way they describe democracy through making children have decisions larger than they can manage. I also think they wanted to maintain good governance, but I don't think they will achieve it because too much freedom for children would be too much for the country to handle".*

An isiZulu speaking male participant in the age range of 28 to 32 years indicated:
"ngicabang' ukuthi uhulumeni ubezama ukwehlisa izinga lokukhulelwa kwezingane ngokunjalo begqugquzela ukuthi maziqhubeke ngemfundo. Kanti le yindlela yokuqeda ububha futhi isehlisa izinga lokukhula kwenani labantu Eningizimu Africa".

(I think the government intended to reduce the pregnancy rate and encourage children to continue with their studies as well as to reduce poverty and population growth in South Africa).

In response to whether or not these objectives could be achieved another male participant in the age range of 23 and 27 years commented: *"…they can only be partly achieved but our children now live in open communities with influences from beyond community boundaries. I think these clauses are likely to encourage sexual activeness amongst young people under the cover of contraceptives and termination of pregnancy".*
Overall, one can deduce that the participants had little knowledge about the objectives of the Act, which could have been a contributing factor to the seemingly detached attitude that other participants had towards the Act.

4.9.1 Suggested Ways of Achieving the Act's Objectives

Participants had indicated that it might be difficult for the government to achieve the intended objectives of the Act through the aforementioned clauses. Thus, the study also sought to elicit their views on how they thought the intended objectives could be realized.

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made no recommendations as they thought that the was the most appropriate strategy to achieve those objectives. Five other participants indicated that although they did not support the approach to achieving the desired outcomes, they were not aware of any more appropriate ways through which the objectives could be achieved. The remaining 25 participants gave varying reasons such as the following:

> *"The government could encourage schools to have programmes that would keep children occupied almost every time such as having more of extra mural activities that include sports and music competitions. This would shift children's focus from sex to other entertainment activities."*
>
> Another suggestion from a participant included:
>
> *"Kufuneka uhulumente aze nezinhlelo zokuba abantwana babone ukubaluleka kwemfundo ngaphezu kwayo yonke into. Iyona ndlela ezoyenz' into yokuba abantwana bame ukuya ocansini"*
>
> *(The government should encourage positive minds amongst children towards education. That is the only way in which children can delay to be sexually active).*
>
> *"Ugovernment kumele abe nenhlelo ezifana nalezo ezokugqugquzela izingane ukuthi zingayi ocansini kuthi ingane ezobe isangcwele unyaka nonyaka ithole imiklomelo efana nemali, ukufunda mahala noma ukuxhaswa ngokudla.*
>
> *("The government should have programmes such as having incentives given to those children that manage to keep their virginity every year. Such incentives could be in the form of money, scholarships or food parcels").*

The last model has been shown to be effective in other countries such as Uganda where virginity testing has been used as a tool to decelerate the spread of HIV/AIDS amongst young people in the country (BBC News, 20 July 2005). These incentives have mainly been in the form of bursaries to young people. However, this approach might encounter resistance particularly in a country like South Africa that beside being culturally diverse, is strongly influenced by the west through its rights-based constitution. This resistance is

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as the Human Rights Commission that has indicated e done more harm than good, particularly to girls regardless of whether they pass or fail the test. It is within this context that one has to make a judgment on the ethicality of certain cultural practices that define and govern certain societies. Nonetheless, this approach does not suggest that the proposed model of achieving objectives in the Act is unethical but rather attempts to provide a critique of the strategies advocated in the Act.

4.10 How Parents were Informed About Decisions Affecting their Children and the Extent to Which Interviewees Participated in the Build-up to the Promulgation of the Act

According to Dutshke (2009), article 18 of the Convention on the Rights of the Child states:

*"States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern*ò.

This article makes provision for parents or guardians to be conscientized about their responsibilities in respect of their children. Thus, participants were asked how they were informed about decisions affecting their children with regard to the Childrenôs Act. They were also asked about the extent to which they participated in the build-up to the promulgation of the Act. Twenty participants claimed to have some knowledge about the Childrenôs Act No 38 of 2005. However, only three of them (2 of whom were males in the age range of 33 to 37 and 43 years and older) indicated that they had participated in the public hearings in the build-up to the promulgation of the Act. In contrast, 22 participants indicated that they had not participated in these discussions because they were not aware of the existence of such a process. They further indicated that the little

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was derived from other people they knew but mainly dio, print media and television. These findings are reflected in Table 4.3

Table 4.3 Sources of Information about the Children's Act (N=20)

Source of Information	***No of People***
Print Media	*15*
Radio	*10*
Television	*10*
Other People	*5*

The reason why the total number of the people in Table 4.3 exceeds the number of people who claimed to have some knowledge of the Act is because some participants mentioned more than one source of information.

> *"...Mina ngezwa ngabantu bekhuluma into efana naleyo oyishoyo kanti okunye bengikuzwa la emsakazweni kukhulunywa ngokugcinwa kwezingane".*
>
> *("I heard from people talking about something similar to what you are saying but I got some of the things from the radio about how children must be looked after").*
>
> *"Mina nginokuhlala imihlangano eyenzeka eholweni, yilapho ke engahlangana khona nabantu ababeze bezokhuluma ngakho ukugcinwa kwezingane. Babesitshela kanti bedinga nemibono yethu esasikhona".*
>
> *("I usually attend community meetings at our community centre, That is where there was a meeting of people with people who taught us how to look after children and they all also needed our inputs on what they had spoken about.").*

Despite the fact that the process to the build-up of the Act was a participatory one, when asked how they were usually informed about decisions affecting their children, 28 participants indicated that they were seldom consulted. It is possible that there is a shortage of outreach programmes that would ensure that community members get to own

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ment formulates. Compton (2005) argues that where rative effort to establish a comprehensive solution is required. Three participants indicated that during intervals between elections, government representatives seldom come to visit them and the only time they come more often is during election periods. However, there were 5 participants who noted that government officials visited their areas on a regular basis but never came with sustainable strategies for eradicating problems such as crime and poverty.

Information rendered to children on sexual reproductive health

Responding to the question on whether there were any programmes or information rendered to children about sexual reproductive matters, 24 participants explained that there were programmes they saw on TV and heard on radio. Moreover, they indicated that their children learned a great deal from school starting from a very tender age and they were convinced that their children knew more than what parents thought they knew. Lastly, five other participants mentioned that there were also programmes in their local clinics that were meant to educate young people about reproductive health matters. However, they felt that it was difficult to measure their effectiveness as some children went to the clinic while others did not attend and for those that attended the clinic, some of them were already pregnant and at a high risk of being infected with sexually transmitted illnesses.

4.11 Summary of the Chapter

This chapter presented results and also discussed the findings of the study in relation to the relevant literature. The results were presented and discussed according to themes that emerged during data collection and were also displayed in the form of figures and tables. The following chapter summarizes the main results, draws conclusions and makes recommendations that emanated from the findings of the study.

CHAPTER FIVE

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SUMMARY OF THE STUDY, MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.5 Summary of the Study

The study aimed at investigating the views of a group of adults living in Johannesburg Metro (Region 11) regarding reproductive health issues highlighted in the Childrenôs Act No 38 of 2005. The principle questions generated from the primary aim sought to elicit parentsô views on clauses in the Childrenôs Act No 38 of 2005 that allow minor children the right to surgical procedures, virginity testing, access to contraceptives and termination of pregnancy. The study further sought to explore parentsô feelings about the consultative process that preceded the promulgation of the Act. In investigating the objectives of this research, 35 adult participants from different areas of Region 11 were interviewed. A small-scale, mixed method, descriptive, cross-sectional survey research design was employed while cluster sampling was used to recruit participants. An interview schedule that was divided into sections A and B was administered. Section A included items on the socio-demographic background of participants while section B included reproductive health issues selected from clauses in the Childrenôs Act. The interview schedule was administered to collect data after a pre-test was conducted on two people who met the required criteria for participation. Closed-ended questions were analyzed using descriptive statistics, while open-ended items were analyzed using thematic content analysis.

5.2 Main Findings from the Study

The study centered on 5 major variables that included gender, age, race, ethnicity and religion. To start with, all the age categories from 19-22 to 43 years and above were represented during the data collection process. Age category 43 years and older had the largest proportion of participants while categories 19 to 22, 23 to 27 and 28 to 32 had the least number of participants. On the gender front, the majority of participants were females and of all the participants, Christians out-numbered any other religious faiths

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tionalists and non-believers. The Jewish sect had the ticipants were black and were further categorized into Africans and persons of mixed-decent. Participants included Zulu, Xhosa, Tswana, Afrikaans and Sotho speakers with isiZulu being the dominant language and seSotho having the least number of participants. It also emerged that while the vast majority of participants were parents, there were a few who had no children of their own but nevertheless had experiences in child rearing.

Regarding the participantsô knowledge about the Childrenôs Act, it emerged that the majority of interviewees had no knowledge about its existence. Moreover, those that claimed to have knowledge, in fact had very little knowledge. Secondly, on the issue regarding childrenôs right to consent to surgical operations at the age of 12 years, participants indicated that 12 years of age was too young for children to make decisions that would be in their best interests. There were suggestions that 16 years of age would be a more acceptable age at which children could start making concrete decisions as they would be likely to have matured when compared to children of 12 years. However, there were some participants who felt that the Act was appropriate in terms of its demands as they felt that children of this generation tended to mature much earlier than those of previous generations.

Thirdly, in terms of virginity testing, there seemed to be a link between the manner in which participants were brought up and the nature of their responses. In other words, several of those that had been exposed to virginity testing practices, wanted their children to undergo the same experiences. They further indicated that the age of 16 as stated in the Act might be too late to teach a child to abstain from sexual intercourse prior to marriage. On the other hand, those who had had negative experiences in relation to this practice did not want their children to have the same experiences; thus, they were opposed to the practice. More than half of the participants expressed strong sentiments against the use of contraceptives by their children. Participants viewed termination of pregnancy in any respect as unethical and as the one procedure that they would not allow their children to undertake. This was one point with which participants had a common understanding and

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e for the use of contraceptives over termination of d termination of pregnancy as equivalent to murder.

On the issue of generational differences regarding guidelines on rearing children, participants indicated that they were not aware of the existence of any legislated guidelines when they were children as is the case today. Furthermore, some participants indicated that they grew up in rural settings where strong beliefs in traditions provided little room for any childôs independent thinking and creativity. Some parents opted for their children to be given the independence that they themselves never enjoyed when they were young. On the other hand some parents preferred to raise their children in the strict traditional manner as they believed that it would give them a strong cultural and moral base. The majority of the participants conceived and expressed sentiments that a different approach to childrenôs reproductive issues should inform guidelines for a new and proper understanding of childrenôs reproductive issues.

Few participants had any idea about the objectives of the Childrenôs Act; however, they applauded the government for doing something about children but some of them failed to agree with the manner adopted to achieve the objectives. They in turn suggested that there should be programmes that would play a role in delaying the onset of sexual activity in young children. Another finding was that almost all the participants had not participated in the discussion process leading up to the promulgation of the Childrenôs Act No 38 of 2005 and further indicated that they had never participated in any other similar programmes as they were not informed about them by their local leaders. Finally, the study revealed that those that claimed to have some knowledge about the Act indicated that their sources of information had been the print media, television and radio.

5.3 Conclusions

In light of the findings of the study, it can be concluded that participants did not participate in the process leading up to the promulgation of the Childrenôs Act No 38 of 2005. Thus, they had little knowledge about the Act. It can also be concluded that in spite

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ants did not have any knowledge about the objectives
d government for doing something about children.

These findings and conclusions need to be critically analysed in terms of the research methodology used herein. Notwithstanding the limitations inherent in the research design and analysis, the study has implications for community education, amendments to certain clauses in the Act and further research.

5.4 Recommendations

5.4.1 Recommendations for Community Education

It is recommended that the Department of Health and Social Development engage in a series of educational public forums about the Act to afford the public the opportunity to ask pertinent questions that would enhance their understanding of the various clauses. This understanding is likely to exert an impact on the manner in which people view the Act. In the dissemination of information it is also recommended that the Department of Health and Social Development use all different forms of media to reach a larger number of people with particular emphasis on poor and rural communities that are often the last to receive information. The Department can make use of social workers, social auxiliary workers and community development workers who work in communities to teach them about the existence and objectives of the Act. It is further recommended that a collaborative approach between the government and parents be adopted to create a better model for addressing issues on the reproductive health matters affecting children.

5.4.2 *Recommendations for Amendments of the Act*

Based on the concerns and suggestions regarding the age for children to consent to surgical procedures and to access contraceptives, it is recommended that the age be raised from 12 years to 16 years. At 16 years of age children are perceived to be more mature in terms of making concrete decisions when compared to those aged twelve years. It is further recommended that parents be afforded greater responsibility for decisions affecting the health, well-being and moral socialization of their children. This recommendation is informed by the understanding that parents have greater life

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ir children. As such, they are generally in a better
ren.

5.4.3 Recommendations For Further Research

In light of the fact that the research was based on a small sample size drawn from a small Johannesburg area, it is recommended that further research be conducted with a much larger and a more representative sample. It is also recommended that further research that includes childrenôs responses to the nature and objectives of the Childrenôs Act be undertaken. In addition, it is recommended that further research focus on comparing and contrasting the values of different generations and their perceived impact on the way children behave in relation to issues of reproductive health. Information yielded from this type of study would have implications for future legislation, policy and guidelines for the upbringing of children. It would also be helpful to explore the perceived impact of the Childrenôs Act on the rate of teenage pregnancy, child abuse and HIV and AIDS.

5.4.4 Concluding Comments

The study revealed that participants only had limited general knowledge about the Childrenôs Act No 38 of 2005, despite the governmentôs claims that there was adequate consultation prior to the promulgation of this particular Act. It also emerged that participants did not participate in the build-up process to the Act despite the fact that this is a legislative mandate of the government that is reflective of the strength of any democracy. The government adopted a developmental approach that sought to empower children and emancipate them from any form of exploitation which was in keeping with the Constitution of the country and the United Nationôs Convention on the Rights of Children. This move comes against the back-drop of increased cases of child abuse and child trafficking both within the countryôs borders and internationally. It can also be viewed as a pre-emptive move as the world draws closer to a soccer world cup to be hosted by South Africa. This event is expected to bring people from different backgrounds across the globe. Thus, it is undoubtedly on such occasions and beyond, that appropriate measures should be made to protect vulnerable children from negative external influences. In this, regard, the research revealed that participants were generally

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npts to protect children. However, it also revealed that clauses. Amongst others, participants reflected that they wanted to see parents being given more responsibility over their children. Even though it was anticipated that the Childrenôs Act with its emphasis on the rights of children would be perceived as a vehicle for empowerment, the responses of participants indicated that the Act was perceived to empower children while disempowering their parents and guardians.

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APPENDIX A

INTERVIEW SCHEDULE ON CHILDREN'S CARE ACT NO 38 OF 2005

Section A- *SOCIO-DEMOGRAPHIC BACKGROUND OF PARTICIPANTS*

1. Participant code ☐☐

2. GENDER (*Tick the Appropriate box)*

☐ M ☐ F

3 AGE (*Tick The Appropriate box)*

19-22 Years	23-27 Years	28-32 Years	33-37 Years	38-42 Years	43 Years & Older

4. RACE (Optional*)*

☐ Black ☐ Coloured ☐ White ☐ Indian ☐ Other

5. ETHNIC GROUP (e.g. Zulu, Xhosa etc)

_____

6. Religion

_____

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ISSUES IN THE CHILDREN'S ACT

renôs Act No 38 of 2005?

YES	*NO*

8. The Act states that children have the right to consent to the performance of a surgical operation on them or their child if the child is over the age of 12 years, has sufficient maturity and a mental capacity to understand the benefits, risks, social and other implications of the intended surgical operation. What are your views on this clause? How do you feel about children being given the right to consent to an operation from the age of 12 years?

_____

_____

_____

9. In the Act, it is stated that virginity testing can only be conducted on girls aged 16 years and older, and provided they give consent to this procedure. What are your views on this clause? How do you feel about a girl of 16 needing to consent to virginity testing?

_____

_____

_____

10. The Childrenôs Act states that contraceptives may be given to children aged 12 years and older without their parentsô consent. What do you think of this clause? How do you feel about a child of 12 years being allowed to obtain contraceptives without parental consent?

_____

_____

_____

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Act, a girl aged 12 years and older has the right to are your views on this clause? How do you feel about children of this age being allowed to terminate a pregnancy?

_____

_____

_____

_____

12. The Childrenôs Act provides guidelines in terms of childrenôs rights relating to contraceptives, termination of pregnancy, surgical procedures and virginity testing. How do these guidelines compare with the way in which you were raised as a child and how do they affect the way you raise your child/children?

_____

_____

_____

_____

13. What do you think were the objectives of the government when they drafted the new Childrenôs Act and included these clauses?

_____

_____

_____

_____

14. Do you think these objectives are likely to be achieved?

_____

_____

_____

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ough which the objectives of these clauses of the
d? If yes, please explain.

_____

_____

_____

_____

16. In the build-up to this Act, a consultative process was carried out; Did you participate in any way in this process?

YES	NO

17. If óyesô, to what extent, if ónoô, what was your reason for not participating?

_____

_____

_____

18. If the answer to number 13 is óNoô, given a chance to participate, what would have been your contribution?

_____

_____

_____

19. Were your children provided with any information or programmes to inform them about sexual and reproductive health matters? If so, what was the nature of the programmes and who provided the information?

_____

_____

_____

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mments or views on the reproductive issues that we

_____

_____

_____

THANK YOU!!!

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PENDIX B

PARTICIPANT INFORMATION SHEET

Good day,

My name is Ennocent Mpumelelo Ncube and I am a Masters student registered for the degree of Masters in Social Development at the University of Witwatersrand. As part of the requirements for the degree, I am conducting a research project on the views of parents in the Johannesburg Metro Region 11 regarding reproductive health issues emanating from the Childrenôs Act No. 38 of 2005. This study may help us to understand and highlight views and perceptions of parents around issues that include virginity testing, termination of pregnancy, surgical operations and access to contraceptives by children.

If you are 18 year or older, I wish to invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately 35 minutes. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

Please be assured that no identifying information will be included in the final research report. All the information that you provide will be kept confidential and will not negatively affect you or your family in any way. Unfortunately, I am unable to pay you for participating in my study

Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability. I may be contacted on tel. (011) 336 3295 or 073 4367 844. Should you wish to receive a summary of the results of the study; an abstract will be made available on request.

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

Yours truly,

_____

Mpumelelo E. Ncube

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APPENDIX C

CONSENT FORM FOR PARTICIPATING IN THE STUDY

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential.

Name _____

Date _____

Signature _____