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International Journal of Information Research and Review
Vol. 2, Issue, 09, pp.1077-1086, September, 2015

IRR INTERNATIONAL JOURNAL

OPEN ACCESS JOURNAL

ISSN: 2349-9141

Full Length Research Paper

THE DIDACTICS AND PEDAGOGY OF SEXUALITY AND REPRODUCTIVE HEALTH OF ADOLESCENTS IN MPUMALANGA PROVINCE, SOUTH AFRICA

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Received 25th August 2015; Published 30th September 2015

Abstract

The transition from childhood to adolescence sets in with biological and social changes which might have disruptive behaviours amongst adolescents if the adolescents are not well guided at this stage. Adolescents often lack proper social skills to cope with the pressure of adolescent life. One area needing assistance of adolescents regards sexuality and reproductive health. This paper explores and describes the pedagogical and didactic factors affecting mother-child adolescent communication with regard sexuality and reproductive health education of the adolescent in Mpumalanga Province, South Africa. This paper found that adolescents at this study could not receive proper education regarding sexuality and reproductive health because the majority of their mothers were not involved in this education. As a result, adolescents at this study area were exposed to many kinds of socio-economic risks. Parents – especially mothers should be educated through workshops and seminars on the need to get involved in sexuality and reproductive health issues of their children – especially during adolescence.

Keywords: Adolescence, Didactic, Pedagogical, Reproductive Health, Sexual Behaviour, Mother-Child Relationship,

To cite this paper*:* Tinyiko Enneth Nkhwashu and Mavhungu Abel Mafukata, 2015. The didactics and pedagogy of sexuality and reproductive health of adolescents in mpumalanga province, South Africa*, International Journal of Information Research and Review.* Vol. 2, Issue, 09, pp.1077-1086, September, 2015.

INTRODUCTION

Education of the child – in whatever manner, is globally believed and acknowledged to be the cornerstone of prosperous and successful life of adulthood. In fact, popular consensus is that formal school education has become the facilitator of this objective worldwide (Aigbiremolen *et al*., 2014). However, there are certain aspects of child education which require both the formal school and the family to be involved. On this, Pluhar and Kuriloff (2004) argued that the family would therefore become the primary source and avenue for providing child education on matters of sexuality for example. However, South Africa has, in its system of formal school education a means of addressing issues of sexuality and reproductive health amongst its youths. This objective is achieved through a well-structured Life Orientation curriculum dispensed to children at school level. Despite the voluminous constraints and complexities faced by teachers and learners with regard the teaching of Life Orientation subject in schools in particular (de Reus *et al*., 2015), the postulation of this curriculum is to prepare the adolescent for responsible sexual and reproductive health of adulthood.

Arguing on issues affecting adolescent sexuality; sexual and reproductive health education in Ado State, Nigeria, Aigbiremolen *et al*. (2014) postulated that preparedness, readiness and awareness of adolescents with regard exposure to positive sexuality and issues of sexual orientation prepares the adolescent for the tough adulthood life lying ahead. In fact, Aigbiremolen *et al*. (2014), is of the view that adolescents have to be prepared for and made aware of the tough social life ahead in order "to produce a better cultured adult to fit current developments".

Aigbiremolen *et al*. (2014) is corroborated by Majoni and Chinyanganya (2014) on this assertion. This paper focuses on the education of girl adolescents on matters of sexuality and reproductive health, and the role played by parents – especially mothers. Adolescence is a period of development often marked by experimentation and engagement in new activities (Kao and Carter 2013). The transition from child to adolescent entails biological and social changes that can be disruptive, with adolescents often lacking the skills to cope in mature ways with sexual changes in particular. According to Richter (2002), adolescents represent a large proportion of the population and, as they mature, they become sexually active.

Once sexually active, girl adolescents are exposed to health risks such as unplanned and possible high risk pregnancies and sexually transmitted diseases, including HIV/AIDS (Manena-Netshikweta, 2008). The role played by mothers for the purpose of this paper is crucial because, in the process of development, adolescents require fundamental guidance, teaching and monitoring because of the adverse risk they face as life begins to be demanding to them. A plethora of literature opine in this regard that at this point parents are expected to play a major role in assisting adolescents grow. The mothers would be expected to play a much bigger role than fathers in this case. In the case of girl adolescents, mothers are expected to fulfil that life tutor role while fathers would play the same with boys.

However, it is emerging that the role of parents on the development of adolescents has become increasingly strained, and fundamentally questioned to an extent. The low or none participation of parents in the education of their children with regard sexuality and reproductive health education is thought to be caused by, amongst others, cultural factors affecting most parents – especially when it concerns discussing sexuality with their children. Some literature argue that the majority of indigenous African parents consider it taboo to discuss sexuality with their children. In this context therefore, this paper investigates the perception which girl adolescents have on the roles played by their mothers on issues of sexual and reproductive health education and mentoring amongst Black households in Mpumalanga Province South Africa. This paper hypothesises that open, confident, responsive, and consistent parental-child communication might lead to improvements in the level of awareness and knowledge with regard sexuality and reproductive health matters amongst adolescents while minimising the health risks adolescents are faced with (Davis *et al*., 2013).

This paper begins its process by providing a brief introduction of the study, and goes on to provide the literature reviewed on issues of sexuality and reproductive health education – especially that which concerns adolescents in South Africa and elsewhere in the world where such literature is thought to be relevant. This paper also describes the research theoretical frameworks, methodology adopted, results of the study and discussions. At the end of the research report, this paper presented the conclusions and recommendations forwarded for policy and strategic planning.

Literature Review

The preparedness of the adolescent to enter responsible adulthood would stabilise the social life of the adolescent, because, at this point of life, adolescents are exposed to "high levels of personal freedom and social interactions" which often place them at the world of risky "sexual and moral interactions" which comes with various other attached social consequences (Aigbiremolen *et al*., 2014). This is common particularly in the Higher Institutions of educational environment where most adolescents are expected to first experience a life away from the day-to-day supervision and guidance of the parents and guardians for example. At this level of life, the adolescent, who will have become a young adult, is exposed to intense social pressure which comes from increased personal freedom and unexpected independence of university life amongst others.

At this point, the parent is not there to assist with decision making processes. The adolescent is all alone in a strange and unfamiliar environment which comes with complex socio-economic risks – some of which might have lifetime implications. The adolescent has to make major independent sexuality and reproductive health decisions – all alone (Aigbiremolen *et al*., 2014)) for instance. In other words, the adolescent is faced with major social life transition away from the parent.

Having realised the pressure that goes with adolescent-adulthood transition on sexuality and reproductive health concerns, amongst others, the majority of African communities learnt to teach their children virtues and values of life from the tender age in order to prepare children communally, socially, religiously and economically, and, in particular on issues of family relations and societal values and philosophy (Makaudze, 2009). In fact, Mafukata *et al*. (2014) found that the majority of African communities would draw from social capital sourced from family, friends, community-based organisations; groups and institutions to build this value system. This social capital is "based on the principle of reciprocity embedded in customary rules" extracted from trust, networking, collectivity and communality amongst others (Mafukata *et al*. 2014). The majority of African communities always believed that they were more stronger and productive for the challenges of life when drawing their strength from social capital unlike when they were operating as individuals (Mafukata *et al*., 2014). This approach is motivated by the general belief that, in Africa, "it takes a village to raise a child" (Cruz, 2010). In other words, African custom does not view preparation of the child to responsible adulthood as only a responsibility of family-based education, but of national education value system responsibility. The African child is expected to possess virtue and values expected of a true African child (Majoni and Chinyanganya, 2014), and would therefore be prepared for the same by the society at large. At the hight of colonialism in Africa, African communities had always been suspicious with, and also viewed colonial European/Western education system as being compartmentalistic with unaccep Table inhibitive tendencies which marginalised the attainment of the objectives of indigenous African virtues and values of communal, social and cultural responsibilities expected of every true African child (Majoni and Chinyanganya, 2014).

In fact, those who study Africa, her culture and peoples concede that the African peoples have been champions of inculcating "customary standards of conduct" (Onyeozili and Ebbe, 2012), including issues of sexuality and reproductive health into their children (Aigbiremolen *et al*., 2014). For this African communities would attach stringent punitive measures and "negative sanctions for any breach" (Onyeozili and Ebbe, 2012) to be meted out to those who transgress these protocols. In other words, any deviances from the customs and protocols were considered as violations of values and virtues of respective peoples. According to Matemba (2005) corporal punishments such as public flogging of transgressors of customs and protocols had been always major practices amongst various peoples of Africa against offenders in promotion of their cultural practices, while in addition preserving the culture of the respective peoples.

For example, wearing of pants by women at public gatherings – especially those called by traditional leaders in Botswana would be seriously punishable (Matemba, 2005). These traditional cultures were so much valued in most African regions and peoples so much that the responsibility of such indigenous cultural educationing of the African child was never an issue left to the biological parents of the respective child only, but on the collective society. Child educationing amongst indigenous Africans has always been viewed as a "collective social responsibility" meant to educate the child by the entire community (Cruz, 2010). To achieve this prerogative, African communities would through cultural and ritual practices perform child education and instruction – especially on sexuality and reproductive health to, amongst others, give respect and admiration of adolescent graduates of such programmes by the community (Manabe, 2010). For example, both female and male adolescents are sent to traditional and cultural initiation schools focusing on premarital curriculum meant to prepare these children for proper adulthood (Loubser, 2008). These customary preparations were still common to date in some parts of predominant rural places – especially amongst the Xhosa of the Eastern Cape Province, Zulu of Kwazulu-Natal Province, Venda, Pedi and Tsonga ethnic groups of Limpopo Province, South Africa (Manabe, 2010). Amongst the Zulus, there there is what is called virginity testing for adolescent girls. Common sense dictates that virginity testing is preceded by some sexuality and reproductive health education to the girl-child discouraging the girl child from engaging in pre-marital sexual relationships.

Evidently, collectivism with regard growing up a child in Africa is promoted by the fact that Africans believed that "it takes a village to raise a child" (Cruz, 2010). In fact, amongst the Vhavenda of Northern Limpopo Province, South Africa, for example, it is said that "nwana wa munwe ndi wau", loosely translated "somebody's child is also your child" Simply put, most African communities would, on issues of child education insist on one parent assisting the other, or one parent discharging the responsibilities of the other in order to grow the child, and hence the adage "mme ha munwe ndi mme a u", meaning "as long as she/he is a parent, he/she is your parent as well" The idea is to promote respect amongst children for all elderlies whether they are their biological parents or not. In other words, children should be able to take instructions from the elderlies without having to be their biological parents. From these, it is evident that the practice of removing child education from parents to formal school, and from community to the family might be foreign with most Africans. This approach, not only brought foreign child education systems into an African family, but also introduced a hybriditised system later to disintegrate the traditional and cultural African child education value systems replacing them with an ineffective Western model.

However, despite these postulations, some modern literature studying family relations – especially those of parents-children sexuality and reproductive health issues (Bhatasara *et al*., 2013) reason that African parents found it difficult to engage children on matters of sexuality and sexual education. Those who argued on this line opine and base such postulations on the notion that the majority of African parents considered engaging with adolescents on issues of sexuality and reproductive health as being taboo. As has been illustrated earlier, and also basing views on the postulations submitted by some authors such as Matemba (2005) for example, different conclusions could however be opined and drawn with regard this assertion. Maybe it might not necessarily be issues of taboo but the fact that sexuality is in fact "constructed as the domain exclusive to adults with preconditions of physical and social maturity" in indigenous family life philosophy (Bhatasara *et al*., 2013). In addition, both sexuality and reproductive health issues are considered sacred and therefore culturally unaccep Table to engage in public debates on the same. In fact, sex and intimacy are paramount private issues which must take place away from the public – in the dark and under blankets in most African communities. This is evident that most African societies would discuss issues of sexuality and reproductive health with their children, however, not in public. The so-called taboo in discussing sexuality and reproductive health issues with children by Africans can however be traced outside the African continent. In the Solomon Islands (Malaita) for example, Ndinda *et al*. (2011) found that such behaviour was common. According to Ndinda *et al*. (2011), where sexuality and reproductive health has to be discussed at all, the discussions might have to be assigned to certain elderly people who would deal with such issues on behalf of the parents. Amongst others Bhatasara *et al*. (2013) and Mall and Swartz (2014) might also have expressed some solid argument on that some aspects of personal religiosity and moral dilemmas of an individual than African taboo on sexuality and reproductive health debates might be the crucial factor of consideration by some African parents when engaging children on these debates. Mall and Swartz (2014) corroborated their assertion through a study conducted to measure the attitude and response of teachers on the use of condoms amongst children with disability which revealed that teachers faced individual religious and moral dilemmas when teaching on sexuality and reproductive health amongst their children – especially on controversial topics such as the use of condoms by children for example.

The assertion postulated by Bhatasara *et al*. (2013) evidently suggests that African parents do not disregard education of children on sexuality and reproductive health, but only have a different approach to doing it. However, as postulated by Matemba (2005), it is evident that traditional and patriarchal customary values which highly characterised African approach to social life is slowly dissipating into the highly Westernised modernity and liberal attitudes currently adopted by most African peoples. In this context, instead of Africans to pursue their ways of educating their children on sexuality and reproductive health through their indigenous cultural and traditional approaches for example, Africans have, instead abdicated such responsibility to other sources to do so – especially modern education systems and Westernisation. In other words, it is not African culture; which some claim to be, which makes African parents not to communicate with their children about sexuality and sexual education for example. African parents always believed that sexuality and reproductive health issues have to consider growth levels of the children before being introduced. For adolescents for example, the majority of parents would believe that such children were still innocent of sexuality and reproductive

health curriculum (Bhatasara *et al*., 2013). Unfortunately this is an incorrect assertion as the majority of children are already exposed to these issues at this stage (Bhatasara *et al*., 2013). Reviewed literature, in particular Bhatasara *et al*. (2013) and Dederen (2010) amongst others evidently revealed that there might never be such taboo on sexuality and reproductive health education amongst African parents with regard children. The so-called taboo might be mere assumption based on myth. African parentage and child education always involved issues of sexuality and sexual education in particular albeit amongst a wide-based curriculum (Dederen, 2010; Mananbe, 2005). For example, African cultural initiation programmes for youths such as *tshikanda, vhusha, domba, musevhetho and murundu* were designed formal school programmes providing amongst others gender identity education and related sexuality matters to children – according to their age groups.

Dederen (2010) comprehensively elaborates on the use of figurine art in prehistoric Southern Africa with reference to the Vhavenda of Northern Limpopo Province to educate adolescents on matters of sexuality and reproductive health as a case in point. One interesting case which Dederen (2010) postulated demonstrated the innovation and creativity of African peoples on matters of adolescent sexuality and reproductive health curriculum for example is displayed through the ritual called "Nyalilo" as practised by the Vhavenda *domba* school initiates. Although the didactics and pedagogy of "Nyalilo" ritual might be construed as primitive and "speaking in riddles" by some who write from the perspective of ill-informed perspective on African philosophy of life, this ritual instead speaks to the real life of an African child. The "Nyalilo" didactics and pedagogy for example are meant to simulate real life sexual and reproductive health experience to the African child. This is contrary to the use of puppets as adopted in modern Western education systems imposed on the African peoples by "civilisation" These Western "civilisations" might not have any meaning for an African child, but the child finds herself faced with no option.
The sexuality and reproductive health education meted out to the African child was not exclusive however; that is, limited to sexuality and reproductive health syllabi but also took place inclusive of the rest of the education of the child. The African child was educated in various facets of life; culture, history, morality, relations, and so forth.

The didactics and pedagogy of African child education would be encompassing and dispensed through various approaches. Majoni and Chinyanganya (2014) corroborate this assertion postulating that child education in indigenous Africa would be transmitted through various means and instruments for example. Amongst others, Majoni and Chinyanganya (2014) cited group learning and fireside and folklore and legends approaches adopted by Africans in child education. Makaudze (2009) further shared the light postulating that indigenous African child education would normally be dealt with through African fiction and folklore narratives for example. Through folklore and legends narrated and told by fireplaces at night and indigenous initiation schools hosted by "misanda", that is, African traditional leaders for example, Africans taught their children issues of sexuality and reproductive health. The notion that indigenous African parents consider it taboo issues of sexuality and sexual education of children is therefore evidently a created baseless myth having no material evidence. This assertion is not about Africa and Africans. While the issue is genuine, its interpretation has been grossly misrepresented, and therefore highly flawed. This assertion is therefore unhistorical and erroneous – especially in the context of indigenous African parentage. In fact, it has been common in social science research to find views which might not necessarily be the issues as postulated by Mafukata (2015). Evidently, Africans have been at the forefront of discussing sexuality and providing sexual education to their children since time immemorial, only that they believed in an integrative curricula. In fact, traditional African educational approaches have been found to be relevant and useful in modern European/Western educational systems also – especially in the teaching of young children to an extent of many African countries adopting the same approach for their education systems (Majoni and Chinyanganya, 2014). Therefore, it might be reasoned that the issue of African parents having had tabood communication of sexuality and provision of sexual education to children is neither here nor there. The assumptions are undermining to African values and emotional intelligence of African parenting and its philosophy.

MATERIALS AND METHODS

The Study Area

This study was conducted in Mpumalanga Province of South Africa. Mpumalanga Province has a population of approximately 3 164 064 of this population, approximately 36.38% comprises children under the age of 0-14. The majority 37.03% are adolescents. Adults aged between the age of 36-64 were approximated at 20.17% while older persons from 65 years and above were estimated at 3.93% (Naido *et al*., 2003). This paper was specifically undertaken at the Matsulu Primary Health Care Centre. This centre caters for minor ailment patients from the nearby villages and farms. The choice of Matsulu is based on the fact that the centre deals with voluminous cases of sexual-related issues on adolescent girls on daily basis.

Study Design and theoretical framework

Purposive sampling was used for this qualitative-quantitative study (Burns and Groove 2005). The theoretical framework guiding this study is derived from the human behaviour and behavioural intention model – especially where these patterns inform attitude, knowledge, norms and values and self-efficacy as postulated by de Reus *et al*. (2015). The model adopted by de Reus *et al*. (2015) informs the parameters of investigation of this paper. In other words, this paper investigates how the behaviour of mothers – perceptions on sexuality and reproductive health education influence the attitudes of adolescents with regard sexuality and reproductive health behaviour. To achieve this objective, this paper investigates if the behaviour and attitude of mothers with regard sexuality and reproductive health education for adolescent is determined by cultural taboos and religious beliefs or not. On the other hand, respondent adolescents are furthermore asked if their mothers provided guidance and education with regard sexuality and reproductive health issues – and if not, the adolescents are asked to opine on the possible cause of the

attitude and behaviour. Furthermore, in order to analyse issues of this paper, this paper employed the sentiments expressed by Bloch (1979). In this theory, Bloch (1979) divides society into four categories; (1) liberals in favour of sex and reproductive health education amongst adolescents, (2) liberals opposed to sex and reproductive health education amongst adolescents, (3) conservatives in favour of sex and reproductive health education amongst adolescents and (4) conservatives opposed to sex and reproductive health education amongst adolescents.

Sample Size and sampling procedures

The sample consisted of consenting girl adolescents of ages ranging between 14 and 17 years who frequented the local Primary Health Care Centre. The selection of girl-children only was based on the sense that the paper had only intended to study the role played by mothers to their girl-children. This is a departure from some studies which focused on both genders and parents thereof. The sample frame was constructed from the official records of the Primary Health Care Centre which were provided by the health care workers based at the centre. From the list of the daily visits to the centre, 156 participants were randomly selected for possible interviews. The selected participants were contacted from the official contact records at the centre. However only 149 were able to respond favourably for the interviews. Furthermore, a sizeable number of mothers (n=24) were also selected for Focus Group Discussions (FGDs) based on the list of the girl-children selected for this paper. In addition, one health care worker from Matsulu Health Care Centre was selected from the rest of the staff, a teacher from the nearby schools and a member of the local civic association were also selected for Key Informant Interviews (KIIs).

Data Collection methods, instrument and analysis

Primary data were collected from the 149 girl adolescent participants using semi-structured questionnaire instrument. The respondents were provided with the questionnaire instrument to complete with the assistance of the researcher and two other assistants. Two Focus Group Discussion (FGDs) meetings comprising 12 mothers each meeting were held with the participant mothers to collect data. The Focus Group Discussions (FGDs) were open-ended to enable the mothers freedom to express their views on the matter under discussion. The data were recorded as field notes. Some data were collected from the selected Key Informants. The data were recorded as field notes for analysis. Quantitative data were entered into the excel spreadsheet for analysis with focus on obtaining frequencies and percentages. On the one hand, qualitative data from the Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were analysed by grouping similar data following the eight steps of Tesch's Open Coding Method (De Vos, 1998) after conceptualising the data according to categories and created themes or concepts.

Ethical considerations

Since the study involved children in the main, permission to conduct the study was obtained from, amongst others, the Department of Health Mpumalanga Province, the Primary Health Care Centre (PHC) Co-ordinator at Ehlanzeni District andfrom the nursing service manager of the selected Primary Health Care Centre where interviews were conducted. In addition, ethical clearance was obtained from the University of Pretoria. Permission was also obtained from individual participants through verbal and written consent. Mothers of the individual participants also gave consents. Each consent form was translated into Xitsonga to assist participants in gaining more information and to make it easier for the participants to understand. Participants were made aware of their right to withdraw from the activities in case of any unwillingness to continue at any given stage of the study process. The participants were assured of the ethical principles (Burns and Grove 2005) and confidentiality of this study and that the completion of the consent form was totally voluntary.

Research questions:

The following questions guided the paper with regard girl-adolescents:

- How do you rate your communication relationship with your mother/guardian on issues of sexuality and reproductive health education?
- Have you ever involved yourself in sexual relationship(s)?
- Who is your main provider of guidance on issues of sexuality and reproductive health education?
- What, in your opinion is the cause of your involvement in unbecoming behaviour such as unprotected sex, substance abuse and missing of lessons at school?
- How do you rate the education you receive from your mother/guardian on issues of sexuality and reproductive health education?

The following questions guided the paper with regard mothers:

- How do you rate your involvement in the education of your daughter with regard sexuality and reproductive health education?
- What are the challenges you face while educating your daughter on issues of sexuality and reproductive health education?
- How do you communicate issues of sexuality and reproductive health education with your daughter?

The following questions guided the paper with regard Key Informants:

- What is your view on parental involvement on the education of their children with regard sexuality and reproductive health education in Matsulu?

RESULTS AND DISCUSSION

The results of this paper are presented as follows:

Socio-demographic characterisation of the respondent adolescents in Matsulu Results

A total 156 adolescent girls were purposively sampled and interviewed in Matsulu, Mpumalanga Province, South Africa.

Consent to participate was obtained from the adolescents and their parents. However, 149 respondents sampled completed the interviews. The results of this paper (Figure 1) revealed that the majority of the respondents were aged 14 years (52.3%), 15 years (20.1%), 16 years (14.8%) and 17 years (12.8%) of age.

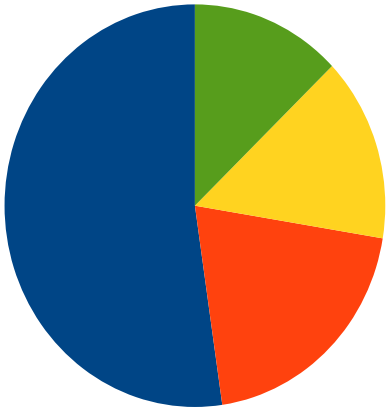

Figure 1. Age distribution of the respondent adolescents (n=149)

The results of this paper as indicated in Table 1 further revealed that the majority of the respondent adolescents still attend school (77.9%) or never attended school (22.1%). Furthermore, the results of this paper revealed that the majority of the respondent adolescents in this study area still had both parents (71.4%), while a number of others only had one parent alive (8.7%) with others having been orphaned (4%) or could not explain issues of their parents (16.1%) due to various factors. Probing further on this, this paper established that some respondents did not have information on their parents – especially whereabouts of fathers. The majority of the respondents stayed with both parents (52.3%), whereas some stayed with one parent (28.2%) or guardians (19.5%). In the majority of cases, fathers were heads of household (52.3%) followed by mothers (28.2%) or guardians (19.5%). The results of this paper revealed that perceptions of the respondents with regard communication between the respondent adolescents and parents or guardians on issues of sexuality and sex education were poor (68.5%), good (20.8%) or fair (10.7%).

On the one hand, communication on issues of substance abuse was poor (77.2%), good (5.4%) or fair (17.4%). The results further revealed that communication was good (65.8%), fair (29.5%) or poor (4.7%) with regard educational matters of the adolescents. The majority of the adolescent respondents (59.1%) in this study were found to have limited knowledge and understanding on sexuality and reproductive health matters affecting them – especially on critical issues such as prevention of pregnancies, transmission of STIs and sexual abstinence amongst others. As indicated in Table 1, a few adolescent girls (40.9%) had shown fair awareness of their sexuality and reproductive health matters affecting them. Unfortunately, lack of proper awareness in this regard retards proper development of an effective sexuality and reproductive health curriculum in society – especially considering that such lack of awareness not only affected adolescents but those who have to assist them attain such awareness as well; for example, school teachers (de Reus *et al*., 2015).

However, most critically is the fact that the majority of those respondent adolescents in the case of this paper who showed awareness revealed that the awareness was raised through other sources apart from parents or guardians (79.9%), or their mothers in particular (20.1%) (Table 1).

Table 1. Additional socio-demographic characterisation of the respondents (n=149)

Variable	Frequency	Percentage
Parenting		
All parents alive	106	71.4
One parent alive	13	8.7
Orphaned	6	4.0
Other	24	16.1
Staying with		
One parent	42	28.2
Both parents	78	52.3
Guardian	29	19.5
Head of household		
Mother	42	28.2
Father	78	52.3
Guardian	29	19.5
School attendance		
Yes	116	77.9
No	33	22.1
Social experience		
Sexual relations	55	36.9
Substance and alcohol abuse	36	24.2
Absenteeism from school	23	15.4
Not involved yet	35	23.5
How do you rate your communication relationship with your parents/guardian on:		
Sexuality and sex education	Good: 31	20.8
	Fair: 16	10.7
	Poor: 102	68.5
Substance Abuse	Good: 8	5.4
	Fair: 26	17.4
	Poor: 115	77.2
Educational matters	Good: 98	65.8
	Fair: 44	29.5
	Poor: 7	4.7
Level of understanding and awareness on sexual and reproductive		
Limited	88	59.1
Fully Aware	61	40.9
Source of Awareness		
Mothers	119	79.9
Other	30	20.1

This result is in contradiction with the scenario in Kuadzana township in Harare, Zimbabwe where the majority of adolescents accessed information on sexuality and reproductive health through the media such as mobile telephones, films and movies more than parents and guardians for example (Bhatasara *et al*., 2013). Corroborating the result of this paper, Kau (1991) reported that the majority of parents in the former Bophuthatswana homeland; that is currently North West Province, South Africa avoided discussing sexuality and reproductive health matters with their children, therefore leaving the children with limited options but to rely on friends at school for the information. Non-availability of parents in the education of their children – especially with regard sexuality and reproductive health has been an issue for decades amongst most South African communities. In fact, Ratele *et al*. (2012) called this unavailability "parental absenteeism" where the parent fails to play the expected parental role in the life of the child.

Leaving the children at the hands of friends exposes them to increased risks because these peers play the supportive role of the "absent" parent providing crucial information (Ndinda *et al*., 2011). In other words, the children are exposed to negative peer influence. In fact, much of the sexual experiences adolescents have had emanated from peer influences (Ndinda *et al*., 2011). The results of this paper revealed that a large majority (72.5%) have already started getting involved in negative social experiences such as doing drugs and engaging in sexual relationships.

For instance, as has been indicated in Table 1 the results of this paper revealed and confirmed that the majority of the respondent adolescents have already had experiences with sexual relations (36.9%), substance and alcohol abuse (24.2%) and regular absenteeism from school (15.4%) while a considerable number of the respondents (23.5%) not having involved themselves with these behaviours yet. These results in fact reveal that involvement of adolescents in sexual relations and experiences have become entrenched into society. For example, a study conducted by Kau (1991) in the former Bantustan homeland of Bophuthatswana; which is in the post-apartheid administration has become in the main part of the North West Province, found that an overwhelming majority of adolescents (78%) had already had experiences of sexual intercourse as early as 12 years of age – especially amongst boys. On further probing, this paper established that some of the respondents in this study area have already had experiences with regard unprotected sex, non-use of any contraceptives, pregnancies and termination of pregnancies for example.

Those with pregnancy terminations had opted for supervised clinical abortions although there were some respondents who revealed that they had received assistance from bogus back-room abortion specialists often advertised in street corners. Some of the respondents reasoned that they felt intimidated to discuss their decisions to abort their pregnancies with their parents and guardians for fear of victimisation. Often parents would shout at them instead of assisting them. This attitude is corroborated by Kau (1991). The results of this paper further revealed that the majority of the respondents were influenced by peer pressure (68.4%) and lack of proper guidance (31.6%) with regard some of these behaviours as indicated in Figure 2.

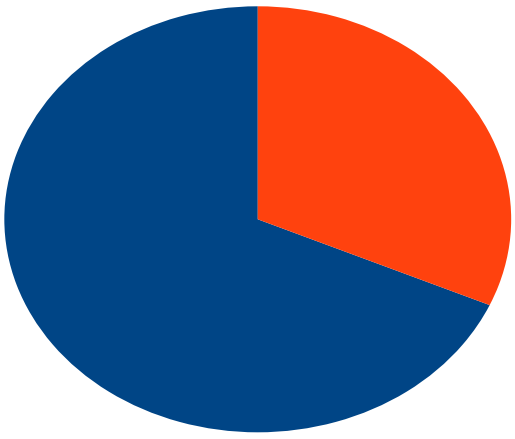

Figure 2. Main causes of delinquent behaviour amongst the respondents

Considering the results of this paper in Table 1 and Figure 2, it is evident to recognise the effect of the behaviour and attitudes of the parents with regard sexuality and reproductive health education of their children on the overall response of the adolescents (de Reus *et al*., 2015). During discussions with mothers, this paper established that the majority of these mothers had no information whether their daughters were sexually active or not.

In fact, the majority of the mothers expressed hope that their daughters were still virgins. The majority of participant mothers conceded that they found it difficult for them to discuss issues of their daughter's intimacies – especially considering the age of the child. The reasons for failing to discuss sexuality and reproductive health issues with their children were however personal, not necessarily cultural taboos as found and reported in other studies such as de Reus *et al*. (2015) for example. Some of the mothers even blamed current school syllabi which seems to be teaching and exposing children to too much sex-related education. In other words, in the view of the majority of the respondent mothers in this study area, the Life Orientation programme in formal schools in South Africa is undesirable. In fact, resistance to sexuality education in schools has had some mixed feelings by parents in most regions of the world – including the so-called developed and civilised societies such as the United States of America for example. Conservative, ultraconservative and right-wing groups have resisted such efforts in the United States claiming that sexuality education to children is a "communist plot" meant to introduce and promote immorality in America (Donovan, 1998). Although what seems to be a simple matter has been politicised, "improving the sexual and reproductive health of young people is a global priority" in most regions of the world (Bastien *et al*. 2011). Furthermore, the assertions of the respondent mothers in this regard contradict the recommendations made by respondents in the former Bophuthatswana homeland as reported by Kau (1991). Comparing the assertions of the respondent mothers in this paper and those reported in Kau (1991) and Donovan (1998), it is evident that views with regard sexuality and reproductive health – especially concerning adolescents will mostly remain vast and different. This gives credence to the assertions raised by Bloch (1979) who divided society into four schools of thought with regard sexuality and reproductive health issues of adolescents.

During Focus Group Discussions (FGDs) with respondent mothers, some of the mothers went on to apportion some of the blame on the government's Social Security programme which gives a certain amount of monthly grant to young mothers who have children they could not support for the sexual reckless behaviours of the girl-children in particular. The mothers argued that girls deliberately fall pregnant to get the government social grant for unsupported children. This assertion was also shared by some Key Informants. The assertions by these mothers were in sharp contrast to those made by Ojo *et al*. (2011) who argued that curiosity amongst adolescents made them vulnerable to promiscuous behaviour. It is evident that in some societies, and in this study area in particular, efforts to promote sexuality education are undermined. However, this could not be something knew (Donovan, 1998).

The results of this paper revealed that while the child-mother general relationship would be healthy and strong amongst some mothers and their daughters, the same could not be said with regard openness of mothers to their girl adolescent with regard sexuality and reproductive health education on the one hand. During Focus Group Discussions (FGDs) this paper established that the relationships between mothers and their adolescent daughters however varied from family to family. The results of this paper revealed that some of the mothers with good relationships with their adolescent daughters would treat their daughters as friends – however with difficulty discussing sexuality and reproductive health issues with their daughters still. This result would be demonstrated and explained by the fact that 68.5% of the respondent adolescent girls regard the communication with their mothers/guardians on issues of sexuality and reproductive health education as being poor. In fact, the majority of these respondent adolescents opined that the poor communication between the mothers and the adolescents could also explain the reasons behind the high incidences of risky sexual behaviours amongst adolescents at Matsulu. In other words, the risky sexual related behaviours displayed by the adolescent girls in Matsulu might be emanating from the fact that involvement of parents with regard education – especially that of mothers on sexual matters of their adolescent girls is found to be low. Besides, it has been reported that South Africa has high levels of adolescent fertility as compared to the rest of the world (Begny *et al*., 2014). Considering this circumstance, this paper argues that lack of, or low and non-participation of mothers in the education of their daughters with regard sexuality and reproductive health education in Matsulu could be aggravating South Africa's already existing public health challenges with regard adolescent pregnancies and subsequent adoption of coping strategies such as illegal and unsafe abortions in this regard. However, the negative attitude of parents – especially mothers towards education of their daughters on sexuality and reproductive health in particular has been common in most developing regions.

However, some studies (Begny *et al*. 2014; Lim *et al*., 2015; Pedrosa *et al*., 2011; Pluhar and Kuriloff, 2004; Walker, 2001) argue that low involvement in adolescent education with regard sexuality and reproductive health is a challenge also for developed regions such as China, Netherlands, the United States, United Kingdom and Portugal for example. The consequences of the negative attitude displayed by mothers on sexuality and reproductive health education of their daughters are, according to Begny *et al*. (2014) and Pedrosa *et al*. (2011) numerous, vast and inter-twined. In fact, adolescents find it difficult to access information on sexual and reproductive health matters for example. In Kunming, China for example, Lim *et al*. (2015) found that a paltry 39% of girl child adolescents could access information with regard sexuality and reproductive health from their mothers. This could be compared to the results found at Matsulu which revealed that only 20.8% of the respondent adolescents had good access to such information. This paper therefore concludes that adolescents in the main found accessing information on sexuality and reproductive health through parents and guardians – especially mothers too low. However, the conduct of the mothers in the case of Matsulu is in sharp contrast with known cultural practices of African parentage. For example, African peoples, through their respective cultures, values and philosophies with regard child development and growth have always believed in the power of education – especially on sexuality and reproductive matters of adolescents in what the Belgian anthropologist called Van Gennep referred to as "rites of passage" ritualistic practices and initiation ceremonies tutoring and inducing pro-social behaviour of an African child by African indigenous peoples (Manabe, 2010). Africans believe in growing a child into responsible adulthood demonstrated by the child's readiness for a healthy and culturally accepTable behaviour on sexuality in society. This preparation of the child begins at early childhood. For example, amongst the AmaZulu of Kwa-Zulu Natal Province, South Africa, there is an adage which says "*Umthente Uhlaba Usamila*" This translates to meaning that "The youth needs to be educated at an early age about the dangers and consequences of irresponsible sexual behaviour" (DoH 2002). Considering the fact that some African societies have drifted away from their cultural and traditional orientations – especially with the emergence of colonialism and its subsequent anti-African identity sentiments propagated by religious orientations and political systems and ideological postulations such as superiority in terms of race and colour, there has been immense social changes in traditional gender roles and family structures (Pedrosa *et al*., 2011). These roles had formed the basis of African education systems assisting the African child through an integrative self-tailored education curriculum based on, amongst others various initiation schools whose roles were to assist the development of the child through the various stages from babyhood to adulthood, and from girlhood to womanhood for example (Manabe, 2010).

In contemporary dispensation, there has been some fundamental shift of the education of the child - from a community-based approach of cultural orientation to the modern individualistic scientific education system. Modern scientific education of the child bases its approach on parentage and the formal scientific school system rather than the communal approach of mostly adopted by African societies of old. However, in what seems to be a different assertion to that expressed by this paper, Walker (2001) still insists that child education with regard issues of sexuality and reproductive health in the main still hinged on an integrative education system comprising the home, school, community and society with the mother being the provider in chief of such education. However, the results of this paper revealed a different scenario – to both assertions – in particular the one expressed by Walker (2001). The results of this paper revealed that girl adolescents, in the main relied on the formal school to provide sexuality and reproductive health education in Mpumalanga Province, South Africa in particular, if not South Africa in general. As indicated in Table 1 of the results of this study, the large majority of the mothers who would not discuss issues of sexuality and reproductive health with their adolescent daughters would be those who were uncomforT able on such discussions with children. Probing further on the reasons for such uncomfor Table assertions revealed that some of these mothers thought it was culturally unaccep Table to discuss such issues with their daughters. In addition, where such mothers discussed sexuality and reproductive matters with the adolescent daughters, they however would not be so clear and open with their daughters, but would rather speak in

riddles. To the effect, approximately 10.7% of the respondent adolescent thought that their mothers were to a certain extent open with regard discussions on sexuality and reproductive health (Table 1). The actions of the mothers in this regard would compromise the assertion postulated by Tobey *et al*. (2011) who opined and also revealed that adolescents regard parents – mothers in particular as being of major influence on knowledge dissemination on leading healthy sexuality and reproductive health behaviours amongst adolescents. Mothers are more fundamental than friends, religious leaders, teachers, sex educators or the media in the sexuality and reproductive health education of girl children – especially adolescents. This assertion is corroborated by Somers and Ali (2011).

Conclusion and recommendations

Adolescent girls requires information on sexuality from their mothers. Lack of access of information on sexuality causes socio-economic confusion and frustrations amongst adolescent girls. Poor, and/or non-participation of mothers in sexuality and reproductive health education to their adolescent daughters increased risky behaviours amongst the adolescent girls. The results of this paper reason that there was in fact poor communication between the majority of the mothers and their adolescent daughters in this study area. This poor communication might influence the sexual behaviour of the daughters considering that improved **c**ommunication between mothers and adolescent daughters regarding responsible sexual behaviour might reduce risk taking in the sexual behaviours of adolescents. This is because, according to Sulak (2004) and Tobey *et al*. (2011), mothers would provide implacable guidance and primary awareness of risky sexual behaviours to the adolescent daughters – especially where the relationship between the mother and the daughter is strong. In the case of this paper, this assertion falls off. This assertion is corroborated by the fact that the majority of the adolescent respondents in this study were found to have limited knowledge and understanding on sexuality and reproductive matters affecting them – especially on critical issues such as prevention of pregnancies, transmission of STIs and sexual abstinence amongst others. A few adolescent girls on the one hand had shown fair levels of awareness of their sexuality and reproductive health matters affecting them. However, most critically is the fact that the majority of those who showed awareness revealed that the awareness was raised through other sources apart from their parents or guardians. A few others have also indicated that their mothers also played some critical role in providing such information. The implication of this result suggests that adolescent girls in Matsulu are in the main left to the attention of sources outside the home with regard sexuality and reproductive health awareness and education.

This paper recommends that:

- Distribution of informative pamphlets, guidelines and brochures on safe sexual behaviour should be made available in waiting rooms at all primary health care centres for consulting visitors to access.
- Summaries of important issues relating to sexual health may be displayed in poster format in waiting areas and examination rooms to intensify information access measures to consulting adolescents at the health centre.
- Booklets supplying information and guidelines, giving helpful tips and also supplying telephone help-lines, could be handed out to mothers and adolescent patients in waiting areas at primary health care centres and local clinics.
- Health care professionals at health care facilities be encouraged to educate and advice adolescents and their mothers about sexual and reproductive health issues.
- Mothers and daughters who find it difficult to communicate, or daughters who may not be willing to discuss their sexual lives with their mothers, may benefit from a support group.
- Training in communication skills through workshops in which cultural influences and issues are discussed should be promoted.

REFERENCES

Aigbiremolen, A.O., Duru, C.B., Abah, S.O., Abejegah, C., Asalu, O.B. and Oriaifo, B. 2014. Contraception Among Tertiary Students: Knowledge, use and Behaviour of Female Undergraduates in Edo State, Nigeria. *Global Journal of Medical research: K Interdisciplinary,* 14(2): 1-8.

Bastien, S., Kajula, L.J. And Muhwezi, W.W. 2011. A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. Reproductive Health 2011: 1-17.

Bhatasara, A. Tafadzwa C. and Changadeya, T. 2013. An Exploratory Study of Male Adolescent Sexuality in Zimbabwe: The Case of Adolescents in Kuwadzana Extension, Harare. *Journal of Anthropology,* (2013): 1-12.

Bloch, D. 1979. Attitudes of Mothers toward Sex Education. AJPH (69)9: 911-915. Burns, N., and Groove, S.K. (2005). The practice of nursing research conduct, critique, andutilization, (5th ed.). Pretoria:Van Schaik.

Cruz, L. 2010. By way of introduction: It takes village. MountainRise, the International Journal of Scholarship of Teaching and Learning: 1.3. www.mountainrise.wcu.edu.article>viewfile.

Davis A.N., Gahagan, J.C. and George, C. 2013. "Everyone just keeps their eyes closed and their fingers crossed": Sexual health communication among black parents and children in Nova Scotia, Canada. *International Journal for Equity in Health,* 2013 (12):1-9.

De Reus, L., Hanass-Hancock, J., Henken, S. and Van Brakel, W. 2015. Challenges in providing HIV and sexuality education to learners with disabilities in South Africa: the voice of educators. Sex Education: Sexuality, Society and Learning, DOI:10.1080/14681811.2015.1023283: 1-17.

De Vos, A.S., Strydom, H., Fouche, C.B. and Delport, C.S.L. 1998. Research at grass roots, (1st ed.). Pretoria:Van Schaik.

Dederen, J. 2010. Women's Power, 1000 A.D.: Figurine Art and Gender Politics in Prehistoric Southern Africa. Nordic Journal of African Studies 19(1): 23–42. Department of Health 2001. Policy guidelines for youth and adolescent health. Pretoria : Government printers

Department of Health 2002. Umthente uhlaba usamila, The 1st South African National Risk Behaviour Survey. Pretoria: Government printers.

Donovan, P. 1998. School Based Sexuality Education: The Issues and Challenges. Family Planning Perspectives 30 (4):188193.

Donovan, P. 2011. School-Based Sexuality Education: The Issues and Challenges. Family Planning Perspectives 30 (4):188-193.

Kao, T.A. and Carter, W.A. 2013. Family influences on adolescent sexual activity and alcohol use. *The open Family Studies Journal*,5,10-18.

Kau, M. 1991. Sexual Behaviour And^T0"7 Knowledge Of Adolescents Males In The Molopo Region Of Bophuthatswana. Curationis 14(1): 37-40.

Lim, M.S.C., Zhang, X.D., Kennedy, E., Li, Y., Yang, Y., and Lil, L. 2015. Sexual and reproductive health knowledge, contraception uptake, and factors sssociated with unmet need for modern contraception among adolescent female sex workers in China. PloS One 10(1): e0115435.doi:10.1371/journal.pone.0115435.

Loubser, J.H.N. 2008. Discontinuity Between Political Power And Religious Status: Mountains, Pools, And Dry Ones Among Venda-Speaking Chiefdoms Of Southern Africa. Chapter 11, pp 89-208.

Mafukata, M.A., Dhlandhlara, W. and Kancheya, G. 2014. Socio-Demographic Factors Affecting Social Capital Development, Continuity and Sustainability Among Microfinance Adopting Households in Nyanga, Zimbabwe. *Journal of Social Entrepreneurship* DOI: 10.1080/19420676.2014.954257: 1-9.

Majoni, C. and Chinyanganya, T.L 2014. Shona Fiction And Its Treatment Of Socio-Economic Issues In Zimbabwe. *Greener Journal of Education and Training Studies* 2(3): 064-070.

Makaudze, G. 2009. Shona Fiction And Its Treatment Of Socio-Economic Issues In Zimbabwe. Unpublished Ph.D Thesis, University of South Africa. Pretoria.

Mall S, Swartz L. Attitudes toward condom education amongst educators for Deaf and hard-of hearing adolescents in South Africa. *Afr J Prm Health Care Fam Med*. 2014; 6(1), Art. #564, 4 pages. http://dx.doi.org/10.4102/phcfm.v6i1.564

Manabe, N.L. 2010. The silenced voice of initiated Venda Women. Unpublished Ph.D Thesis, University of Zululand, KwaDlangezwa, Richardsbay.

Manena-Netshikweta, M.L. 2007. Knowledge, perceptions and attitudes regarding contraception among secondary school learners in the Limpopo Province. PhD Thesis. University of South Africa, Pretoria.

Matemba, Y. H. 2005. A chief called 'woman': historical perspectives on the changing face of bogosi (Chieftainship) in Botswana, 1834-2004. JENDA: *A Journal of Culture and African Women Studies,* 7(2005): 1-22.

Ndinda, C., Uzodike, U.O., Chimbwete, C. and Mgeyane, M.T.M. 2011. Gendered Perceptions of Sexual Behaviour in Rural South Africa. *International Journal of Family Medicine,* 2011: 1-10.

Ojo, O., Aransiola, J., Fatusi, A. and Akitomide, A. 2011. Pattern And Socio-Demographic Correlates Of Parent–Child Communication On Sexual And Reproductive Health Issues In Southwest Nigeria: A Mixed Method Study. The African Symposium: *An online journal of the African Educational Research Network* 29(2): 1-20.

Onyeozili, E. and Ebbe, O. 2012. Social control inprecolonial Igboland of Nigeria. *African Journal of Criminology. And Justice Studies* 6(1and2): (Online).

Pedrosa, A., Pires, R., Carvalho, P., Canavarro, M.C. and Dattilio, F.M. 2011. Ecological Contexts In Adolescent Pregnancy: The Role Of Individual, Sociodemographic, Familial And Relational Variables In Understanding Risk Of Occurrence And Adjustment Patterns. Contemporary Family Therapy, 33(2), 107-127. doi: 10.1007/s10591-011-9148-4.

Pluhar, E.I. and Kuriloff, P. 2004. What really matters in family communication about sexuality? A qualitative analysis of affect and style among African American mothers and adolescent daughters. Sex Education 4(3): 303-321.

Ratele, K., Shefer, T. and Clowes, L. 2012. Talking South African fathers: a critical examination of men's constructions and experiences of fatherhood and fatherlessness. *South African Journal of Psychology*, 42(4): 553-563.

Richter, S. 2000. Adolescent health services, Curationis, 23 (2) 26

Somers, C.L. and Ali, W.F. 2011. The Role of parents in early adolescent sexual risk- taking behaviour. 88 The open *Psychology Journal,* 4,88-95

Sulak, P.J. 2004. Adolescent sexual health, supplement to The Journal of family practice, s3-s4.

Tobey, J., Hillman, S.B., Anaguethi, C. and Somers, C.L. 2011. Demographic differences in adolescents'sexual attitudes and behaviours, parent communication about sex, and school sex education.

Walker, J.L. 2001. A qualitative study of parents' experiences of providing sex education for their children: The implications for health education. *Health Education journal* (2001) ^0: 132-146.

Wiley, D.C. 2002. The ethics of abstinence – only and abstinence- plus sexuality education, *Journal of School Health,* 72(4): 64-167.

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