

**EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST
RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM
CHRISTIAN FAITH-BASED SCHOOLS**



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**UNIVERSITY of the
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ABSTRACT

Adolescent sexual development forms a crucial role in the process of identity formation and the establishment of healthy romantic and social relationships. However, some adults are uncomfortable with the notion of adolescent sexuality, and would choose to remain in a state of denial or ignorance. It is pivotal that adults address the topic of adolescent sexuality. Numerous adolescents are not adequately guided by parents, educators, and church leaders. Hence, their lack of basic sexual knowledge or simply having erroneous ideas appertaining to sexuality may cause them to make very unwise sexual decisions. A number of adolescents routinely engage in behaviours that unknowingly put their health at risk. Amongst South African adolescents, sexual risk-taking behaviours including early coitarche, unprotected sex, multiple sex-partners and low contraceptive use are quite common. Unquestionably, the phenomenon of adolescents engaging in sexually unsafe behaviour continues to pose a grave concern for youth leaders, parents, educators, and health specialists. Attaining an understanding of the precursors to risky sexual behaviour is vital for developing interventions that encourage adolescents to remain abstinent or reduce unsafe premarital sex during this crucial developmental period. In the last few years, there has been nascent discussion regarding *religious-based initiatives* to address *psychological problems*. Research has demonstrated that there is a serious need for immediate and focused empirical attention to the role of religiosity in the sexual decision-making of adolescents. Christian faith-based schools *can* and *do* play significant roles in the sexual morality of adolescents. Bearing the latter in mind, the topic of religiosity and risky adolescent sexual behaviour specifically amongst South African adolescents from Christian secondary schools has scarcely been investigated.

The proposed study's aims were as follows: (a) to determine the larger patterns of sexual activity among adolescents attending Christian faith-based schools (b) to determine how intrinsic and extrinsic religiosity impacts adolescents' sexual attitudes, and (c) to explore

whether sexuality education curricula currently used at Christian-faith based high schools in the Western Cape Province of South Africa are relevant. This study adopted a mixed method research design using a cross-sectional survey design (quantitative methodology) as well as an exploratory research design via individual face-to-face interviews (qualitative methodology). A systematic review was also conducted to determine the larger patterns of sexual activity among adolescents attending Christian faith-based schools. For this project, learners were selected from schools which were chosen using cluster sampling, a type of probability sampling procedure. Data was collected sequentially (i.e. in phases). Data collection for Phase I was collected first, followed by concurrent data collection (i.e. Phases II and III). The sample size for Phase II was $n = 900$, and the sample size for Phase III was $n = 11$. There was equal weight distribution regarding both qualitative and quantitative data. Mixing, therefore, was discussed in the analysis and discussion section. The results of the systematic review revealed that the salience of religiosity and the frequency of religious service attendance delays sexual activity and decreases risky sexual behaviour. The results additionally revealed a disconnect between being highly religious and using condoms. It was also found that no/low/extrinsic religiosity is linked to risky sexual health behaviours. Based on the 11 interviews, qualitative data findings revealed that sexuality education programmes at Christian faith-based schools lacked depth and were not relevant. The results of the quantitative element of the study showed that high levels of intrinsic religiosity were negatively associated with attitudes towards casual sex, positively associated with the emotional meaning of sex, and negatively associated with the physical meaning of sex. In contrast, high levels of extrinsic religiosity were positively associated with attitudes towards casual sex, negatively associated with attitudes towards birth control, and positively associated with attitudes towards the physical meaning of sex. These findings are consistent with other former research studies.

DECLARATION

I declare that:

EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

is my own work, that all the sources I have used or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted previously in its entirety, or in any part, at any other higher education institution for degree purposes.



OLIVIA BOMESTER

29 January 2021



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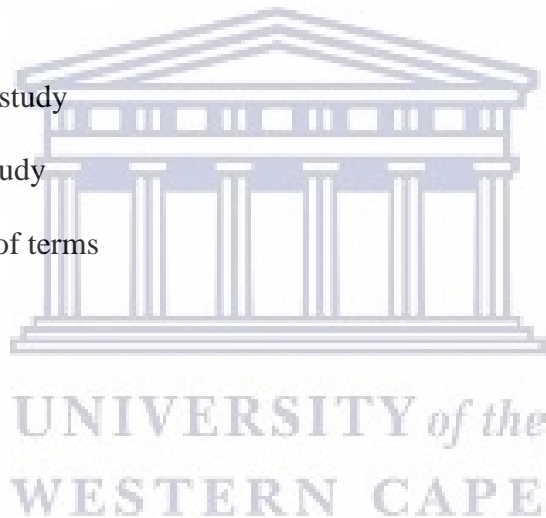
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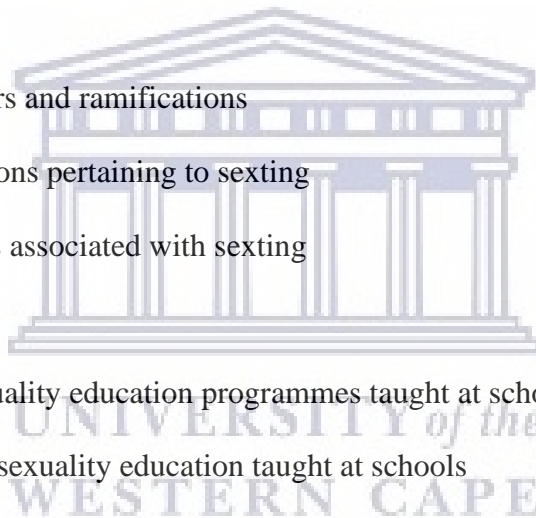
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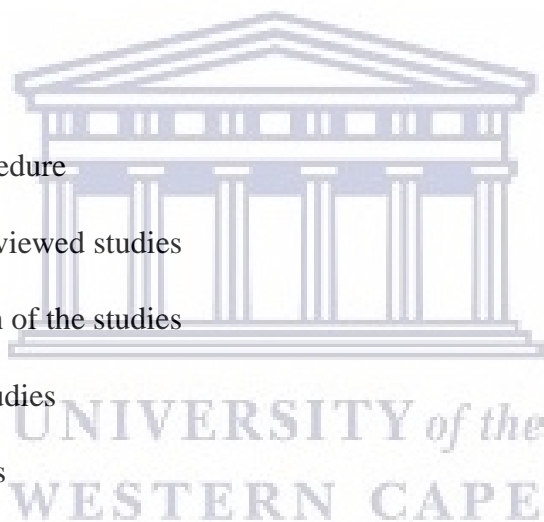
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KEYWORDS/PHRASES

Adolescence

Extrinsic religiosity

Intrinsic religiosity

Protective factors

Religiosity

Risk factors

Sexual attitudes

Sexual behaviour



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ACRONYMS AND ABBREVIATIONS

ACE – Abstinence-Centred Education

AOE – Abstinence Only Education

AOD – Alcohol and Other Drugs

APA – American Psychological Society

AUIE-12 – Age Universal I-E Scale-12

BSAS – Brief Sexual Attitudes Scale

CJA – Child Justice Act

CJS – Criminal Justice System

CMC – Computer Mediated Communication

CSE – Comprehensive Sexuality Education

DOE – Department of Education

DP – Dick pic

FOR SA – Freedom of Religion South Africa

FWBs – Friends with Benefits

GBV – Gender-based Violence

HIV/AIDS – Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome

HSSREC – Humanities and Social Sciences Research Ethics Committee

LO – Life Orientation

MSM – Men who have Sex with Men

MSP – Multiple Sexual Partners

PRISMA – Preferred Reporting of Items for Systematic Reviews and Meta-analyses

RGT – Reference Group Theory

RSBs – Risky Sexual Behaviours

SANAC – South African National AIDS Council



SCT – Social Control Theory

SDS – Sexual Double Standard

SEM – Structural equation modelling

SES – Socioeconomic Status

SGB – School Governing Body

SLPs – Scripted Lesson Plans

SRA – Sexual Risk Avoidance

SST – Sexual Socialisation Theory

STIs – Sexually Transmitted Infections

TSS – Traditional Sexual Script

WCED – Western Cape Education Department

YRBS – Youth Risk Behaviour Survey



CHAPTER 1

INTRODUCTION

1.1. Background to the study

Adolescent sexual development plays a crucial role in the process of identity formation and the establishment of healthy romantic and social relationships (Kar et al., 2015). However, many adults are uncomfortable with the notion of adolescent sexuality, and would prefer to remain in a state of denial or ignorance (Ashcraft & Murray, 2017). A challenging factor to consider is that parental sexual health knowledge is generally quite poor (Dessie et al., 2015), and this reality continues to create a myriad of problems for adolescent youth. Some researchers have found that parents (regardless of their religious affiliation) generally report high levels of embarrassment, anxiety, and uncertainty regarding their capacity to discuss sexual health issues with their children (Goldman, 2008; Kirkman et al., 2005; Ogle et al., 2008; Walker, 2001). It is therefore important that adults address the topic of sexuality, by first and foremost overcoming their own feelings of embarrassment regarding sexual topics, and also educating themselves about sexual matters, but also educating themselves about how to transfer this information to their adolescent children, in order to empower themselves to answer questions or give advice to adolescents. It is imperative that adults address the topic of sexuality. In addition, adults need to recognise that there are several factors which may negatively contribute to risky adolescent sexual behaviour (Alimoradi et al., 2017). Numerous adolescents are not adequately guided by parents, educators, and church leaders. Hence, their lack of basic sexual knowledge or simply having erroneous ideas pertaining to sexuality may cause them to make very unwise and risky sexual decisions (Department of Education, 2002).

Koskina (2014) maintains that a number of adolescents routinely engage in risky sexual behaviours that put their health at risk. Risky sexual behaviours incorporate a variety of

behaviours, including engaging in unprotected coitus, fellatio, cunnilingus, anilingus, anal intercourse, and engaging in sexual intercourse under the influence of alcohol and/or illicit drugs. The society in which we live has brought other more modern forms of risky adolescent sexual behaviour to the fore. These include adolescents “hooking up”, having “friends with benefits” (FWBs), sexting, engaging in multi-person forced or consensual sex, erotic asphyxiation, to name but a few. A plethora of adolescents still tend to practise risky sexual behaviours, many times seemingly oblivious to – or not educated enough – vis-à-vis the realities of unwanted teenage pregnancy, or acquiring HIV/AIDS or various types of STIs (Carroll, 2019; Crooks et al., 2021; Rosenthal, 2013). Other potential consequences of risky sexual behaviour may include clandestine abortions, prostitution, pornography, and paedophilia Koskina (2014).

Amongst South African adolescents, sexual risk-taking behaviours including early sexual debut, unprotected sex, multiple sex-partners and low contraceptive use are quite common (Arnett, 2000; Atuyambe et al., 2015; Wood & Jewkes, 2006, as cited in Jonas et al., 2016). In an effort to deal with some of these risky sexual behaviours, the South African government has made the provision of free contraception since 2001 (Jonas et al., 2016). It continues to update and upgrade the choice of contraceptives nationwide, including the addition of the very modern forms of contraception, such as implants which are available in the public state hospitals and in primary healthcare clinics since 2014 (Pillay et al., 2017). Since 1994, emergency contraceptives and maternal and child healthcare services are more accessible and free of charge while termination of pregnancy has been legalised and is also provided free of charge since 1996 (Jonas et al., 2016). Yet, in spite of these initiatives by the South African government, adolescents continue to engage in sexually risqué behaviours. Hence, the reproductive health ignorance among South African adolescents continues to contribute to a high rate of teenage pregnancy, HIV/AIDS infection, and contracting STIs (Jonas et al., 2016).

Teenage pregnancy is a multifaceted problem with various contributing factors such as poverty, gender inequalities, gender-based violence, substance use, poor access to contraceptives and issues with termination of pregnancy; low, inconsistent and incorrect use of contraceptives, limited number of healthcare practitioners and healthcare facilities, poor healthcare workers' attitudes and behaviour, and insufficient sexual and reproductive health information (Jonas et al., 2016). Teenage pregnancy is common amongst South African adolescent girls; the prevalence being 47 births per 1000 girls between the ages of 15-19 per annum (Reddy et al., 2016). World Bank (2015) demonstrates that this high statistic far surpasses that of high-income countries, such as the UK (15 births per 1000 girls) and the USA (24 births per 1000 girls). High teenage pregnancy rates imply high rates of unprotected sex with the added risks of contracting or transmitting HIV or STIs. Oftentimes, teenage pregnancies are unwanted, and many young South African adolescent girls opt to abort their babies (Reddy et al., 2016).

O'Leary et al. (2015) points out that STIs represent significant health problems for South African adolescents. Adolescent girls are more susceptible due to biological, economic, and social factors. Having an older male sexual partner also puts adolescent girls at risk to contract STIs (O'Leary et al., 2015). Another factor to be concerned about is HIV/AIDS. Although the rate of new HIV infections is falling in Sub-Saharan Africa, 575 adolescents are still infected with HIV *every day* (Cluver et al., 2016). The Human Sciences Research Council (2019) reported that the prevalence of HIV among adolescents aged between 15 and 24 years was 7.9%. Furthermore, the HSRC (2019) demonstrated that female youth had a significantly higher prevalence rate than their male counterparts. Kanku and Mash (2010) found that South African adolescents keep engaging in sexual activities that are risky, and many of them have been reported to account for the majority of new HIV transmission infections (Dejanés, 2009). The UNAIDS (2013) reports that despite high-risk behaviours in South Africa and other sub-

Saharan African countries, adolescents in these countries see themselves as being at low risk of HIV infections. It can be argued that the latter are examples of probable physical consequences to engaging in dangerous sexual behaviour, however, the emotional consequences of these types of behaviours may also have long-lasting consequences on adolescents as they journey through life.

The third *South African National Youth Risk Behaviour Survey* (YRBS) was a study conducted by the *Medical Research Council* in collaboration with the *Departments of Health and Education*. It was a national and provincial study with 3.1 million learners (representing all racial groups) from government schools from Grades 8 to 11 in South Africa (Reddy et al., 2011). Very worrying statistical information emerged from this study: adolescents ever had sex (37.5%); age at initiation <14 years (12.6%); had two or more partners in their lifetime (41.1%); had sex in the past three months (52.3%); adolescents always used a condom (30.7%); adolescents used alcohol before sex (16.2%); adolescents used drugs before sex (14.3%); adolescents being pregnant or impregnated someone (19.0%); adolescents had a child or children of his/her own (17.7%); adolescents treated for STIs (55.0%); and adolescents thinking that they could ever get HIV in their lifetime (11.7%). Unquestionably, the phenomenon of adolescents engaging in sexually unsafe behaviour continues to pose a grave concern for youth leaders, parents, educators, and health specialists within our society (Abbott & Dalla, 2008; Centre for Disease Control and Prevention; 2020). Gillmore et al. (2002) notes that it is widely assumed that the sexual behaviour of adolescents is predominantly hormonally driven, and consequently, cognitive factors do not play a significant role in an adolescent's decision to have sex.

Attaining an *understanding of the precursors to risky sexual behaviour* is vital for developing *interventions* that encourage adolescents to remain abstinent or reduce unsafe premarital sex during this crucial developmental period (Chilisa et al., 2013). There has been

nascent discussion regarding *religious-based initiatives* to address *psychological problems* (Smith, 2003). Rostosky et al. (2003) propose a serious need for immediate and focused empirical attention to the role of religiosity in the sexual decision making of adolescents. McMillen et al. (2011) convincingly argue that faith communities *can* and *do* play significant roles in the sexual morality of adolescents. They predicate that it is imperative for Christian institutions (such as schools or churches) to provide *effective* sexuality education programmes, which emphasise strongly the adolescent's personal spiritual belief and value systems.

As claimed by Hardy and Raffaelli (2003), adolescent sexuality is an area of research which oftentimes piques the curiosity of researchers, policy makers, and health care practitioners. Why this area of study is of particular interest is usually because of the common potential negative consequences dovetailed with sexual activity during adolescence (Centers for Disease Control and Prevention, 2020). International studies have consistently shown a general trend of high sexual risk-taking behaviours (Crooks et al., 2021; Koskina, 2014; Rathus, 2020). Unfortunately, research has shown that this high volume of sexual risk-taking often persists, *in spite* of adolescents knowing about HIV/AIDS, STIs, safe-sex behaviours, etc. Hence, in the light of probable negative consequences, scholars have persistently explored factors affiliated with delayed sexual initiation. One such factor is *religiosity* as predicated by Rostosky et al. (2004).

In recent years, considerable attention has been paid to the unequivocal link which exists between adolescents' religiosity and their sexual attitudes and behaviour. Landor et al. (2011) contend that current interest in faith-based initiatives to deal with the negative outcomes concomitant with adolescent sexual behaviour proffer the necessity for more empirical studies to examine ways in which religiosity affects adolescent risky behaviour. There has been extensive interest specifically into how intrinsic and extrinsic religiosity impact the sexual choices of adolescents (Ashley et al., 2013; Espinosa, 2008; Hull et al., 2011; Landor et al.,

2011; McMillen et al., 2011; Meier, 2000; Sherr & Dyer, 2010; Vazsonyi & Jenkins, 2010). Based on the results of extant research on this topic, it has been postulated that *intrinsic religiosity*, in particular, plays a role in decreasing at-risk sexual behaviours and promoting healthier attitudes toward sexuality.

According to Cort et al. (2016), there is a vast scholarship on the sexual behaviours of religious youth. International research has shown that religiosity and adolescent sexual behaviour and attitudes are strongly correlated (Hollander, 2003; Meier, 2003; Nonnemaker et al., 2003; Steinman & Zimmerman, 2004; Sterk et al., 2003). Lefkowitz (2004) and colleagues found that religiosity was the strongest predictor of sexual behaviour among adolescents. Prior research unfailingly demonstrates that intrinsically religious adolescents display less permissive attitudes about sex and report less sexual activity than their extrinsically religious counterparts (Rostosky et al., 2004; Sinha et al., 2007). Eaton and Flisher (2000) argue that although a strong nexus between adolescent sexual behaviour and religiosity has been infused in international literature, in South African literature, the potential effect of religiosity on adolescent sexual behaviour remains uncertain and inconsistent. This is an area which is under-researched in the South African context. The value of this study lies within its unique focus on exploring intrinsic religiosity as a means to militate against risky sexual behaviour in adolescents from Christian faith-based schools.

The present study attempts to bring some clarity to this area of research and will address limitations inherent in past studies. Firstly, a comprehensive measure of religiosity will be utilised. Prior research studies usually assessed only one dimension of religiosity, such as frequency of church attendance, often using a single item (Landor et al., 2011). This study will employ a multidimensional religiosity scale, which focusses on religious commitment and involvement.

After conducting a literature review on the topic of religiosity and adolescent sexual behaviour, certain “gaps” within the research became evident, namely the extent of the sexual double standard being conveyed through parents and religion, and also larger patterns of adolescent sexual activity amongst religious adolescents (Rostosky et al., 2004). A polarising societal belief, known as the Sexual Double Standard (SDS), refers to the concept whereby females are judged more harshly with regard to comparable sexual behaviour; linked to the SDS is the idea that males in general should be allowed more sexual freedom (Crooks et al., 2021). Put differently, the SDS is the belief that males and females are held to different standards of sexual conduct (Ashley et al., 2013). While males are typically rewarded for their number of sexual partners, women are oftentimes criticised for engaging in similar behaviours (Milhausen & Herold, 2001). Kreager and Staff (2009) are in agreement with the aforesaid authors, asserting that boys and men are rewarded and praised for heterosexual exploits; conversely, girls and women are derogated and stigmatised for displaying similar sexual behaviours. While cultural changes have resulted in more permissive attitudes towards sexuality over the years since the sexual revolution (Petersen & Hyde, 2010), some research posits that females are persistently viewed more negatively vis-à-vis sexual behaviour outside of a romantic relationship, for having multiple sexual partners, and for engaging in sexually assertive behaviour (Crawford & Popp, 2003).

One may ask whether an association between the SDS and religiosity exists. Biswas (2014) posits the view that religiosity definitely plays a role in the SDS. She maintains that being religious has an impact on how individuals are viewed and also judged in terms of morality. Even in Biblical times, there was harsher punishment for women who had sex with any other than with their own husbands, however polygamy and even infidelity on the man’s part was widely condoned. Christian theology may unintentionally distinguish between the acceptability of male and female sexual behaviour, and could therefore contribute to the

maintenance of the SDS. This author goes on to predicate that the more religious the parents are, the higher the chances would be of applying the SDS on daughters. If religion is generally more tolerant towards males who are promiscuous or sexually comfortable versus females, then religious persons would oftentimes most likely react to females as the negative source, calling her derogatory names, and debasing her character, while praising the male for his sexual accomplishments (Biswas, 2014). In the light of the social control of adolescent girls' emerging sexuality, it would be imperative to address the *extent* to which the SDS is still being communicated, notably within conservative religious denominations (Rostosky et al., 2004). A challenging problem is that this double standard of sexual socialisation *prevents* individuals from taking a positive approach to sexuality, and thereby interfering with preparation of adolescents for responsible sexual decision-making (Reiss, 1989, as cited in Rostosky et al., 2003).

Another lacuna within the literature is that traditionally, research studies have focussed primarily on sexual intercourse, while disregarding a wide range of sexual behaviours that adolescents engage in, in their efforts to protect themselves from negative health outcomes and violation of religious teachings or values (Rostosky et al., 2004). Thus, one would need to look *beyond* first intercourse to larger patterns of sexual activity of adolescents attending Christian faith-based high schools.

1.2. Rationale for the study

The topic of religiosity and risky adolescent sexual behaviour specifically amongst South African adolescents from Christian secondary schools has scarcely been investigated. However, there are several exceptions, for example: Aitken, 2005; Casale et al., 2010; Eriksson et al., 2013; and Eriksson et al., 2014. There has been *little* formal inquiry into this topic and insufficient publications are available in the literature that address the intersection between *religiosity* and *sexual behaviours* of South African adolescents from Christian faith-based schools. Scholarly research into the forenamed topic is virtually non-existent. This indicates that this is definitely an area worth investigating. The response to the paucity of research on religiosity and the sexuality of South African adolescents attending Christian faith-based schools in the Western Cape begins with the premise drawn from work of Regnerus (2007) – that is that religiosity (not necessarily religious affiliation) almost always makes a difference in adolescents’ sexual attitudes and behaviour.

A convenient way of researching the construct of *religiosity* is to specifically access *Christian* faith-based high schools, because according to the recent census, 86% of the South African population are Christian, in line with the most recent census (Statistics South Africa, 2015). Arguably, a rigorous exploratory quantitative and qualitative study which delves into this topic through the use of surveys, interviews, and a systematic review could shed light on much needed subject matter. This study proposes to develop gender-appropriate recommendations for educational curricula by employing intrinsic religiosity as a protective factor to militate against adolescent risky sexual behaviour.

1.3. Conceptualisation of terms

Definitions of some commonly used terms and phrases will be elucidated for the purpose of this particular study.

1.3.1. Adolescence

Adolescence is operationalised as the developmental transition between childhood and adulthood, which entails major physical, cognitive and psychosocial changes, in agreement with Papalia et al., (2015). Although there is no standard age range for the adolescent period, the World Health Organization (2021) describes adolescents as young people, ranging between the ages of 10 – 19 years old. For this particular study, adolescence will be delineated as ranging from ages 13 – 19 years old.

1.3.2. Religiosity

Religiosity refers to one's religiousness or religious orientation. In other words, it refers to the strength of one's religious faith, rather than a belief system affiliated with a particular denomination. Lefkowitz et al. (2004) have accentuated the multidimensionality of religiosity, which entails five particular characteristics, namely: *identity* (religious group affiliation), *behaviour* (frequency of attendance at religious services), *attitudes* (importance of religion in daily life), *perception* (religion's negative sanctions against sexual behaviours), and *practice* (extent to which individuals adhere to their religion's sanctions against sexual behaviour). Religiosity should also be seen as a dual concept, which may either be intrinsic or extrinsic in nature. *Intrinsic religiosity* refers to a sincere practice of one's religion. This is a genuine product of embedded religious socialisation. *Extrinsic religiosity* refers to a negative way of being religious. It refers to behaviour practised in an effort to maintain an appearance of religiousness (Allport & Ross, 1967; Ashley et al., 2013). It must be added that the intrinsic

and extrinsic dimensions of religiosity operate in a converse manner toward certain personality and behavioural characteristics (Ashley et al., 2013).

1.3.3. Sexual behaviour

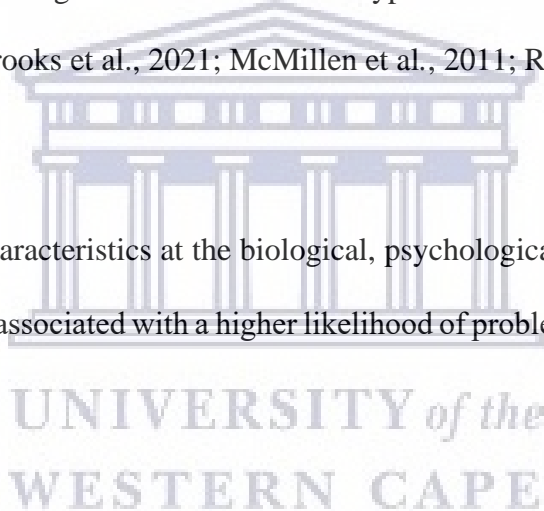
Rosenthal (2013) points out that *sexual behaviour* refers to sexual practices. These may either be solitary sexual practices, specifically referring to masturbation, or sexual practices with a partner. The latter includes foreplay and various types of sex. Foreplay includes kissing, breast stimulation, general fondling (theirs/partners), touching of erogenous and non-erogenous zones, manual genital contact, the use of sex toys, vaginal or anal stimulation with fingers, fellatio, cunnilingus, and anilingus. The three common types of sexual modes are vaginal, oral and anal (Carroll, 2019; Crooks et al., 2021; McMillen et al., 2011; Rosenthal, 2013).

1.3.4. Risk factors

Risk factors refer to the characteristics at the biological, psychological, family, or community level that precedes and are associated with a higher likelihood of problem outcomes (O'Connell et al., 2009).

1.3.5. Protective factors

Protective factors refer to the characteristics at the biological, psychological, family, or community level that are associated with a lower likelihood of problem outcomes or that attenuates the negative impact of a risk factor on problem outcomes (O'Connell et al., 2009).



1.4. Research questions

- 1.4.1. What are the risk and protective factors associated with intrinsic and extrinsic religiosity relating to sexual behaviour of adolescents from Christian faith-based schools?
- 1.4.2. Are sexuality education curricula within Christian faith-based schools in the Western Cape Province of South Africa sufficient in terms of imparting relevant information?

1.5. Aims and objectives

The focus of the study has been crystallised into the following **aims**:

Aim 1: To determine the larger patterns of sexual activity among adolescents attending Christian faith-based schools.

Aim 2: To determine how intrinsic and extrinsic religiosity impacts adolescents' sexual attitudes.

Aim 3: To explore whether sexuality education curricula currently used at Christian-faith based high schools in the Western Cape Province of South Africa are relevant.

The **objectives** of the study are as follows:

Objective 1: Conducting one systematic literature review to identify the risk and protective factors of intrinsic and extrinsic religiosity of adolescents in relation to adolescent sexuality.

Objective 2: Determining the relationship between intrinsic and extrinsic religiosity and adolescents' sexual attitudes.

Objective 3: Understanding the experiences of adolescents' sexual attitudes and behaviours, and understanding their perceptions of their school's sexuality education curricula.

1.7. Outline of thesis

Chapter 1 provided a background to the research study, as well as rationale, aims, objectives, research questions and hypotheses. Chapter 2 places the research within a theoretical framework. Chapter 3 examines a thorough review of the literature relating to the conceptualisation of religiosity; scales used to measure religiosity throughout the years; adolescent religiosity in relation to adolescent sexuality; risky sexual behaviours of adolescents; the importance of sexuality education within the South African context; and finally, the two approaches to sexuality education, namely Abstinence-Only Education and Comprehensive Sexuality Education. Chapter 4 presents the methodological section, which elucidates the research questions, sampling methods, data collection procedures, and ethical considerations. Chapter 5 provides the results of the systematic review. In Chapter 6, a discussion of the qualitative data is given, while in Chapter 7 the statistical analysis of the quantitative data is presented. Furthermore, Chapter 8 encompasses core findings, triangulation, limitations, and recommendations.

The Psychology Department of the University of the Western Cape requires the use of the American Psychological Association (APA) seventh edition style as a general guideline, hence the aforementioned was used in this doctoral monograph.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1. Introduction

Various theoretical perspectives emerge in the study of religiosity and adolescent sexual attitudes and behaviour. Some of the more dominant models will be outlined in the following section. *Reference Group Theory (RGT)*, *Social Control Theory (SCT)*, and the *Sexual Socialisation Theory (SST)* are amongst the most commonly utilised theories with regard to religiosity and adolescent sexuality. This chapter will seek to explicate all three aforesaid theoretical perspectives.

2.2. Reference Group Theory

Regnerus (2007) argues that religiosity alone is not the primary motivator for sexual decision-making. What also makes a difference is what the author refers to as a plausibility structure, namely a network of like-minded friends, family, and authorities whose teaching and example offer an alternative to sexually permissive scripts provided by society (Cort et al., 2016). This plausibility structure ties in well with the next foundational theory, which will be discussed shortly.

Reference Group Theory (RGT) was first introduced by Herbert Hyman in 1942 (Woodroof, 1986), and it is largely assimilated into the sociological literature (Mirande, 1968). Before proceeding to succinctly discuss this theory, it is imperative to be able to understand the concept of *reference group*. From the perspective of Saxena (1971), a reference group is defined as an assemblage of individuals which impact how they think, feel, and see things (as cited in Cislighi & Shakya, 2018). This theory proposes that attitudes and behaviours are

decisively shaped by groups in which individuals participate (Cislaghi & Shakya, 2018; Cochran et al., 2004). The American Psychological Association Dictionary of Psychology (2020) describes Reference Group Theory as a general conceptual framework that assumes that individuals' attitudes, values, and self-appraisals are shaped, in part, by their identification with, and comparison to reference groups.

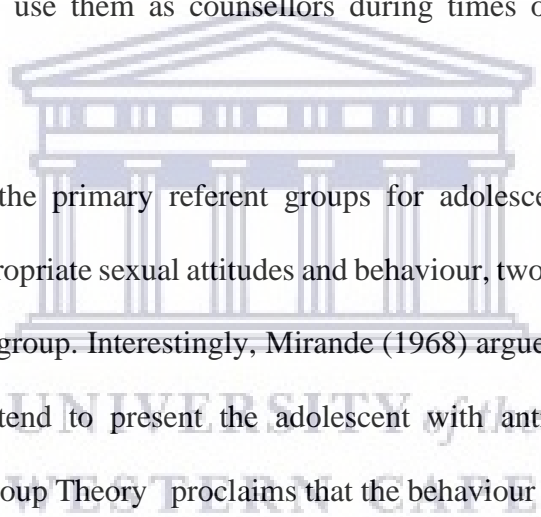
As reported by Cochran and Beeghley (1991), individuals' behaviours and attitudes are categorically crystallised by the groups in which they participate. Bock et al. (1983) posit that individuals may use these groups in two ways: firstly, to evaluate their past behaviour (comparative reference groups), and secondly, as directives for current or future behaviour (normative reference groups).

This perspective is quite notable and utile when one tries to understand behaviour in pluralistic societies where individuals experience multiple group memberships and are often caught in the cross-pressures of contradictory expectations (Mirande, 1968). Woodroof (1986) alerts us to the fact that Reference Group Theory has been shown to be a particularly beneficial theoretical perspective for understanding the socialising influences which impact the adolescent.

Merton and Rossi (1968, as cited in Cochran et al., 2004) have written extensively on Reference Group Theory. They point out that before individuals can make any comparisons between themselves and other groups, they must firstly be well acquainted with their own group's similarity attributes. Secondly, there needs to be concurrence amongst the individuals' and groups' values and beliefs. Thirdly, there needs to be a degree of clarity in terms of the group's values and beliefs. Merton and Rossi (1968) note that in order for there to be group influence, there must be prolonged interaction amongst group members. Finally, these researchers foreground that significant members (namely, leaders) in the group need to be

highly visible by others, and they need to be capable of articulating the group's norms and values. Cochran et al. (2004) articulate that ample religious faith groups typically meet these five aforesaid criteria, and therefore these may serve as salient points of anchorage for their group members:

The agreement criterion is exemplified by the common religious practice of requiring members to profess adherence to a specific doctrine. The clarity criterion is met by the fact that each faith group's doctrinal beliefs and behavioural directives are frequently preached about, published, and publicised, and remains relatively stable over time (Salisbury 1964; Chalfant et al., 1981). The sustained interaction criterion is also met; it is observed through devout members' regular attendance at religious services and by their membership in religious organisations. Finally, the significant other criterion is satisfied to the extent that those most devoutly involved in religious faith groups listen to their priests, ministers, rabbis, or other leaders at services and tend to use them as counsellors during times of need (Alston & McIntosh, 1979).



If one were to ask who the primary referent groups for adolescents are, whereby these youngsters benchmark appropriate sexual attitudes and behaviour, two groups would obviously be the family and the peer group. Interestingly, Mirande (1968) argues that the family and the peer group in particular tend to present the adolescent with antithetical or inconsistent expectations. Reference Group Theory proclaims that the behaviour of a person placed under such cross-pressures will be consistent with the expectations of the group which serves as a reference point at the time. In consonance with Mirande (1968), the family serves as a primary reference point for the child during the infancy and early childhood periods. However, during adolescence, peers become increasingly more significant in terms of the formation of the adolescents' attitudes and behaviour.

According to Cort et al. (2016), research on the influence of peers amongst adolescents shows that their normative sexual behaviours are often influenced by the perspectives of their peers. To demonstrate, Mirande (1968) conducted a study on Reference Group Theory in relation to adolescent sexual behaviour using a sample of 93 undergraduate students enrolled

in sociology classes at a Midwestern American university. The findings of this study indicate that the sexual activity of the individual and that of his/her closest friends tends to be consistent with the standards and behaviour of the peer referent. Hence, peers function as important benchmarking referents.

However, besides the family and peers serving as significant referents, one needs to also consider the role that religion plays as a referent. Cochran et al. (2004) argues that if religious faith groups serve as important referent groups for their members, the positions of these faith groups towards nonmarital sexual relations should have a significant influence on the sexual conduct of their members. Reference Group Theory posits the view that religious beliefs play an influential role in determining attitudes and behaviour, including individuals' sexual choices (Cochran et al., 2004).

The peer group and the religious group serve as vital referents for the adolescent. Within the context of this particular research study, the link between the type of religious orientation of the peer referent on the adolescent will be deliberated. Research has demonstrated that adolescents who are guided by their religious principles, including sexual abstinence, are more likely to select as their reference group close friends with similar values (Lefkowitz et al., 2004; Njus & Bane, 2009). Therefore, it can be argued that if a Christian adolescent selects as his/her reference groups friends from either intrinsic or extrinsic religious orientations, the influence of their choice of friends will most likely be apparent in their sexual attitudes and behaviour.

The ensuing figure schematically represents a condensation of the Reference Group Theory:

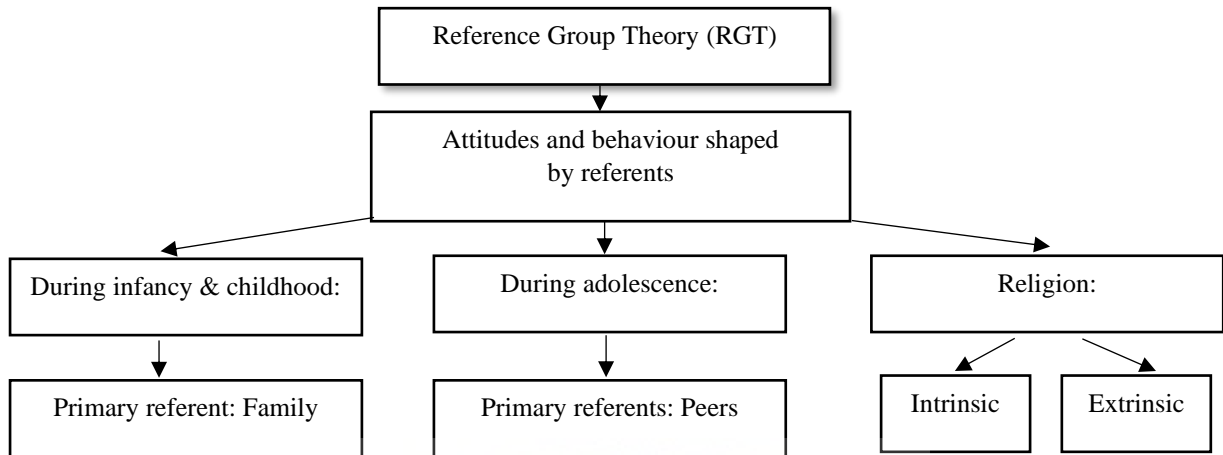


Figure 1. Delineation of RGT

This particular theoretical perspective is quite dated; it was therefore challenging to locate the drawbacks associated with it. Some researchers have found that the term *reference group* is quite vague or abstract. As a result of this, certain scholars have suggested that instead of using the term *reference group*, that alternative terms should be used, such as *identification group*, *interaction group*, or *valuation group*. In fact, Saxena (1971) suggests that the term *preference group* should be used, due to the mere fact that it is more explicit. It is asserted that *preference group* has a more positive connotation, as opposed to *reference group*. Preference groups may be marked as those groups which are preferred by an individual to attach his own values more than other groups (Saxena, 1971). In light of the aforesaid drawback associated with this perspective, the explanation offered by Saxena (1971) makes logical sense.

2.3. Social Control Theory

Social Control Theory (SCT) gained prominence during the 1960s. It was developed by Travis Hirschi. The social control perspective assumes that social institutions such as family, school, and religion endorse values that are in line with conventional behaviour because they socialise members to adopt the norms and values of the group (Gyimah et al., 2013). Thus, the propensity to engage in deviant behaviour is diminished. Conforming to pioneering social control theorists, human beings are inherently driven towards deviance, however this anomaly may be restrained by bonds to social organisations (Durkheim 1897/1951; Hirschi, 1969, as cited in Hardy & Raffaelli, 2003). Landor et al. (2011) indicate that individuals will naturally abide by the norms and values of particular social organisations, by virtue of not jeopardising their bonds to these institutions. The authors go on to note that eventually the norms and values are internalised, and consequently the likelihood of deviant behaviour is reduced. Sufficient scholarly research exists to support this particular theoretical perspective, however there are academics who have questioned the strength of this theory. Accordant with Gibbons (1994), critics of this theory state that while it may be useful to explain minor deviance, it may not adequately be able to explain major deviant behaviour.

Religion is a primary socialisation agent for adolescents. It is argued that adolescents who are strongly bonded to a religious body will be less inclined to engage in deviant behaviour than those unaffiliated, especially as it relates to premarital sexual behaviour (Gyimah et al., 2013). Accordant with Amoateng (2017), the Social Control Theory avers that religion functions to embolden adolescents to avoid actions that they might contrarily have taken. Furthermore, the aforesaid author points out that religion is viewed as a powerful force, contributing to the postponement, reduction or even restriction of such behaviours, such as adolescent sexual activity.

Traditional Christian religious institutions promote four specific sexual ideologies – abstinent, procreational, celibate, and relational (Rostosky et al., 2003). All of these sexual ideologies are intended to exert social influence and control over sexual behaviour by either prescribing or proscribing cultural scenarios and behavioural standards of sexual activity. These sexual ideologies are generally prohibitive in nature; they contrast greatly with a sexual ideology embedded within most Westernised cultures, namely the sexual ideology of pleasure. In addition, to militate against undesirable sexual behaviours, the Social Control Theory posits that religion generates social control through four specific pathways, as extrapolated by Rohrbaugh and Jessor (1975): (a) by entrenching the person in an organised sanctioning network that is supportive of conventional activities and completely against unconventional issues; (b) by making the person sensitive to moral issues and acceptable standards of behaviour; (c) by offering a deity as a source of punishment and wrath; and (d) by producing devoutness, thus creating an obedience orientation. Rostosky and Wilcox (2004) point out that to date, research has been found bereft of examining these pathways as specific channels of religious influence on adolescent sexual behaviours. Despite this though, it must be argued that religion is a vital socialisation agent; it can play an important role in shaping the sexual decision-making of adolescents (Smith, 2003; Verona, 2011; as cited in Amoateng, 2017).

One extant author has recommended that religion affects behaviour in a three-fold manner, namely (1) providing moral directives, (2) role models, and (3) spiritual experiences (Smith, 2003). Moreover, this author avers that, together, these factors endorse specific normative ideas of what is good and bad, right or wrong, worthy and unworthy, etc. These ideas therefore form a guide for human consciousness, choice, and action (Smith, 2003). Amoateng (2017) maintains that these ideas guide life choices, especially vis-à-vis appropriate conduct. While religion provides moral directives, role models, and spiritual experiences, in an effort to instil positive characteristics, one should not forget that religion, as a force of social

control, also provides negative emotional ramifications for those individuals who may choose to digress from their religious values, consciously or unconsciously.

Part of the foundation for religion as a form of social control is that it provides consequences for deviance, for example, guilt, shame, public embarrassment, and threat/expectation of divine punishment (Ellitson & Levin, 1998). Hardy and Raffaelli (2003) explain that the knowledge and fear of these potential consequences may motivate adolescents to conform to religious doctrines. Nonetheless, if adolescents, who consider themselves to be highly religious, decide to deviate from the norms of their religion, they may experience what pioneering researcher, Festinger (1962) terms *cognitive dissonance* – psychological distress brought on by the contradiction between what the adolescent believes in and how the adolescent behaves. Hence, it is likely that religious adolescents who engage in premarital sexual activity may experience cognitive dissonance as a result of their sexual choices.

Rostosky and Wilcox (2004) explicate that social control mechanisms may cause a religious adolescent not to use contraceptive measures once he or she becomes sexually active. The reasoning is that certain religions oppose the use of contraceptives, thus a religious youth may engage in one proscribed behaviour (i.e. having premarital sexual intercourse) but to engage in more than one proscribed behaviour (e.g. having sex *and* using contraception) may create such undesirable cognitive dissonance for the adolescent, that he or she puts him/herself at risk sexually, by having unprotected sex – in essence, the adolescent may feel that it is admissible to engage in one ‘sinful act’, but to intentionally plan to use contraception (seen as a second ‘sinful act’) would be from a religious and psychological perspective too damaging for him/her.

The following figure encapsulates the Social Control Theory:

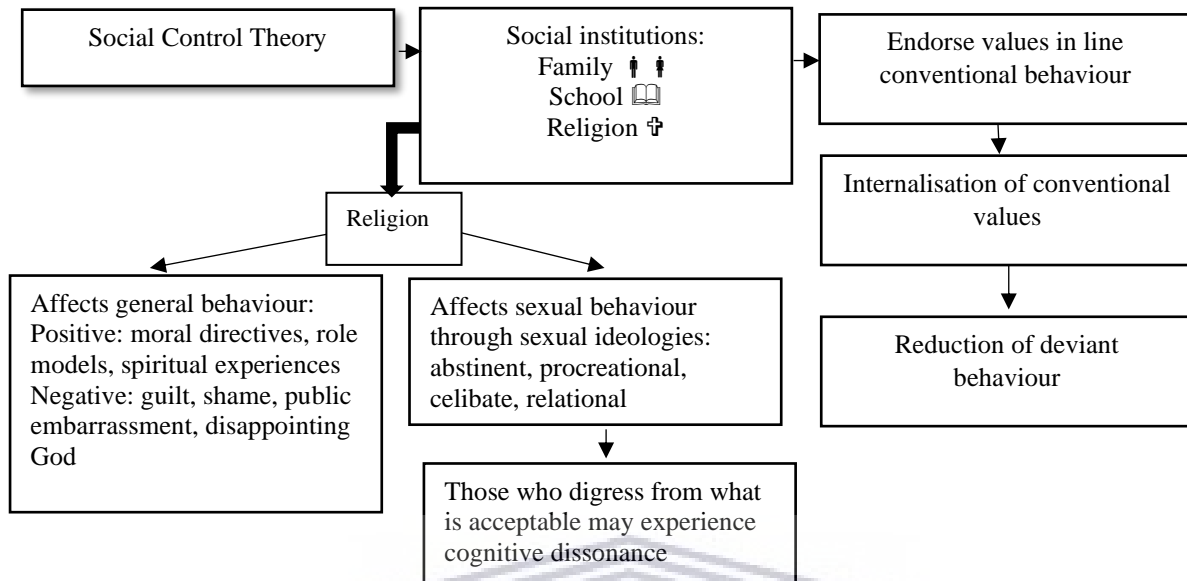


Figure 2. Delineation of SCT

2.4. Sexual Socialisation Theory

Another theoretical perspective which undergirds religiosity and adolescent sexuality is the Sexual Socialisation Theory. Sexual socialisation entails the process of learning to behave in a way that is acceptable to society, as it pertains to one's sexuality. *Sexual socialisation* and *sexualisation* are terms which are oftentimes used synonymously or interchangeably (Spanier, 1976). Sexual socialisation concentrates on five major areas of emphasis, i.e. the development of sex-object preference; the development of gender roles; the development of gender identity; the acquisition of sexual skills, knowledge and values; and finally the development of sexual attitudes. In keeping with Shtarkshall et al. (2007), sexual socialisation begins at home, whereby parents have the unique opportunity to impart important values to their children.

Figure 3 illustrates a précis of the SST:

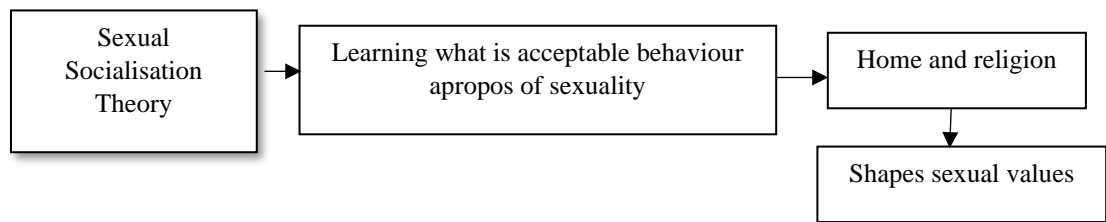


Figure 3. Delineation of SST

Pursuant to Courtice and Shaughnessy (2018), individuals use scripts to guide their sexual behaviour. As postulated by Wiederman (2005), the *traditional sexual script* (TSS) underscores traditional gender roles for males and females in terms of their sexual behaviours. Courtice and Shaughnessy (2018) point out that an inherent bias is that the TSS is heterocentric in nature, that is to say that it focusses predominantly on heterosexual romantic relationships. In general, it is more tolerant of male sexual expression. It proposes that males have strong sexual needs, are always motivated to engage in sexual behaviour, and are the initiators of sexual activity, whereas females are less eager to have sex, are sexually inexperienced, should only engage in sexual relations within a committed romantic relationship, and are to act as gatekeepers by controlling the progression of sexual relations (Byers, 1996, as cited in Weaver et al., 2013). It is precarious to internalise these kinds of messages, as the traditional sexual script may play a role in sexual coercion (i.e. rape) and serve as a barrier to women being sexually confident, such as communicating wants, needs and sexual concerns to a partner, or discussing safer sex options (Greene & Faulkner, 2005, as cited in Weaver et al., 2013).

Conforming to Marcantonio (2017), the traditional sexual script involves a *sexual double standard* (SDS). The SDS is operationalised as a social construct dictating different treatment of males and females for participating in similar sexual acts. In general, boys and men usually receive praise and positive attributes from others for non-marital sexual contacts.

On the other hand, girls and women continue to be derogated and stigmatised for similar sexual behaviours (Kreager & Staff, 2009).

Academic articles on the SDS date back to 1956, when Ira Reiss first begun publishing a series of articles on this topic. Reiss (1956, as cited in Bordini & Sperb, 2013) noted that the SDS of male-female relationships encompasses premarital sexual intercourse, adultery, homosexuality, and masturbation. Over 60 years have passed by since Reiss' seminal work in the 1950s, and it was found that while there was a subtle shift in the SDS, essentially this phenomenon still continues to be embedded in our collective unconscious. Holding males and females to different standards of sexual conduct continues to be ubiquitous in our contemporary society (Bordini & Sperb, 2013; Crawford & Popp, 2003, Marks & Fraley, 2005).

Just as sexual standards vary across cultures, so the two genders have traditionally been socialised into different sexual ideologies, whereby females are oftentimes sanctioned more severely for adopting pleasurable or recreational ideologies (Rostosky et al., 2003). Reiss (1989, as cited in Rostosky et al., 2003) emphasised that this double standard of sexual socialisation prevents one from taking a positive approach to sexuality, and thereby interferes with the preparation of adolescents for responsible sexual decision-making.

Unfortunately, the SDS in adolescence has salient implications for sexual development and gender inequality. The reality is that the SDS socialises male and female adolescents to differing behavioural expectations and sexual risks. Gender powered relations have hindered the acceptance of a fully equal sexual role for females, which means that they are expected to behave in ways that produce unwanted pregnancies or diseases (Reiss, 1989, as cited in Rostosky et al., 2003). To elucidate the latter, empirical evidence indicates that young female adolescents who favour the SDS are less inclined to have sex; they perceive greater barriers to condom usage, and are also less willing to use condoms (Crawford & Popp, 2003, Lefkowitz

et al., 2014, as cited in Kreager et al., 2016). In addition, the SDS can lead girls to feel guilty and ashamed when they do engage in sexual behaviours (Tolman, 2002).

The perpetuation of the SDS continues to pose a concern for researchers within the field of adolescent sexuality. It is imperative that the SDS is addressed in intervention programmes, since this phenomenon sustains adolescent gender inequality, suppresses female adolescents' health sexual desires, and motivates or encourages peers to defame male and female adolescents who are seen to be gender non-conformists (Bordini & Sperb, 2013, Crawford & Popp, 2003, Tolman, 2002, as cited in Kreagler et al., 2016).

How then could educators (within their sphere of influence) play a role in educating adolescents about the SDS, and not allowing it to be perpetuated? It would be advisable to teach adolescents to transcend the SDS, and demonstrate more egalitarian thinking, in an effort to correct the power imbalance created by the traditional sexual script. Kreager et al. (2016) surmise that sexuality education lessons should comprise of messages about gender inequality, but also should deter boys from choosing to engage in sexual behaviours because they believe it is expected of them or would enhance their reputations. The aforementioned authors continue to add that in an age of social media, sexuality education should also reiterate the negative ramifications of gossip and public dialogue which conforms to the SDS.

However, it is worth mentioning that in spite of reported differences in males' and females' sexual behaviours, contemporaneous researchers have found very little evidence that individuals *personally* sanction the SDS (Bettor et al., 1995; O'Sullivan, 1995, as cited in Milhausen, 2001).

The role which religiosity plays in the sexual socialisation of individuals should also be considered. Psychological researchers have proposed that Christian theology may unintentionally distinguish between the acceptability of male and female behaviour, and as a

result, adolescent boys and girls inadvertently become socially sexualised in very traditional ways. As pointed out in the previous chapter, Biswas (2014) maintains that being religious has an impact on how individuals are viewed and also judged in terms of morality. Even in Biblical times, there was harsher punishment for women, who had sex with any man other than with their own husbands, however, polygamy and even infidelity on the man's part was widely condoned. Christian theology may unintentionally distinguish between the acceptability of male and female sexual behaviour, and could therefore contribute to the maintenance of the SDS. Biswas (2014) goes on to aver that the more religious the parents are, the higher the chances would be of applying the SDS on daughters. If religion is generally more tolerant towards males who are promiscuous or sexually comfortable versus females, then religious persons would oftentimes most likely react to females as the negative source, calling her derogatory names, and debasing her character, while praising the male for his sexual accomplishments (Biswas, 2014). Boys, in general, do not face the social ramifications for sexual behaviour or expressing their sexuality (Marcantonio, 2017), as compared to the negative repercussions for girls.

In light of the social control of adolescent girls' emerging sexuality, it would be vital to address the *extent* to which the SDS is still being communicated, especially within conservative religious denominations (Rostosky et al., 2004). A challenging problem is that this double standard of sexual socialisation *prevents* educators from taking a positive approach to sexuality, and thereby interfering with the preparation of adolescents for responsible sexual decision-making (Reiss, 1989, as cited in Rostosky et al., 2003).

The Sexual Socialisation Theory is one particular perspective which forms the basis for religiosity and adolescent sexuality. However, as can be seen in *Figure 4*, this ideology prevents us from taking a constructive approach to sexuality.

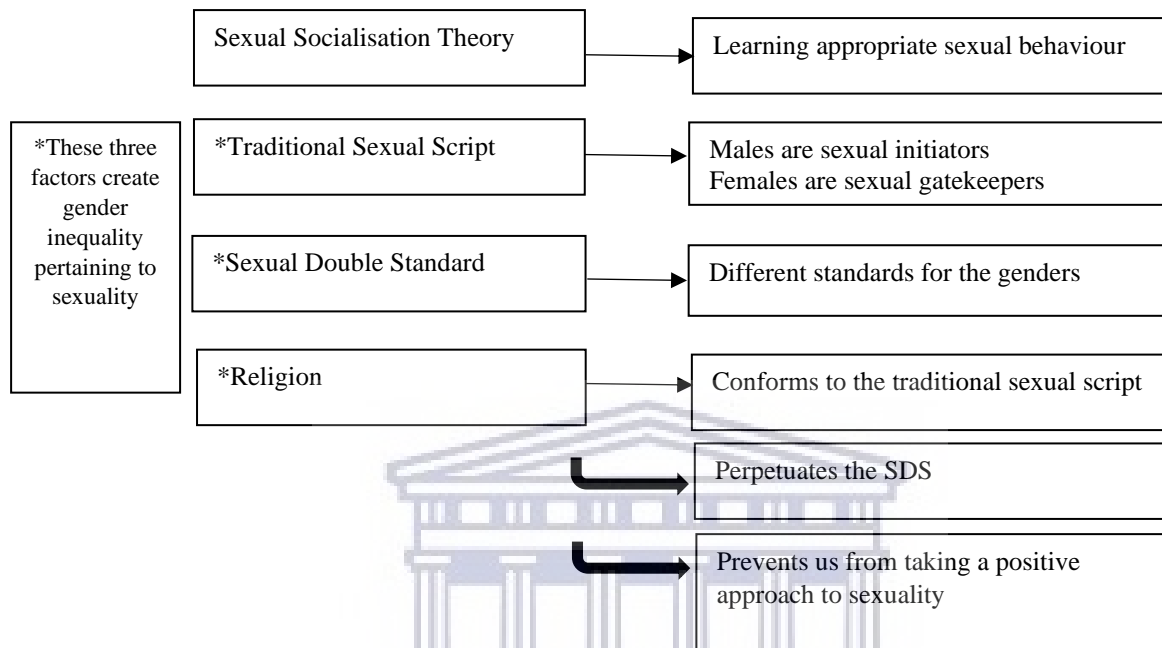


Figure 4. Issues stemming from the SST

2.5. Conclusion

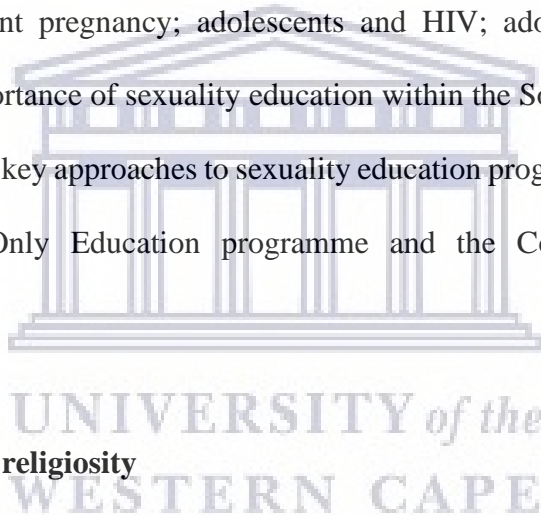
In sum, the preceding perspectives are the most prevalent and robust theories which are used in the study of religiosity and adolescent sexuality. The present study will utilise all three theoretical frameworks for its thematic structure.

CHAPTER 3

LITERATURE REVIEW

3.1. Introduction

This chapter is divided into five major sections. Firstly, the researcher concentrated on religiosity. Topics which were discussed were: conceptualisation of religiosity; scales used to measure religiosity throughout the years; and finally: adolescent religiosity and adolescent sexuality. Secondly, a contour of particular risky sexual behaviours was explored. Thirdly, more in-depth discussions of the ensuing topics took place, with special reference to the South African context: adolescent pregnancy; adolescents and HIV; adolescents and STIs; and sexting. Fourthly, the importance of sexuality education within the South African context was addressed. Finally, the two key approaches to sexuality education programmes were discussed, namely the Abstinence-Only Education programme and the Comprehensive Sexuality Education programme.



3.2. Conceptualisation of religiosity

Religiosity can be explicated in the following manner: It is simply conceptualised as *the strength of one's religious beliefs or convictions*, as described by the Oxford Dictionary (2019). There is a lack of consensus amongst scholars as to a common definition apropos of religiosity. According to Young et al. (2015), researchers have characterised religiosity in a number of different ways. Several examples of various conceptualisations will be highlighted. There are some scholars who provide a simplistic description of religiosity, such as Nicholas and Durrheim (1995) who define religiosity as the strength of religious faith; this description is quite akin to the Oxford delineation. On the other hand, there are scholars who describe religiosity more in the amalgamate form. For example, Billy et al. (1994) consider religiosity

to be a composite concept, comprising of frequency of praying, church attendance, and personal importance of religion. Holder et al. (2000) elucidate religiosity as a set of institutionalised beliefs, doctrines, and rituals, including ethical standards for living a good life. Similarly, according to other academics, religiosity is exemplified as a person's level of church attendance, religious practices (such as prayer, scriptural reading, etc.), and/or engagement in religious activities (such as praise and worship, various ministries, etc.), as explained by Chatters (2000), Hatcher et al. (2008) and Musgrave et al. (2002). Shaw and El-Bassel (2014) define religiosity as “a level of adherence to, participation in, influence of, or identification with a set of beliefs” (p. 1570).

Other scholars have separated religiosity into particular dimensions. Even as far back as the 1960s, it was theorised that religiosity comprises five dimensions (Glock, 1962, as cited in Young et al., 2015). These domains include the following: (1) religious/ritualistic behaviour, (2) feelings and emotions (3) beliefs/ideology, (4) knowledge/intellect, and the (5) degree to which religion influences everyday life. Lefkowitz et al. (2004) have also accentuated the multidimensionality of religiosity, which entails five particular characteristics, namely: identity (religious group affiliation), behaviour (frequency of attendance at religious services), attitudes (importance of religion in daily life), perception (religion's negative sanctions against inappropriate behaviour), and practice (extent to which individuals adhere to their religion's sanctions against inappropriate behaviour).

For the purposes of this study, **religiosity** is defined as **the strength of one's religious beliefs or convictions**, and is made up of **two particular components**, which affect behaviour, namely the **intrinsic and the extrinsic elements** (Donahue, 1985, as cited in Lyons & Smith, 2014).

“The current operationalised definition of intrinsic religiosity is the internalised structure of religious belief that provides meaning to an individual, and is independent of institutional affiliation or doctrinal allegiance, while extrinsic religiosity is the outward or external use of religion to serve social needs” (Donahue, 1985, as cited in Lyons, 2014, p. 165).

In accordance with Jaume et al. (2013), individuals who possess an intrinsic religious orientation view their religion as fundamental to their identity; in other words, religion is viewed as the primary source of motivation in their lives. Individuals who possess an extrinsic religious orientation essentially use their religious practices instrumentally; this means that they use their religion to achieve personal or social aspirations (Jaume et al., 2013). Carson (2017) explains that intrinsic religiosity is deeply personal, internalised, and provides meaning to a person’s life. The extrinsic religious orientation, according to Carson (2017) is essentially a means to an end, i.e. a self-serving way to attain personal security and/social status. Thus, it can be argued that the extrinsic belief system is quite utilitarian in nature.

To sum up the essential difference between these two orientations, persons who have extrinsic religious orientations participate in religious activities in furtherance of establishing or maintaining social networks, without unquestionably complying with their religious beliefs, whereas persons with intrinsic orientations view religion as the driving force in their lives (Batson & Schoenrade, 1991). As can be seen through these definitions provided, the central distinction between these two kinds of orientations has to do with *motivation*. According to Allport and Ross (1967), “The extrinsically motivated person *uses* his religious, while the intrinsically motivated person *lives* his religion” (p. 434).

3.3. Scales used to measure religiosity

From the perspective of Koenig (2018), author of *Measures of Religiosity* there are 17 dimensions of religiosity which should be considered in the measurement thereof. These, according to the aforesaid author include religious affiliation; religious belief; public religious practices; private religious practices; religious salience; religious motivation; religious wellbeing; religious coping; religious history; religious support; religious experience; religious attachment; religious giving; religious knowledge; religious seeking, striving or quest; religious development; and religious commitment.

Historically, when measuring the construct religiosity, it would be measured utilising single dimensional scales or multi-dimensional scales. Pursuant to Koenig (2018), multi-item scales are favoured rather than using single-dimensional scales. Certain scholars have argued that because religiosity is a multi-dimensional construct, single dimensional scales are unsuitable for usage (Loo, 2002; Oshagbemi, 1999). From the perspective of Koenig (2018), multidimensional measurements allow for the assessment of religiosity dimensions in great depth.

The ensuing table demonstrates religiosity measures, which date back to the 1960s.

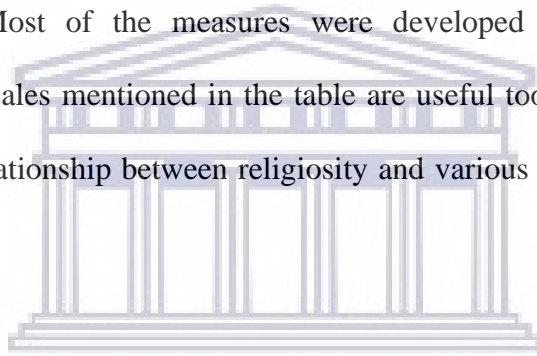
Table 3.1*Examples of single and multi-item religiosity measures*

| <i>Category</i> | <i>Name</i> | <i>Developers</i> | <i>Details</i> |
|----------------------------------|---|--|---|
| Single dimensional Scales | <i>Christian Orthodoxy Index (COI)</i> | Glock & Stark (1966) | 7 items |
| | <i>Religious Orientation Scale (ROS)</i> | Allport & Ross (1967) | 21 items |
| | <i>Intrinsic Religiosity Scale (IRS)</i> | Hoge (1972) | 10 items |
| | <i>Attachment to God Scale (AGS)</i> | Rowatt & Kirkpatrick (2002) | 9 items |
| | <i>Trust / Mistrust in God Scale (TMGS)</i> | Rosmarin et al. (2009); Rosmarin et al. (2011) | 2 versions: 16 items 6 items |
| | <i>Daily Spiritual Experiences Scale (DSES)</i> | Underwood & Teresi (2002) | 16 items |
| | <i>Religious Coping Index (RCI)</i> | Koenig (1994); Koenig et al. (1992) | 3 items |
| | <i>Religious Coping Scale (RCOPE)</i> | Pargament et al. (2000); Pargament et al. (1998) | 3 versions: 100 items 14 items 6 items |
| | <i>Faith Maturity Scale (FMS)</i> | Benson et al. (1993) | 8 items |
| | <i>Religious History Scale (RHS)</i> | George (1999) | 20 items |
| Multidimensional Scales | <i>Duke Religion Index (DUREL)</i> | Koenig et al. (1997) | 5 items |
| | <i>Springfield Religiosity Scale (SRS)</i> | Koenig et al. (1988) | 2 versions: 34 items 15 items |
| | <i>Brief Multidimensional Measure of Religiousness / Spirituality (BMMRS)</i> | Idler et al. (2003) | 2 versions: 31 items 40 items |
| | | | |

As set out in Table 3.1, there are ten single-dimensional scales which assess religiosity. The earliest religiosity measure which could be located was Glock and Stark's (1966) *Christian Orthodoxy Index* (COI), comprising seven items, traditional beliefs about God, eternal life, the bible, etc. The *Religious Orientation Scale* (ROS) is one of the most classic / well known scales to measure religiosity. It was developed by Allport and Ross (1967). It is a 21-item instrument which assesses aspects associated with intrinsic and extrinsic religiosity. The *Intrinsic Religiosity Scale* (IRS) consists of ten items, which measures intrinsic religiosity (Hoge, 1972). The *Attachment to God Scale* (AGS) is a nine-item scale which involves the application of the attachment theory to one's relationship with God (Rowatt & Kirkpatrick, 2002). The *Trust / Mistrust in God Scale* (TMGS) has two versions – 16 items and 6 items – this scale involves both positive and negative emotional feelings toward God (Rosmarin et al., 2009). The *Daily Spiritual Experiences Scale* (DSES) is a 16-item instrument which measures experiences of God's love, presence, guidance, and closeness during daily life (Underwood & Teresi, 2002). The *Religious Coping Index* (RCI) is a three-item instrument which assesses the extent to which an individual uses religious beliefs and practices to cope with stress (Koenig, 1994; Koenig et al., 1992). The *Religious Coping Scale* (RCOPE) has three versions – 100 items, 14 items, and 6 items – it focusses on specific ways that people use religion to cope, both in positive and negative ways (Pargament et al., 2000; Pargament et al., 1998). The *Faith Maturity Scale* (FMS) comprises 38 items, and seeks to measure the degree to which a person has achieved a life which epitomises the teachings of his/her religious faith (Benson et al., 1993). Finally, the *Religious History Scale* (RHS) consists of 20 items, and it entails the degree of exposure to religious belief and practices across the life span.

Table 3.1 does not depict an exhaustive list of multi-dimensional religiosity scales, however, a synopsis will be provided of the three scales mentioned. Koenig et al. (1997) have developed the 5-item *Duke Religion Index* (DUREL), which measures organisational religious

activities (ORA), non-organisational religious activities (NORA), and intrinsic religiosity (IR). Koenig et al. (1988) developed the *Springfield Religiosity scale (SRS)*, which includes 15 items for the short version, and 34 items for the long version. For this measure, ORA, NORA, and IR are assessed. Idler et al. (2003) created the *Brief Multidimensional Measure of Religiosity and Spirituality (BMMRS)*; it comes in either 31-item or 40-item versions; it assesses daily spiritual experiences, meaning, values, beliefs, forgiveness, private religious experiences, religious coping, religious support, religious/spiritual history, religious commitment, organisational religiosity, self-rated religiosity and spirituality, and religious preference. As specified by Koenig et al. (2015), these measures are applicable to individuals from various religious backgrounds. Most of the measures were developed for use with Christian populations. Hence, the scales mentioned in the table are useful tools for researchers to use when investigating the relationship between religiosity and various outcomes (Koenig et al., 2015).



3.4. Adolescent religiosity and adolescent sexuality

Religiosity is a multifaceted construct that is operationalised and measured in a variety of different ways (Amoateng, 2017; DeHaan et al., 2011 as cited in Taggart et al., 2018). A proliferation of literature exists which probes the association between various dimensions of religiosity. Many of these studies have focused on the frequency of religious participation, in relation to risky adolescent sexual behaviour, substance usage, and general risk behaviours (Barton et al., 2014; Lefkowitz et al., 2004; Nonnemaker et al., 2003). Nevertheless, Taggart et al. (2018) have found that research findings on the influence of religiosity on adolescent sexual health behaviours vary. To elucidate, contemporary researchers have found that religiosity may actually *protect against* or be a *risk factor* for unsafe sexual practices (Landor et al., 2011; Lefkowitz et al., 2004; Miller & Gur 2002; Zaleski & Schiaffino 2000). Obviously,

such inconsistencies are quite concerning for researchers, and thus a more in-depth study into the impact that religiosity has on adolescent sexuality is required.

In order to fully understand the concept of adolescent religiosity, one needs to be cognisant of the phenomenon of religious socialisation. The latter refers to the “the process through which an individual learns and internalises religious beliefs, attitudes, values, and behaviours” (Bengtson et al., 2009; Brown & Gary, 1991, as cited in Taggart et al., 2018 p. 1890). Religious socialisation may take place through interacting with various socialising agents, such as one’s parents, religious organisations, and friends (Clausen et al., 1968; Landor et al. 2011). This form of socialisation generally begins in childhood, though empirical evidence proposes that it is a lifelong process, and the adolescent period seems to be particularly significant for it to occur (Bengtson et al. 2009; Flor & Knapp 2001).

Conforming to Sherr and Dyer (2010), adolescence is a time when teenagers become more cognisant of their sexuality. They argue that this is the time where adolescents need to receive correct and appropriate information regarding sexuality from their parents, teachers, and church leaders. Adolescents need adults who are willing to do more than simply moralise to youth; they need adults to be open-minded enough to have straightforward conversations and answer tough questions regarding sexuality.

Pioneering psychosocial developmentalists have pointed out that the adolescent period is a transitory period from childhood to adulthood. As part of this transient period, adolescents begin to examine their religious identity and beliefs (Erikson, 1968; Marcia, 1966, as cited in Rathus, 2020). It is believed that religion can affect adolescents’ sexual attitudes and practices, meaning that religion can factor into attitudes and beliefs about contraception, permissible premarital sexual activities, pornography, and homosexuality, as well as indirectly through its effects on friendship choices, dating patterns, and so forth (Wallace & Williams 1997, as cited in Regnerus, 2005).

In consonance with Young et al. (2015) previous research concerned with the relationship between religiosity and sexual behaviour has, by and large, found a relationship between individual religiosity variables and sexual attitudes and behaviour. Therefore, prior to evaluating current sexuality education curricula at Christian faith-based high schools, it was imperative to evaluate the empirical evidence that supports the nexus between religiosity and adolescent sexual attitudes and behaviour.

Before illuminating several examples from extant international and South African literature, it is essential to look at historical trends regarding the topic under investigation. Rostosky et al. (2004) reviewed published social science literature between 1975 and 2001, and identified a number of longitudinal studies examining the relationship between religiosity and sexual behaviour. They found over 50 empirical studies published in peer-reviewed journals that the evidence is primarily correlational, cross-sectional, and atheoretical. Ten longitudinal studies were identified which examined the effect of religiosity on sexual debut and/or contraceptive use (Bearman & Bruckner, 1999; Bearman & Bruckner, 2001; Beck et al., 1991; Crockett et al., 1996; Jessor & Jessor, 1975; Jessor et al., 1983; Miller et al., 1997; Mott et al., 1996; Pleck et al., 1996; Whitbeck et al., 1999). The results of the systematic review done by Rostosky et al. (2004) are tabularised to facilitate ease of summation (Refer to Table 3.2). Tables 3.3 and 3.4 respectively, highlight several contemporary international and South African studies in the field of religiosity and adolescent sexuality. Research designs, methodologies, titles of the studies, participant information, constructs measured, and research findings are all recapitulated in the tables.

Table 3.2*Results of systematic review for the years 1975 – 2001*

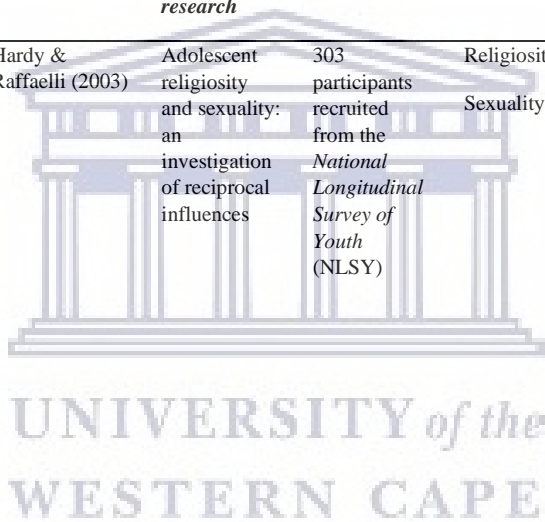
| <i>Authors, Publication Date</i> | <i>Location, Year, SES, Sample N</i> | <i>Age or Grade, Gender, Ethnicity</i> | <i>Religiosity Measures</i> | <i>Sexual Behaviour Measures</i> | <i>Impact of Religiosity on Sex Behaviour</i> |
|----------------------------------|---|---|---|---|---|
| Jessor & Jessor (1975) | Small city in Rocky Mountain region, 1969 to 1971, middle class, n = 424 | High school, M and F, White | Religiosity; church attendance | Ever had sexual intercourse at Time 1. | High school females who initiated sexual intercourse between Time 1 and Time 2 were less religious and attended church less frequently. |
| Jessor et al. (1983) | Rocky Mountains, 1969 to 1972 and 1979, n = 346 virgins | Grades 7, 8, and 9 in 1969, M and F, White | Church attendance; religiosity | Age at first coitus | Religiosity and more frequent attendance predicted later initiation of first coitus. |
| Beck et al. (1991) | United States; 1979, 1983; n = 2,072 | 14 to 17 years old, M and F, White virgins in 1979 | Religious affiliation of adolescents and parents (Catholic, Baptist, mainline Protestant, institutional sect, Fundamentalist) | Coital experience (yes or no) | White adolescent females and males with institutionalised sect affiliation (e.g., Pentecostal, Mormon, Jehovah's Witness) were less likely than were mainline Protestants (e.g., Episcopalian, Lutheran, Methodist) to engage in first coitus between 1979 and 1983. Even when controlling for attendance, females with Baptist affiliation and males with Fundamentalist affiliation were less likely than were mainline Protestants to experience first coitus. |
| Crockett et al. (1996) | Single rural school district in eastern United States, 1985, lower SES, n = 289 | 7th to 9th grades, M and F, White | Attendance | Age at first coitus | Females (but not males) who attended more frequently were more likely to be older (more than age 17) at first coitus. |
| Mott et al. (1996) | United States; 1988, 1990, and 1992; n = 451 | At least 14 years old in 1992, M and F, White (Black, and Hispanic oversampled) | Attendance; do friends attend same church? | Early initiation of first coitus (using age 14 as criterion for early) | Frequent attendees who also had peers attending the same church were less likely to be engaging in sexual intercourse at age 14. |
| Pleck et al. (1996) | United States; 1988 (Wave I, n = 1,880), 1990 to 1991 (Wave II, n = 1,676) | 15 to 19 years old in 1988; Males; 37% Black, 21% Hispanic, 3% other | Importance of religion, frequency of church attendance | Number of coital acts in past 12 months that did not include use of a condom | Males who attended church more frequently in mid adolescence showed a decline (relative to predicted levels) in the frequency of unprotected sex in late adolescence. |
| Miller et al. (1997) | United States; 1976, 1981, and 1987; n = 759 | 7 to 11 years old in 1976, M and F, White and Black | Attendance (parent report); attitudes toward attending | Age of first coitus (reported retrospectively in Wave III) | Females who reported positive attitudes toward attending religious services were more likely to delay sexual debut. |
| Bearman & Bruckner (1999) | United States, 1994 to 1996, n = 5,070 | 7 th to 12 th grades, females only, White, Black, Asian, Hispanic | Religious affiliation | First sexual intercourse (yes or no); age of first coitus; pregnancy risk (yes or no) | Beyond the effects of age on sexual debut, conservative Protestants and Catholics were less likely than were mainstream Protestants to experience first intercourse (sexual debut) between Time 1 and Time 2. |
| Whitbeck et al. (1999) | Midwestern state, 1989 to 1993, rural, n = 457 | 8 th to 10 th grades, M and F, White | Composite: attendance, | Sexual intercourse (yes or no) | Mother's religiosity decreased likelihood of adolescent's sexual debut in 9 th and 10 th grades. Adolescent |

| | | | | | |
|---------------------------|--|--|---|---|---|
| | | | importance (mother and adolescent) | | religiosity had strong negative effects on sexual debut. |
| Bearman & Bruckner (2001) | United States; 1994 to 1995 (Wave I), 1996 (Wave II); n = 14,787 | 7 th to 12 th grades; M and F; White, Hispanic, Asian, Black | Composite of attendance, perceived importance, and frequency of praying | Age at first coitus; contraceptive use at first coitus (yes or no); virginity pledger (yes or no) | Higher religiosity decreased the risk of sexual debut for White, Asian, and Hispanic adolescents of both genders. For Black adolescents, no relation between religiosity and risk of sexual debut was found. Religiosity delayed sexual debut in middle and late, but not early, adolescence. (Analyses conducted and with non-Black respondents only.) Religiosity and contraceptive use at first coitus were unrelated. |

Table 3.3

Effect of religiosity on sexual attitudes and behaviour (International studies)

| <i>Research design</i> | <i>Research method</i> | <i>Researcher(s)</i> | <i>Title of research</i> | <i>Participants</i> | <i>Construct</i> | <i>Findings</i> |
|------------------------|---|--------------------------|--|---|--|--|
| Quantitative | Questionnaire Basic questions relating to religiosity and sexual status | Hardy & Raffaelli (2003) | Adolescent religiosity and sexuality: an investigation of reciprocal influences | 303 participants recruited from the <i>National Longitudinal Survey of Youth</i> (NLSY) | Religiosity Sexuality | Hardy and Raffaelli (2003) conducted a longitudinal study on 303 adolescents (15-16 in 1996; 17-18 in 1998); these were Black, Hispanic and low SES Whites. These researchers were interested in investigating reciprocal influences of religiosity and sexuality. This study found no evidence of a reciprocal effect of first sexual intercourse on subsequent religiosity. In other words, adolescents who had their first sexual intercourse between 1996 and 1998 did not show a significant reduction in religiosity. |
| Qualitative | Interview Computer Assisted Self-Interview (CASI) | Meier (2003) | Adolescents' Transition to First Intercourse, Religiosity, and Attitudes about Sex | 15 000 participants recruited from the <i>National Longitudinal Study of Adolescent Health</i> (Add Health) Age range: 15-18 years old | Religiosity Attitudes towards sex | Meier's (2003) longitudinal study concentrated on adolescents' transition to first intercourse and attitudes about sex. Through the use of a computer-assisted self-interview, data was extracted from 15000 adolescents, ranging from ages 15-18 years old in the years 1995 and 1996. The researcher hypothesised that higher levels of higher levels of adolescent religiosity will decrease the probability of having sex; more permissive attitudes towards sex will increase the likelihood that adolescents will have sex and mediate the effect of religiosity on sex; having sex will result in lower levels of religiosity among adolescents; and having sex will generate more permissive attitudes about sex among adolescents. Respective |



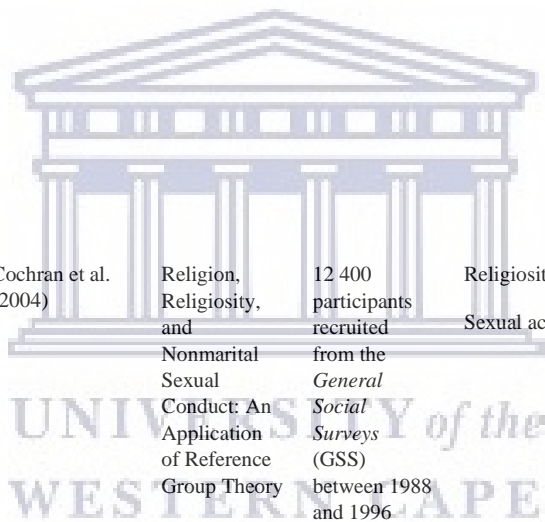
| | | | | | |
|--------------------|------------------|------------------------|---|--------------------------------------|---|
| Qualitative | Interview | Rostosky et al. (2003) | Coital debut: the role of religiosity and sexual attitudes in the Add Health Survey | 3691 participants Age range 15-21 | Religiosity Sexual attitudes Coital debut |
|--------------------|------------------|------------------------|---|--------------------------------------|---|

research findings were as follows: (1) there was a religiosity effect for first sex, but only for females; (2) there were substantial attitude effects on first sex for both males and females; (3) there is no evidence of religiosity adaption after first sex; and (4) there is substantial adaptation after sex.

Rostosky et al. (2003) were interested in studying the role of religiosity in sexual debut. A longitudinal study was conducted with 3691 adolescents (ages 15-21 years). In-home interviews were conducted and these were the findings: (1) religiosity had direct and indirect effects on coital debut. For males and females, religiosity decreases the likelihood of coital debut; (2) religiosity indirectly delays coital debut through beliefs about the negative consequences (such as guilt or embarrassment of pregnancy), and (3) adolescents in this study who signed virginity pledges were more likely to be abstinent compared to those who did not sign.

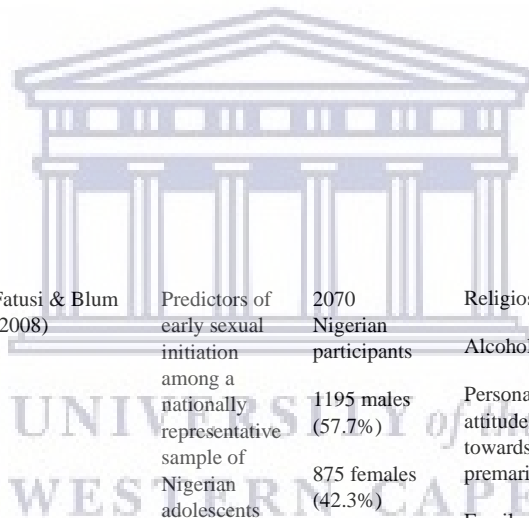
| | | | | | |
|---------------------|----------------------|-----------------------|--|--|----------------------------------|
| Quantitative | Questionnaire | Cochran et al. (2004) | Religion, Religiosity, and Nonmarital Sexual Conduct: An Application of Reference Group Theory | 12 400 participants recruited from the <i>General Social Surveys</i> (GSS) between 1988 and 1996 | Religiosity Sexual activities |
|---------------------|----------------------|-----------------------|--|--|----------------------------------|

Cochran et al. (2004) did an application of Reference Group Theory by investigating religion, religiosity, and nonmarital sexual conduct. A longitudinal study was conducted between 1988 and 1996 with 124000 respondents. These researchers state that for the last five decades of social scientific research on the relationship and sexuality, numerous studies have consistently shown an inverse relationship between religiosity and attitudinal and behavioural nonmarital sexuality. This study suggests that faith groups can and do serve as salient normative referents, values, attitudes, and behaviours of their devout members. Interestingly, Cochran et al. (2004) have noted a cultural shift from conservatism to liberalism of the 1960s, and then back to conservation again. Some churches have shifted their levels of tolerance by adjusting or softening their stands, while others have not. Highly proscriptive faiths tend to be more conservative regarding adolescent sexuality. Nonmarital sexual relations are

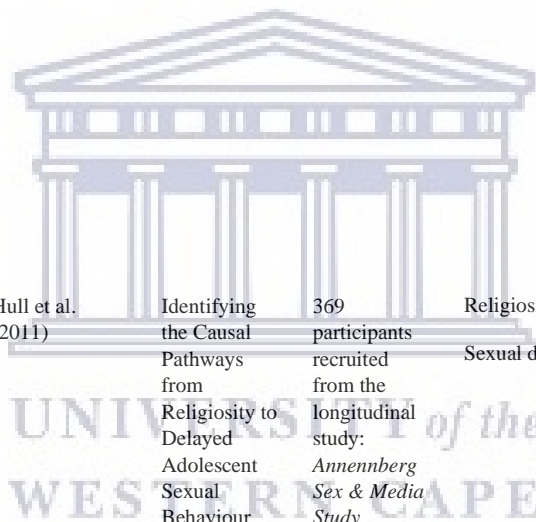


wrong; individuals who engage in such are sinners; salvation can only be attained through abstinence and penitence. Less proscriptive faiths tend to be more liberal regarding adolescent sexuality; they tend to encourage more understanding and compassion towards adolescents, allowing them to make use of their own judgement in sexual matters.

| | | | | | | |
|---------------------|---|-------------------------|--|---|--|--|
| Quantitative | Questionnaires | Lefkowitz et al. (2004) | Religiosity, sexual behaviours, and sexual attitudes during emerging adulthood | 220 participants Age range 18-25 years | Religiosity Sexual attitudes Sexual behaviour | Lefkowitz et al. (2004) have pointed out that many research studies tend to focus more on sexual behaviour, and less on sexual attitudes. In this study, researchers concentrated primarily on sexual attitudes, and as was shown to be a powerful prediction of sexual attitudes and behaviour. This study revealed the following: More religious adolescents were (1) more likely to abstain from or delay the onset of intercourse; (2) had more conservative sexual attitudes than less religious individuals; (3) perceive less vulnerability to HIV; and (4) have less positive attitudes towards condoms and lowered self-efficacy about condoms. |
| | Religious service attendance | | | | | |
| | Religion in daily life | | | | | |
| | Religious adherence | | | | | |
| | Religion's negative sanctions of behaviour | | | | | |
| | Sexual behaviour and attitudes | | | | | |
| Qualitative | Interview | Fatusi & Blum (2008) | Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents | 2070 Nigerian participants 1195 males (57.7%) 875 females (42.3%) | Religiosity Alcohol use Personal attitude toward premarital sex Family planning and accessibility Condoms' perceived norms, efficacy and accessibility HIV prevention knowledge Gender attitudes and sexuality related communication | Fatusi and Blum (2008) investigated predictors of early sexual initiation among a nationally representative sample of 2070 Nigerian adolescents. A key finding in this study was that religiosity delays sexual debut for adolescent females; however the results were mixed for adolescent males. |
| | Derived from UNAIDS general population HIV/AIDS Indicator Questionnaire and Nigeria Demographic Health Survey | | | | | |
| Quantitative | Questionnaire | Edwards et al. (2011) | Religiosity and sexual risk taking behaviours among Latina adolescents: Trends from 1995 - 2008 | 973 Latina female participants in the 1995, 2002, and 2006-2008 National Survey of Family | Religiosity History of having sex Number of sex partners | Less than one half of Latinas in 1995 (44%) and in 2006-2008 (44%) reported that religion was very important to them, whereas in 2002, 50% reported it was important. Only in 1995 did Latinas who viewed religion as very important have a significantly lower level of |
| | Data derived from National Survey of Family Growth datasets | | | | | |



| | | | | | | |
|---------------------|--|------------------------|---|---|--------------------------------|---|
| | | | | Growth datasets, ages 12 – 21 years old | Age of sexual debut | sexual initiation. In 1995 and in 2006–2008, Latinas who held religion as very important had significantly fewer partners. In all three cohorts, the higher religious importance group had higher virgin survival rates. Across cohorts, approximately one third of respondents reported frequent religious attendance. In all cohorts, frequent attenders were less likely to have had sex, had fewer partners, and had older age at sexual debut. The survival rate as virgins for Mexican origin Latinas was higher in 1995 and 2002 compared to non-Mexican Latinas but was almost the same in 2006–2008. Religiosity had a protective association with sexual activity among Latina adolescents. The association of importance of religion with sexual activity has diminished from 1995 to 2008, however, whereas the importance of service attendance has remained stable. The influence of religion was more apparent among the Latinas of Mexican origin, but this greater influence also diminished by 2006–2008. |
| Quantitative | Questionnaire | Hull et al. (2011) | Identifying the Causal Pathways from Religiosity to Delayed Adolescent Sexual Behaviour | 369 participants recruited from the longitudinal study: <i>Annenberg Sex & Media Study</i> | Religiosity Sexual debut | Hull et al. (2011) conducted a longitudinal study with 369 adolescents between ages 14-16 at the age of recruitment. The focus on their study was whether and how religiosity has protected effects in terms of delaying sexual debut. Web-based surveys were administered in 2005, 2006, and 2007; results were shown to be consistent with other previous research, in terms of the protective effects of religiosity. The latter was shown to offer protective effects for both coital and non-coital sexual behaviour. |
| | Sexual Behaviour Index | | | 39.3% males 60.7% females Age range 14-16 years old | | |
| Quantitative | Questionnaires | McMillen et al. (2011) | Religious Orientation and Sexual Attitudes and Behaviours | 634 American participants 42.1% male 47.9% female Age range was 18-49 years old Average age was 20.89 years old | Religiosity Sexual activity | The aim of this study was to evaluate the relationship between religious orientation and various premarital sexual activities and attitudes. Results in this study found that adolescents with intrinsic religiosity were more conservative in their sexual values, as opposed to the liberally-minded adolescents who were more religiously extrinsic. The study found that those adolescents who were high on internal religiosity |
| | Allport-Ross Religious Orientation Scale Sexual Activity and Religious Life Inventory | | | | | |



| | | | | | | |
|---------------------|--|----------------------|--|---|--|---|
| | | | | | | were significantly less likely to engage in sexual activities. |
| Quantitative | Questionnaire Reproductive aspirations; key health concerns; living arrangements and nature of interactions; involvement in risky behaviours | Gyimah et al. (2013) | Adolescent sexual risk-taking in the informal settlements of Nairobi, Kenya: Understanding the contributions of religion | 3891 adolescents were randomly selected from data from the Nairobi Urban Health and Demographic Surveillance System (for the year 2007) Average age was 16.7 years old | Reproductive aspirations Key health concerns Living arrangements and nature of interactions Involvement in risky behaviours | Older adolescents were more likely to engage in risky sexual behaviour. Adolescents who lived with both parents were less likely to engage in premarital sex, possibly because parents were more likely to monitor/supervise the activities of their adolescents. A key finding is that although the researchers were not clear about which aspect of religion is more influential to an individual's behavioural change, it is imperative that religiosity be incorporated into adolescent sexuality programmes. |

Table 3.4

Effect of religiosity on sexual attitudes and behaviour (South Africa)

| <i>Research design</i> | <i>Research method</i> | <i>Researcher(s)</i> | <i>Title of research</i> | <i>Participants</i> | <i>Construct</i> | <i>Findings</i> |
|------------------------|---|----------------------|--|--|---|--|
| Quantitative | Questionnaires | Aitken (2005) | The influence of HIV knowledge, beliefs, and religiosity on sexual risk behaviours of private school adolescents | 123 socioeconomically disadvantaged learners in Grades 11 – 12, ages 16 – 19 from two randomly selected private schools in Cape Town | Sexual risk-taking behaviours HIV-related knowledge and beliefs Religiosity | Highly religious adolescents were less permissive towards sex, in that they firmly condoned abstinence. However, linked to this kind of attitude came low self-efficacy in purchasing and using condoms. Highly religious adolescents tended to delay coital debut, but if and when they did have sex, they were less likely to use condoms. They also had a high level of HIV knowledge. The results in this particular study lent support to the relevance of the theory of planned behaviour. |
| Qualitative | 11 Focus Group Discussions 2 groups with parents 2 groups with teachers | Casale et al. (2010) | Dilemmas and tensions facing a faith-based organisation promoting HIV prevention among young | More than 450 Zulu learners in two South African secondary schools between the years 2002 – 2006 | Whether and how the participants perceived the HIV-prevention programme to influence adolescent choices, HIV-risk | The FGDs demonstrated that the participants viewed faith-based organisation's HIV-prevention programme quite positively. It was seen as providing mentorship and guidance to learners, building their |

4 groups with learners

3 groups with programme facilitators

people in South Africa

behaviour, access to healthcare services, how the participants perceived HIV risk

confidence and decision-making ability, building up knowledge about HIV testing and confidentiality, and opening up lines of communication in the community. The value dimension of the programme was its emphasis of sexual abstinence, a theme which was repeatedly expressed by teachers, learners, and parents. References to the dichotomous good versus bad framing of behaviours were prevalent across the focus group discussions, reflecting the programme's simplistic and dichotomous framing of the adolescents' behaviour.

Qualitative

9 Focus Group Discussions

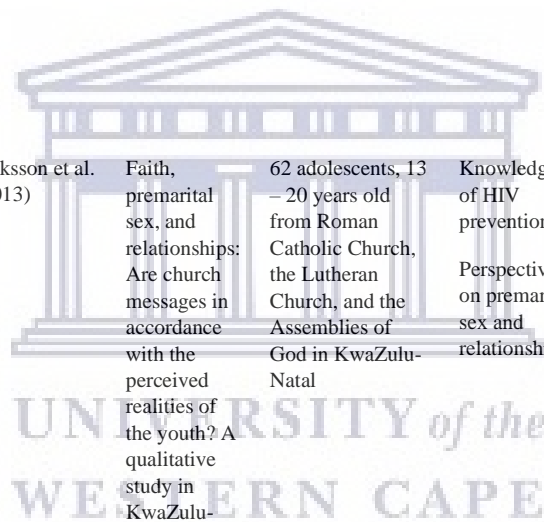
Eriksson et al. (2013)

Faith, premarital sex, and relationships: Are church messages in accordance with the perceived realities of the youth? A qualitative study in KwaZulu-Natal, South Africa

62 adolescents, 13 – 20 years old from Roman Catholic Church, the Lutheran Church, and the Assemblies of God in KwaZulu-Natal

Knowledge of HIV prevention
Perspectives on premarital sex and relationships

The participants viewed church as the third most important institution in their communities, not only because it was an avenue for friendship and fun, but because it also provided counselling and support. Sexuality education was uncommon in the church, except for messages on premarital sexual abstinence as one way to prevent HIV infection. Most males, as opposed to the females, found it difficult to be abstinent. Key reasons given for being sexually active were: peer pressure, accessibility of alcohol and drugs, negative influences from the media, and fatalistic views about being in a relationship as sexual activity was considered part of a relationship. There seemed to be a divide between the churches' teachings on sexuality and the lived



| | | | | | | |
|---------------------|--|------------------------|--|---|--|--|
| | | | | | | experiences of young people. In this study, adolescents were more fearful of unintended pregnancy. |
| Quantitative | Self-administered questionnaires developed by the principal investigator | Eriksson et al. (2014) | Young people, sexuality, and HIV prevention within Christian faith communities in South Africa: A cross-sectional survey | 811 adolescents between the ages of 15 – 24 years old, affiliated to the Roman Catholic Church, the Lutheran Church, and Assemblies of God (all based in KwaZulu-Natal) | Sources of knowledge on sexuality and HIV/AIDS, the teachings of the churches on sexuality and HIV prevention, experiences of relationships, perceived risk of HIV infection and the influence of the church on their decisions regarding sexual behaviour | Premarital sexual abstinence was the most frequently (88 %) reported prevention message, followed by faithfulness (23 %), HIV testing (18 %) and condom use (17 %). Furthermore, religious affiliation was associated with education on sexuality and HIV in youth groups, Faith communities need to strengthen their capacity to educate young people in a more holistic way about sexuality. |

3.5. Risky sexual behaviour of South African adolescents

Conformable to Taylor-Seehafer and Rew (2000), *risky sexual behaviours* (RSBs) are described as any sexual activities which intensify the risk of acquiring either HIV or an STI (or both), or becoming pregnant. Examples of risky sexual behaviours could include: early sexual debut, unprotected sexual activity, inconsistent condom usage, having sex with high-risk partners, having ‘survival sex’ (i.e. engaging in transactional sex, whereby sex is exchanged for money, drugs, food, or shelter), or having sex with multiple partners (Taylor-Seehafer & Rew, 2000). According to the Centers for Disease Control and Prevention (2020), engaging in risky sexual behaviours are predominantly high among adolescents. Winters et al. (2009) state that adolescents who may put themselves at risk for HIV/STIs is cause a major public health concern for the society at large. The two key factors which seem to increase the risk of engaging in RSBs constitute early sexual involvement and having unsafe sex, as attested to Winters et al. (2009). Unsafe sex encompasses having sex with multiple partners, having unprotected intercourse, and having sex with high-risk partners (Winters et al., 2009). As will be discussed

in the following sections, South African youth are not immune to engaging in unsafe RSBs and also reaping the consequences associated with these.

The third 2011 *South African National Youth Risk Behaviour Survey* (YRBS) was a study conducted by the *Medical Research Council* in collaboration with the *Departments of Health and Education*. It was a national and provincial study with 3.1 million learners (representing all racial groups) from government schools from Grades 8 to 11 in South Africa. In this study, 53% of the sample were female; 47% were male; 82.4% were African; 10% Coloured; 5.1% White; and 1.2% Indian. The ages ranged from 14 to 18 years old. The primary purpose of the YRBS report was to provide behavioural indicators of the risks which adolescents are experiencing. The report also touched on the potential impact on the adolescents' future health, mortality, and morbidity, in addition to focussing on possible disease patterns which may emerge within these future adults (Reddy et al., 2013). Reddy et al. (2013) highlighted four crucial thematic areas which were reported on, namely (a) behaviours related to infectious diseases, i.e. sexual behaviour and hygiene behaviours; (b) behaviours related to chronic diseases i.e. nutrition and dietary behaviours and physical activity; (c) behaviours related to injury and trauma i.e. violence and traffic safety; and finally (d) behaviours related to mental health i.e. suicide related behaviours and substance usage.

Reddy et al. (2013) state that over the last decade and a half, our country, South Africa, has experienced a number of changes, which have affected all individuals personally, politically, socially, and even economically. Coupled with these transformations which have occurred in South Africa, youth have the added challenge of navigating through various developmental changes. As adolescents develop, some may make imprudent decisions, and these choices may place them at risk for the ramifications of behaviours concomitant with violence, substance usage, risky sexual behaviour, unhealthy eating habits and physical inactivity.

These health-risk behaviours, once established in adolescence, often persist into adulthood and may have serious consequences such as traffic accidents, suicides, violent attacks, development of chronic diseases, psycho-social problems, unwanted pregnancies and infectious diseases, such as sexually transmitted infections, including HIV and AIDS. In addition, these behaviours and their consequences challenge the social, health and educational facilities within the country and hence place an added financial burden on the public economic system (Reddy et al., 2013, p.10).

As large numbers of young people are learners, Reddy et al. (2013) argue that schools will always serve as ideal venues for the dissemination of health-related information. This will contribute to the reduction of behaviours which will place young people at risk for adopting unhealthy habits. The schools as sources for the dissemination of health-related information will be discussed. To get a better sense of the extent of the problem, the key results of the YRBS specifically pertaining to risky sexual behaviours of South African adolescents will be discussed in the next section.

The following table sketches the first, second, and third summarised results of the YRBS conducted with South African youth:



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Table 3.5

Précis of results for YRBS for South Africa (2002, 2008, and 2011)

| 2002 | 2008 | 2011 | Sexual activity |
|-------------|-------------|-------------|---|
| 41% | 38% | 36% | Ever had sex |
| 14% | 13% | 12% | First had sex before <14 |
| 54% | 41% | 47% | Had 2 sex partners in their lifetime |
| 70% | 52% | 58% | Had 1 sex partner/s in the past 3 months |
| 29% | 31% | 33% | Always used a condom during sex |
| 16% | 19% | 18% | Have been pregnant or made someone pregnant |
| 8% | 8% | 8% | Had an abortion or partner had an abortion |
| 16% | 21% | 11% | Had an abortion at a traditional healer |
| 63% | 52% | 39% | Had an abortion at a hospital/clinic |
| 7% | 4% | 5% | Ever had a STI |
| 64% | 55% | 59% | Received treatment for an STI |
| 14% | 16% | 18% | Used alcohol before sex |
| 14% | 14% | 13% | Used drugs before sex |
| 12% | 12% | 12% | Think they could get HIV in their lifetime |
| 66% | 64% | 66% | Able to protect themselves from getting HIV |

The 2011 results showed that 36% of learners in this study ever had sex, while 12% experienced their sexual debut prior to the age of 14 years old. Amongst those who reported to ever have had sex, a very high percentage (48%) reported having had two or more partners in their lifetime, while 58% stated that they had more than one sexual partner in the three months prior to the survey. Having multiple sexual partners is a worrying risky sexual behaviours because of the implications involved. Khangelani et al.'s (2010) study with a representative sample of 5 255 South African young people between the ages of 15 and 14 years old demonstrated that young males were *eight times* more likely to have multiple sexual partners, in contrast to females.

Of the individuals who reported being sexually active, 18% used alcohol before coitus and 13% used illicit drugs before having sex. In this sample, 18% reported using no method of contraception, while 33% stated that they consistently made use of condoms while having sex. The results also show that 18% had either fallen pregnant or impregnated someone, and 14%

reported having had a child/children. Of those who were sexually active teens, 8% reported that they or their partners had an abortion. What is of concern is that only 39% of these abortions were done at a clinic or hospital. Further, if one takes into account that the rest (11%) were done by traditional healers, it means that 50% were done outside the usual health system, with a higher percentage having the abortions done within a clinic/hospital facility (39%) compared to making use of a traditional healer (11%). Of all of the learners who participated in this study, 12% believed that it was possible for them to contract HIV in their lifetime; 66% believed that they were able to protect themselves from possibly contracting HIV, and only 33% reported ever having gone for an HIV test.

Table 3.5 shows that a relatively small percentage of South African youth are having sex prior to the tender age of 14 years old. This is a positive outcome, as previously mentioned, early coitarche is one example of a risky sexual behaviour. Another study conducted by Khangelani and colleagues (2010) with 5 255 young individuals ranging from the ages of 15 to 24 years old; it was reported that significantly more South African males reported early sexual debut, as compared to females (i.e. 44.6% vs 35.1%). Only 40.8% reported having used a condom at their sexual debut.

On the authority of Crooks et al. (2021), the tendency of adolescent boys and girls having sexual intercourse at an earlier age is a significant concern for both health-care practitioners, as well as for social scientists. Numerous studies (for example Reissing et al., 2012; Cheng & Landale, 2011; and Pearson et al., 2012) have demonstrated a correlation between early sexual behaviour and adverse health-related consequences, such as unintended pregnancy, delinquency, reduced educational attainment, and increased likeliness of exposure to HIV and STIs. Few motivating factors for early adolescent coitus exist. As claimed by Crooks et al. (2021), a surge of sex hormones, especially testosterone, causes a natural increase in sexual desire and arousal for both adolescent males and females. Another reason is that some

adolescents are motivated by curiosity and a sense of readiness to experience sexual intercourse (Crooks et al., 2021). A third motivating factor for sexual intercourse is that many adolescents view sex as a natural expression of affection or love for one another. Furthermore, other prominent research within the field of adolescent sexuality point out that there are additional driving factors, such as a push toward engaging in adult-like behaviours, peer pressure, pressure from dating partners, and also a sense of obligation to a loyal partner (Lammers et al., 2000; Rosenthal, 2013). Carroll (2019) states that peer pressure is oftentimes adduced as one of the most influential factors driving adolescent sexual behaviours.

Certain psychological and psychosocial factors could possibly predispose adolescents to engaging in early coital behaviour. These could include poverty, family or marital conflict, adolescents living with single parents, parents' lack of education, parents' lack of supervision, substance abuse, low self-esteem, dislike of school, a sense of hopelessness, poor academic performance and low educational expectations, tolerance for antisocial behaviour, association with delinquent peers, exposure to a diet of television high in sexual content, adolescent females who have markedly older intimate partners, and having been sexually victimised (Carroll, 2019). On the other hand, certain protective factors could protect adolescents from engaging in early coital behaviour. These include strong religious beliefs, regular religious service attendance, and spiritual interconnectedness with like-minded friends. The factors which seem to delay adolescent coitus include good parental communication, an atmosphere of honesty and openness in the home, a two-parent home set up, and sensible rules with reference to dating and relationships (Akers et al., 2008). Carroll (2019) argues that adolescents who come from a household with these determinants are more inclined to transmit their sexual values, and to integrate their adolescent children into their religious or moral views.

The results in Table 3.5 paint a general picture of South African youth in relation to risky sexual behaviour. The following sections will provide greater insight into the topics of

teenage pregnancy, HIV/AIDS, and STIs. Finally, the seemingly innocuous topic adolescent sexting will be expounded upon.

3.6. Teenage pregnancy

3.6. 1. A brief introduction to adolescent pregnancy

Adolescent or teenage pregnancy refers to pregnancy which occurs during the adolescent period (APA Dictionary of Psychology, 2020). It has traditionally been viewed as a contentious social phenomenon, principally when pregnancy occurs in early or middle adolescence, when teenagers are typically still physically, cognitively, and emotionally undergoing a myriad of different changes. While it is universally accepted that adolescents may be physically able to have offspring, oftentimes they may not be emotionally and financially equipped for parenthood. The shift to parenthood is quite a significant event in the lifespan of an individual. However, Panday et al. (2009) argues that parenthood takes on special significance, and when it is preceded by the transition to education, work, citizenship, and marriage that offer the skills and resources necessary to succeed as a parent. Thus, the transition into parenthood, while a child is still in the adolescent period becomes even more challenging.

As mentioned earlier, the results in Table 3.5 indicates that the percentages of South African adolescents who have become pregnant or impregnated someone else are relatively low. This is consistent with what Mkwanzani (2017) has pointed out in her study; she shares that recent studies demonstrate that pregnancy occurs only among a third of South African females by the age of 19 years old (Shefer et al., 2013). It can be argued that while simply looking at these relatively low figures in percentage form, it would appear that adolescent pregnancy is not such a major cause for alarm within the South African context. However, it can be argued that converting these percentages into actual numbers may be quite shocking. Statistics South Africa (2018) commissions the *Recorded Live Births* report each year. This

report is based on the birth registration records from the Department of Home Affairs; it covers the birth registrations and occurrences over a certain period of time, usually from between January to February the following year. As can be seen from the table below, **3 261** girls between the ages of **10 and 14** were registered as mothers in South Africa in 2017. It was reported that 1 302 were on-time birth registrations, while 1 959 were late registrations. Even more worrisome is the subsequent statistic: for the age category of **15 – 19** years old, **119 645** girls were registered as mothers in South Africa in 2017. It was reported that 97 143 were on-time birth registrations, while 22 502 were late registrations. Therefore, according to the latest live births report by Statistics South Africa (2018), **122 906** babies were born nationwide to adolescent girls between the ages of **10 and 19 years old**, between the period of January 2017 and February 2018.

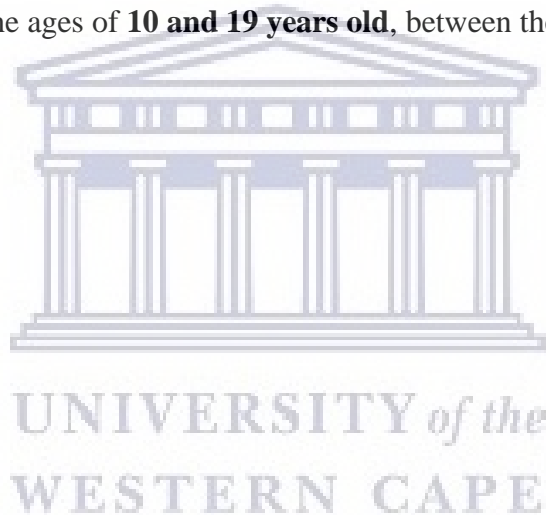


Table 3.6*Birth registrations by age of the mother and status of registration, South Africa 2017*

| <i>Age of mother</i> | <i>Number of birth registrations</i> | | | <i>Percentage</i> | | |
|---|--------------------------------------|----------------|---------------|-------------------|----------------|-------------|
| | <i>Total</i> | <i>Current</i> | <i>Late</i> | <i>Total</i> | <i>Current</i> | <i>Late</i> |
| 10-14 | 3 261 | 1 302 | 1 959 | 100 | 39.9 | 60.1 |
| 15-19 | 119 0645 | 97 143 | 22 502 | 100 | 81.2 | 18.8 |
| 20-24 | 244 190 | 228 936 | 15 254 | 100 | 93.8 | 6.2 |
| 25-29 | 247 507 | 235 466 | 12 041 | 100 | 95.1 | 4.9 |
| 30-34 | 200 490 | 191 418 | 9 072 | 100 | 95.5 | 4.5 |
| 35-39 | 108 362 | 102 565 | 5 797 | 100 | 94.7 | 5.3 |
| 40-44 | 32 737 | 30 318 | 2 419 | 100 | 92.6 | 7.4 |
| 45-49 | 2 679 | 2 122 | 557 | 100 | 79.2 | 20.8 |
| 50-54 | 340 | 155 | 185 | 100 | 45.6 | 54.4 |
| Unspecified/outside the 10-54 age range | 30 107 | 8 325 | 21 782 | 100 | 27.7 | 72.3 |
| Total | 989 318 | 897 750 | 91 568 | 100 | 90.7 | 9.3 |

Note. Statistics South Africa (2018) – Source

The *Human Sciences Research Council* (HSRC) on behalf of the *Department of Education* conducted a study into teenage pregnancy in South Africa, with special focus on school-going learners. In this particular study, it was reported that **over two-thirds** of adolescent girls reported that their pregnancies were *unwanted*, mainly because of the implications of parenthood on their educational aspirations. As per Adeniyi et al. (2018) between 65% and 71% of adolescent pregnancies in South Africa are unplanned. One can only imagine how anxiety-provoking it would be for a young female adolescent who finds herself in the position of having an *unplanned* or an *unwanted* pregnancy. As per the Mayo Clinic (2019) the most commonly-experienced emotional reactions to discovering that one is pregnant may include anger, guilt, denial, anxiety, fear, shock and depression. Once a teenager overcomes her initial emotional reaction to her pregnancy, it is vital to make an informed decision, hopefully in conjunction with an older, wiser individual, who can properly guide her.

Options would include either keeping the baby, giving the baby up for adoption, or terminating the pregnancy (Mayo Clinic, 2019).

Completing one's secondary education would not be the only potential ramification in jeopardy; as will be briefly outlined, there are several other very real consequences which may unescapably await both the young mother and the baby. This will be dealt with in the next subsection.

3.6.2. Risk factors and ramifications

Nationally and internationally, scholars of sexual and reproductive health have been interested in researching the underlying factors which cause teenage pregnancy (Mkwanzani, 2017). A substantial emphasis often seems to be placed on the characteristics which make *girls* susceptible to becoming pregnant.

But the teenage female is not the only factor in teenage pregnancy. There is also the father of the conceived child; the peers with whom she spends time, and the school that she attends. Further, there is the family that she comes from and the community that she lives in. All these relationships have an ability to affect her and the choices she makes regarding sexual and reproductive health (Mkwanzani, 2017, p. 43).

Therefore, the above calls for attention to wider factors which may contribute to adolescent pregnancy, not simply by focussing solely on the individual factors which may place a girl child at risk. Panday et al. (2009) sketch several of these constituents which significantly heighten the risk for early pregnancy. These include adolescents dropping out of school from an early age; growing up in poverty-entrenched residential areas; lack of a parent/(s) within the home environment; stigma with regards to adolescent sexuality resulting in a lack of open communication between parent and child; adolescent girls engaging in age-disparate relationships where the power dynamic is imbalanced; and finally, adolescent girls offering sex

to older men thereby trading their health for economic security. It can be argued that under any of the preceding conditions, the risk for pregnancy is increased. However, it must be noted that risk factors are not limited to the preceding list. Scholarly contributors to the *Youth Risk Behaviour Survey* have additionally, albeit briefly, discussed several determinants associated with teenage pregnancy. Contributing factors include gender power imbalances associated with having significantly older partners (Jewkes et al., 2001); early sexual debut (Baumgartner et al., 2009); and barriers to contraceptive use and misinformation on sexual health matters (Berry & Hall, 2009). Exchanging sex for material benefits is particularly pervasive amongst South African young adolescent girls from lower-income communities. Girls who remain in these imbalanced dysfunctional relationships generally do not possess agency to negotiate safer sex practices, thereby placing themselves at risk for coerced sex, unprotected sex, acquiring HIV or an STI, or even falling pregnant (Panday et al., 2009). More discussion apropos of these age-disparate relationships within the South African context will be elaborated upon later.

To accentuate the determinant provided by Berry and Hall (2009), namely a lack of adequate knowledge concerning sexuality education, contraception, conception and reproductive biology is seen by many scholars as a contributing factor to teenage pregnancy (Runhare et al., 2016). As an exemplification, Runhare et al. (2016) recently conducted a qualitative investigation into South African teachers' perceptions on the integration of sexuality education into the school curriculum. Eighteen educators and 20 learners took part in both in-depth and focus group interviews. The individuals were purposefully selected from a South African school which faces high prevalence of schoolgirl pregnancy. It was requested of the participants to deliberate their knowledge of sexuality education and why it could be essential to include sexuality education in the South African high school curriculum. The main theme which emerged from Runhare et al.'s (2016) research is that teenaged mothers felt that they became pregnant due to the lack of knowledge regarding sexuality. Other themes which

emerged were that they felt pressured by their friends to have sex; that parties or celebrations often included drinking and having sex; many had superstitious misconceptions regarding sex; and finally, many of these young girls chose to ignore the advice from their elders. The educators in this particular study confessed that they themselves were not adequately trained in sexuality matters, nor did they possess the necessary skills to impart effective sexuality education. Runhare et al.'s (2016) study indicated that teachers need both pre-service and in-service teacher/training development, because of the necessity of effective sexuality education within the South African school curriculum. Thus, it cannot be underscored enough that educators need to be sufficiently empowered to be able to impart correct and comprehensive sexual education to teenagers, in order for the teenager to make informed decisions vis-à-vis his or her sexual health.

The Western Cape Government (2018) maintains that adolescent pregnancy may profoundly affect the life of a teenager. Similarly, the Mayo Clinic (2019) uses the identical adjective (i.e. *profoundly*) to describe how teenage pregnancy changes a young girl's life. However, teenage pregnancy does pose health risks to the child as well. The following table indicates several probable ramifications for both the teenage mother as well as her baby.

Table 3.7

Adverse effects affiliated with teenage pregnancy

| <i>Consequences for the teen mother</i> | <i>Consequences for the baby</i> |
|--|---|
| <ul style="list-style-type: none">• High risk of anaemia (low iron levels)• High risk of premature delivery• High risk of delivering a low birth weight baby• High risk of experiencing “baby blues”• High risk of postpartum depression• High risk of having difficulty bonding with the baby• High risk of feeling worthless and anxious• High risk of considering physically harming the baby• High risk of possibly not completing one’s education | <ul style="list-style-type: none">• High risk for low birth weight and infant mortality (i.e. death)• Lower levels of emotional support and cognitive stimulation• Fewer skills and be less prepared to learn when they enter formal schooling• Behavioural problems and chronic medical conditions• Higher rates of foster care placement• Be incarcerated at some time during adolescence• Lower school achievement and drop out of high school• Give birth as an adolescent• Be unemployed or underemployed as a young adult |

Note. Centers for Disease Control and Prevention (2020); Hall (2016); Hoffman & Maynard, 2008 – Sources

3.6.3. The government’s response to the teenage pregnancy quandary in South Africa

Accordant with Odimegwu et al. (2018), curtailing adolescent pregnancies has been a contemporary focus area internationally for decades. While the number of teenage pregnancies has subsided quite significantly in most developed nations, it remains high in less-developed nations, such as South Africa (Odimegwu et al., 2018).

Within the South African context, over the past several decades, various campaigns such as ‘Soul City’, ‘LoveLife’, and other multimedia initiatives have attempted to address adolescent sexual issues, including teenage pregnancy. While these campaigns have been

beneficial in their own ways, they have tended to focus on broader sexual and reproductive health risks, such as HIV/AIDS and STI infections. Despite local initiatives to concentrate on teenage pregnancy, the proliferating magnitude of unintended pregnancies among adolescents has remained a public health concern (Odimegwu et al., 2018). Teenage pregnancy rates have continued to soar, particularly within certain regions of South Africa, hence the government has established ways to possibly manage the issue of adolescent pregnancy.

Something worth mentioning is the role which boys play in adolescent pregnancy. Odimegwu et al. (2018) contend that teenage pregnancy involves both the girl and her male partner, and the characteristics of these young men could be an essential underlying factor in teenage pregnancy which should not be ignored. However, as pointed out by Amoo et al. (2017), up to date, there have been no apparent initiatives by the South African government to sensitise adolescent males with reference to the implications of impregnating girls.

In response to the problem of teenage pregnancy, the *Department of Education* (DBE) is in the process of establishing a policy in order to effectively deal with this dilemma. Conforming to the recent DBE Draft National Policy on the Prevention and Management of Learner Pregnancy in Schools (2018), it is stated that (a) all learners within South Africa should receive Comprehensive Sexuality Education or CSE whereby getting information about sexual debut, abstinence, contraception, and termination of pregnancy will be compulsory; (b) all learners within South Africa 12 years and above will have reasonable access to both male and female condoms at schools; (c) where condoms are not accessible to learners at school, nurses at various locations within communities should ensure free access to condoms as well as sexual information; (d) Life Orientation educators will be guided and trained by the curriculum in how to effectively teach CSE, which includes how to deal with pregnant learners and how to refer them to termination of pregnancy centres; (e) schools within South Africa will be required to provide learners with information on access to adolescent and youth friendly sexual and

reproductive health services in a facilitative environment; (f) schools within South Africa need to be nurturing/supporting educational environments, which should supplement the sometimes insufficient role of the parents or caregivers.

In proportion with the recent DBE Draft National Policy on the Prevention and Management of Learner Pregnancy in Schools (2018), pregnant learners need to be retained in schools. From the perspective of Panday et al. (2009), South Africa is a rights-based society. In light of this, young girls who have fallen pregnant cannot be discriminated against regarding access to education; this right is embedded in law in South Africa through the Constitution and Schools Act of 1996. Each learner within South Africa has a right to education during and after their pregnancy, and this right is supported by the South African Constitution and guided by the African Charter on the Rights of the Child, which states in article 11(6) that ‘State Parties to the Charter shall take all appropriate measures to ensure that children who become pregnant before completing their education shall have an opportunity to continue with their education on the basis of their individual ability’. The DBE’s policy on the prevention and management of learner pregnancy will allow for pregnant girls to attend school up to six months of their gestational period. A medical certificate will be required from the girl, should she wish to remain in school beyond eight months of her pregnancy. If a medical certificate is not provided, it will be required from the girl to take a leave of absence from school. Furthermore, the DBE states that pregnant learners shall be reintegrated into the schooling system post-delivery based on medical advice.

On 22 June 2018, Minister of Education, Angie Motshekga officially extended the deadline for the submission of public comments on the Draft Policy on the Prevention and Management of Learner Pregnancy in schools. While adequate thought has been given to this particular policy, certain lobby groups, such as *Equal Education Law Centre*, has pointed out that the Policy is quite vague, and that it requires more details in terms of how to address the

issue of teenage pregnancy. It is therefore uncertain as to when this particular policy will be implemented in the South African schooling system.

3.7. Adolescents and HIV/AIDS

3.7.1. Brief introduction to HIV/AIDS

The *Human Immunodeficiency Virus*. It is the virus which causes *Acquired Immunodeficiency Syndrome*, referred to as AIDS (Avert, 2020; Carroll, 2019, Wasserman, 2008). AIDS can be depicted as a group of symptoms, which results from a loss of immune functioning, and eventually leads to death (Crooks et al., 2021). Regarding transmissibility, HIV may be transferred via particular bodily fluids namely: infected blood, semen, vaginal fluids, or breastmilk (Avert, 2020; Carroll, 2019; Crooks et al., 2021; Rosenthal, 2013; van Dyk, 2013; Wasserman, 2008).

HIV is unable to reproduce on its own. It needs to invade a human organism in pursuance of propagation. Once it attaches to a CD4 cell, it injects its viral genetic material (i.e. viral RNA) into the CD4 cell, and then uses the enzyme reverse transcriptase to transform the viral RNA into viral DNA within the nucleus of the CD4 cell (Carroll, 2019). It uses the initial host cell to make copies of itself; after the duplication process has taken place, the host CD4 cell becomes redundant, and the new viruses go out and infect other CD4 cells within the individual's body (van Dyk, 2013).

In terms of symptomology, the steps of HIV/AIDS infection usually manifest in five-fold stages, viz.: the (1) primary/seroconversion phase, (2) asymptomatic/clinical latency phase, (3) mild symptomatic disease, (4) major symptomatic disease, and (5) severe symptomatic AIDS-defining disease (Avert, 2020; Carroll, 2019; Crooks et al., 2021; Rosenthal, 2013; van Dyk, 2013). If an individual is not on his/her antiretroviral treatment, the signs and symptoms of HIV/AIDS will become progressively worse as the individual moves

through the stages (van Dyk, 2013). Winters et al. (2009) mentions that HIV has a long latency period. It is intimated that the virus is generally contracted during adolescence, however symptoms may not manifest for up to a decade in the individual's life.

3.7.2. Incidence and prevalence of HIV/AIDS

Before sharing the latest HIV/AIDS statistical information (to date), it is essential to firstly elucidate the epidemiological terms of *prevalence* and *incidence*. HIV incidence refers to the percentage of new cases of infection in a defined period of time, generally one year. HIV prevalence is delineated as the percentage of individuals living with HIV at a particular time (van Dyk, 2013). As specified by van Dyk (2013), HIV statistics are customarily based on data received from antenatal clinic surveillance of pregnant women surveys, population and community-based surveys, studies among unique groups who engage in high-risk behaviour, and finally reports of AIDS-related deaths.

Since 1981, when HIV was first described, over 25 million individuals have lost their lives due to AIDS (Rosenthal, 2013). Crooks and Baur (2021) concur with the previous information, adding that millions continue to die annually due to AIDS. Accordant with the Global HIV and AIDS Statistics 2019 Fact Sheet, in 2018, 1.7 million individuals worldwide became newly infected with HIV. In addition, it is reported that approximately 690 000 individuals have died from AIDS-related illnesses globally in the year 2019 (UNAIDS, 2021).

There are approximately **38 million** people worldwide who are currently living with HIV/AIDS (UNAIDS, 2021). On the authority of Avert (2020), 25% of the aforementioned statistic do not know their HIV status. In harmony with Avert (2020), the vast majority of people living with HIV are situated in low and middle-income countries, with 66% positioned in sub-Saharan Africa. To rephrase, sub-Saharan Africa is estimated to have approximately two thirds of all individuals living with HIV/AIDS (Crooks et al., 2021). To scale this down

even further, of the 37.9 million individuals currently living with HIV, approximately **7.52 million** people are HIV-positive within South Africa (UNAIDS, 2021).

Although the following figure is slightly dated by several years, the information presented in the schematic illustrates the extent of the pandemic within Africa.

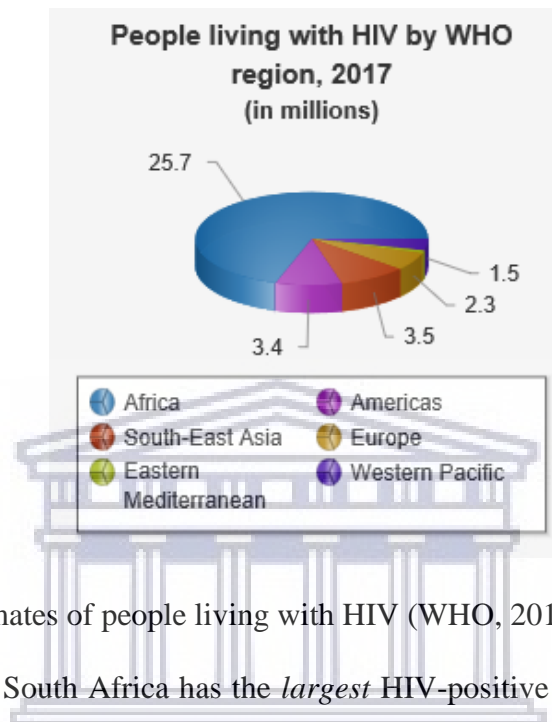


Figure 5: Worldwide estimates of people living with HIV (WHO, 2017)

It must be mentioned that South Africa has the *largest* HIV-positive population (Harrison et al., 2015). While South Africa bears almost 40% of the global burden of HIV infection, it is home to less than 2% of the global population (UNAIDS, 2019). Dellar et al. (2015) describe South Africa as the *epicentre* of the global HIV epidemic. Strebel et al. (2006) agree by reiterating that South Africa is a country which carries a predominantly heavy burden of the HIV/AIDS disease. In conformity with Shisana et al. (2014) there are more people living with HIV in South Africa than in any other country in the world. However, it must be noted that certain localities and populations are more vulnerable as compared to other groups (UNAIDS, 2019). Thus, it becomes imperative to specifically target intervention programmes for individuals from particular localities and population groups.

The following figures show the HIV prevalence rates for South Africa for the years 2002 – 2018. According to Statistics South Africa (2018), an estimated 13.1 million of the

South African population million are HIV positive. Put differently, approximately 7.52 million of the total South African population of 57.3 million is HIV positive. The graph below shows a steady increase from an estimated 4.25 million in 2002 to 7.52 million in 2018.

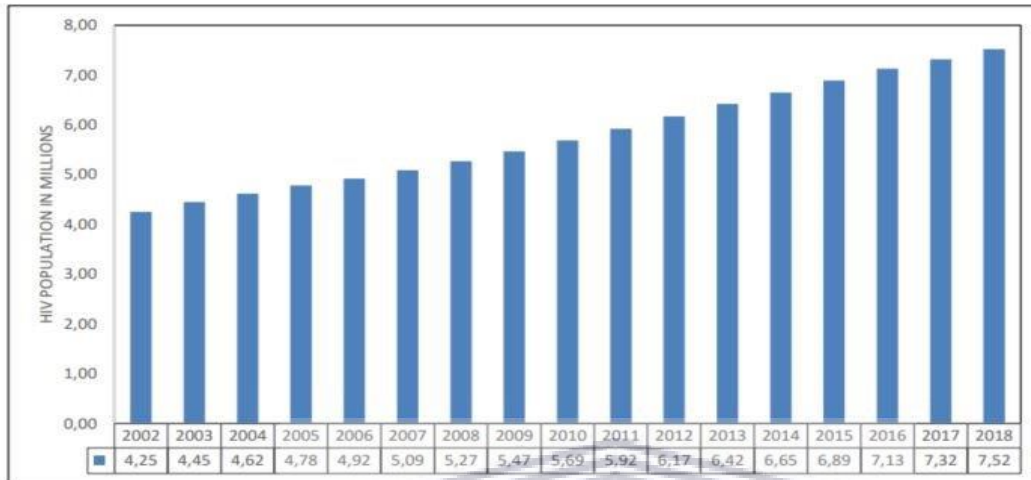


Figure 6: Prevalence rates of HIV infection between 2002 and 2018, with emphasis on HIV population in millions (Statistics South Africa, 2018)

As per the latest HIV/AIDS Fact Sheet, roughly 5 500 adolescent girls and young women between the ages of 15 – 24 years old become infected with HIV on a weekly basis (Avert, 2020; UNAIDS, 2021). Research has shown that four in five new HIV infections among adolescents aged 15 – 19 years are female. South African adolescent girls/young women between the ages of 15 – 24 years old are *four times* as likely to be living with HIV than their counterparts (South African National AIDS Council [SANAC], 2020; UNAIDS, 2021). In 2016, for example, adolescent girls/young women made up 37% of new infections in South Africa (SANAC, 2020). Hence, young people, particularly South African females, remain vulnerable to HIV acquisition. This topic will be elaborated upon shortly.

Along with the antecedent figure, the next figure also illustrates the HIV prevalence rates for South Africa for the years 2002 – 2018. As can also be seen, the HIV prevalence rates among the youth ages 15 – 24 years old have declined over a time, from 6.7% in 2002 to 5.5% in 2018.

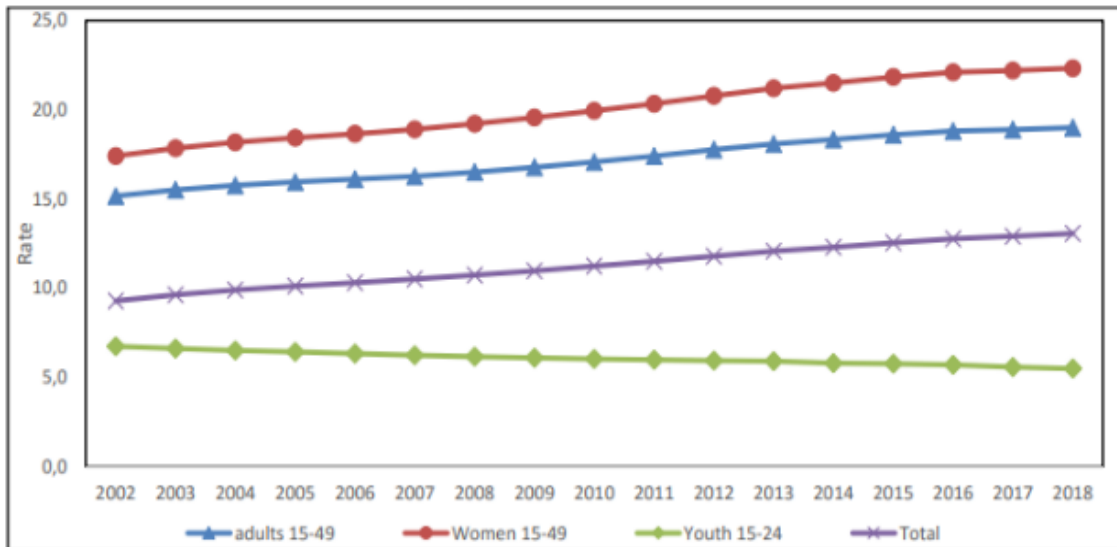


Figure 7: Prevalence rates of HIV infection between 2002 and 2018, with emphasis on various age groups (Statistics South Africa, 2018)

Researchers have oftentimes speculated about the reasons as for exceptionally high prevalence and incidence rates in the South African region. Some reasons often cited include: poverty, illiteracy, superstition, political corruption, and prostitution (Rosenthal, 2013). Furthermore, HIV/AIDS can often lead to various kinds of poverty, as attested to by WHO (2019). Households may become poor due to someone in the family dying as a result of HIV/AIDS, especially if that person was the bread-winner in the family. Having a funeral for that individual imposes another financial burden on the family. An individual in the family who is HIV positive may require a special diet and specific medication, which may collectively impact the family's budget. Poverty is related to low education levels, low marketable skills, lack of knowledge or information concerning the risk of infection and the lack of resources to act on this knowledge, as well as the lack of capacity to negotiate sex (Tladi, 2006). Many sub-Saharan African countries are not growing well economically; impoverished countries like South Africa may therefore struggle with increasing unemployment rates, and decreased provision in social services, which include education and health services. The weakening of

education, health, and other necessary social services implies a loss of opportunities for HIV prevention, especially for females, argues Buve et al. (2002). Hence, it can be contended that poverty within South Africa indeed exacerbates that HIV/AIDS pandemic.

Added to the aforementioned possible explanations for the high HIV prevalence rates within sub-Saharan Africa include migration (Lurie, 2006), having untreated STIs (Oster, 2005), and lack of male circumcision (Roth et al., 2009). Furthermore, other researchers have pointed out that having multiple sexual partnerships (MSP) could be yet another driver of the HIV/AIDS pandemic (Shisana et al., 2014).

Another reason which could explicate the high prevalence/incidence in South Africa is reported by Rosenthal (2013). This is known as the phenomenon of ‘dry sex’. Rosenthal (2013) states that some women in South Africa use herbs, powders, and cloths to dry their vaginas prior to sex. Some women even insert chemicals into their vaginas (Maleche, 2011). Inserting these things or substances are believed to produce a small, tight, dry, *hot* vagina (Ramjee & Daniels, 2013). This apparently is a commonly accepted practice within certain South African population groups. Having dry sex is believed to provide heightened sexual pleasure for the male, however it increases friction and vaginal tearing of the delicate mucosal lining during coitus, thereby dramatically increasing a woman’s risk of HIV infection (Ramjee & Daniels, 2013). The use of chemicals in particular may also cause inflammation or lesions in females; the vaginal pH is also thereby changed. All of these may put an adolescent girl or a young woman at risk for HIV acquisition.

A popular South African sexologist, known in the media by her *nom de plume*, Dr Eve (i.e. Dr Marlene Wasserman), also makes reference to the former point. Accordant with Wasserman (2008), having *dry sex* is exceptionally dangerous, especially for women. Dry sex is a cultural myth which exists among certain South African population groups. The issue of culture to HIV/AIDS acquisition in South Africa should also be highlighted. The chief

patriarchal culture and society in Africa exacerbates women's inferiority and their disparate health status (Ramjee & Daniels, 2013). Research has indicated that in patriarchal cultures, females' needs are considered to be inferior to males' needs; in fact, women are generally not allowed to express their own sexual decision-making (Buve et al., 2002; Duffy, 2005), and there may be violent consequences if a woman were to take the initiative regarding sex, recommend condom usage, or refuse sexual advances (Buve et al., 2002). What compounds the situation is that cultural beliefs are oftentimes interwoven with religious beliefs, and this makes behavioural change exceptionally difficult (Maleche, 2011).

While the former sections have painted a bleak picture in terms of determinants for high HIV/AIDS prevalence rates within South Africa, the next section will specifically focus on adolescents' risk apropos of HIV/AIDS.

3.7.3. Adolescents' risk in relation to HIV/AIDS

Avert (2020) reports that globally 2.1 million adolescents between the ages of 10 and 19 years old were living with HIV in the year 2016, and 260 000 youngsters have become infected with the virus. In 2016, 55 000 adolescents globally within the age range of 10 and 19 died due to HIV/AIDS-related causes. In proportion with Harrison et al. (2015), young women in Southern Africa experience some of the highest incidence of HIV infection worldwide. Before discussing South African adolescent girls' susceptibility in relation to acquiring HIV, a brief outline will be given which generally explains why adolescents are at risk for acquiring HIV.

The most common way for adolescents to become infected with HIV is through unprotected sex. The second route would be through drug users sharing contaminated needles. In pursuance with Albert et al. (2011), the growing problem of HIV infection amongst adolescents has been attributed to a number of factors, including the following:

-
- Many adolescents may have multiple sexual partners, which increases their exposure to infection;
 - Many teenagers tend to engage in sexual activity without using condoms;
 - Adolescents may find accessing condoms challenging, as compared to individuals within other age groups;
 - Many teenagers do not use condoms correctly and consistently;
 - Adolescents have high rates of other STIs, which are often associated with HIV infection;
 - Alcohol and other drugs (AOD) usage, which often increases risky behaviour, is comparatively widespread among adolescents;
 - Teenagers may possess feelings of invulnerability, not giving deep thought to long-term ramifications of their choices which put them at risk.

Most of the points in the aforementioned list have been discussed in greater depth within this chapter, however attention will momentarily be drawn to the last point mentioned in this list. With regard to the last point mentioned in the list, special mention needs to be made of David Elkind's theory. David Elkind, professor emeritus of Child Development at Tufts University in Medford, Massachusetts, built on Jean Piaget's cognitive development model, particularly the formal operational level. On the authority of Elkind (1967), while adolescents are developing physically, they are still for the most part cognitively immature, and this lack of cerebral maturity leads them to be ill-equipped for adult decision-making and processing (Oda, 2007). Elkind (1967) developed a six-fold model, elucidating particular characteristics relating to immature aspects of adolescent thought, one being the illusion of invulnerability, whereby adolescents think that misfortune only happens to others and not to themselves (Papalia et al., 2015). In other words, the illusion of invulnerability which characterises many teens refer to "adolescents' belief that misfortunes cannot happen to them" (Cavanaugh et al., 2019, p. 282).

With relation to the assumption of invulnerability, Elkind (1967) makes reference to a term which he describes as the personal fable. This, according to Elkind, refers to the belief that adolescents have, that they are special, that their personal experiences are unique, and that they are invincible vis-à-vis the rules which govern the rest of the world. To illustrate this point, one can see how the assumption of invulnerability plays out with regard to the set of statistics provided in Table 3.1 in relation to HIV. In the YRBS of 2002, 2008, and 2011, only 12% of adolescents believed that it was possible to get HIV in their lifetime. These low statistics are alarming, and it underscores the importance of preparing teenagers for the possible ramifications which may apply to *anyone*, should they engage in high-risk sexual behaviour.

3.7.4. South African girls' risk for HIV infection

From the perspective of SANAC (2020), special emphasis of the National Strategic HIV Plan is targeted toward adolescent girls and young women because of the abnormally high prevalence within South Africa. SANAC (2020) furthermore argues that not only does early HIV infection invariably shape the lives of many adolescent girls/young women, reaching South Africa's objectives for reducing HIV is inconceivable without prioritising the needs of adolescent girls/young women. For effective prevention and control of the HIV pandemic, deepening our understanding of adolescent girls' HIV risk is pivotal (Dunkle et al., 2004).

What will be discussed in the next section will be several reasons why HIV disproportionately affects South African adolescent girls and young women, namely: (1) lack of access to healthcare services; (2) lack of access to education; (3) poverty; (4) biological factors; (5) age-disparate partnerships; and (6) gender-based violence. The latter two determinants are of particular relevance within the South African context, therefore these two influences will be discussed in greater depth.

In terms of lack of access to healthcare services, barriers to accessing healthcare services could include denial of access to services which only women require, or discrimination from service providers (Avert, 2020). With regard to lack of access to education, many young learners do not receive adequate sexuality education, specifically relating to HIV/AIDS (Avert, 2020). With reference to poverty, poor adolescent girls and young women may have little choice pertaining to sexuality, and therefore they may adopt behaviours which put them at risk for HIV infection; this includes engaging in transactional sex, or getting involved in relationships which may expose them to gender-based violence. It is said that poorer, less educated adolescent girls and young women may be less informed about their risks, and consequently less able to engage in HIV risk-reducing behaviours (Pascoe et al., 2015, as cited in Avert, 2020). With regard to biological factors, physiologically, females are at greater risk for contracting HIV, compared to males. This is in part because women have greater mucosal surface area exposed to pathogens and infectious fluid for longer periods during sexual intercourse and are potential to face increased tissue injury (Ramjee & Daniels, 2013). The typical vagina is between approximately 13-15cm in length, and it is made up of porous folds within the vaginal walls, known as rugae (Crooks et al., 2021). Hence, an adolescent or a woman will always be more susceptible to HIV transmission because of the larger surface vaginal area, in comparison with the tiny meatus of the penile urethra. Additionally, young girls are generally considered to be more at risk biologically to acquire HIV infection due to cervical ectopy – this refers to when the soft glandular cells which line the cervical canal spread to the outer surface of the cervix. Cervical ectopy enables greater exposure of the cervical cells to trauma or pathogens (Ackerman & Klerk, 2002). Consequently, it is argued that adolescent girls who have immature cervixes and are sexually active place themselves at risk for not only HIV acquisition, but also for the acquirement of STIs.

The primary reason for the higher prevalence of HIV in adolescent girls in South Africa is due to a phenomenon known as age-disparate partnerships (Luke, 2003; LeClerc-Madlala, 2008). This refers to young girls having sexual relationships with men five times older than themselves (Maughan-Brow et al., 2016). In line with Jewkes and Morrell (2010), unequal gender relations are apparent in adolescent girls' sexual partners with older men. Other authors describe the age-disparate partnership as the *sugar daddy* phenomenon, and this is common throughout Southern Africa (Toska et al., 2008). The following quote by Panday et al., (2009) is illustrative of the sad reality of the sugar daddy phenomenon within South Africa:

When young women struggle to meet immediate material needs, they make trade-offs between health and economic security. Reciprocity of sex in exchange for material goods leads to young women remaining in dysfunctional relationships, engaging in multiple sexual partnerships and involvement with older men (p.12).

Research indicates that in sub-Saharan Africa, transactional sex is one of the central factors in women's heightened vulnerability to HIV and other STIs (UNAIDS, 2018). Dellar et al. (2015) also speak about the high prevalence of intergenerational relationships between young girls and older men. In this situation, young girls place themselves at higher risk for HIV acquisition, compared to an adolescent girl having sex with an adolescent boy (Shisana et al., 2014). Oftentimes, young girls are unable to negotiate safer sex due to older men's greater relationship/economic power (Dunkle et al., 2004). Some may experience physical violence as a result of condom use insistence (Dellar et al., 2015).

Avert (2020) explains that these relationships are motivated by the unarticulated assumption that sex will be exchanged for material support or other benefits. While these transactional relationships may bring about financial and social benefits for the adolescent girl, these relationships pose significant implications for HIV risk. A related topic known as the *taxi queen* phenomenon will be discussed in a later section (Refer to 3.4.4. *Factors influencing sexuality education*).

What must be pointed out is that intergenerational relationships are understood to be advancing the cycle of new HIV infections. As a case in point, Maughan-Brown et al (2016) have conducted research into age-disparate sex and HIV risk for adolescent girls and young women from 2002 to 2012 in South Africa. Data were gathered from the 2002, 2005, 2008, and 2012 South African National HIV surveys from girls and young women between the ages of 15 and 24 years old. The major finding stemming from this research study is that age-disparate sex continues to be a risk factor for South African adolescent girls and young women within the aforementioned age range. Specifically, this study revealed that HIV prevalence for sexually active women ages 15-24 years was 16.1% (N = 563) in 2002, 24.6% (N = 1089) in 2005, 19.1% (N = 877) in 2008, and 16.1% (N = 1490) in 2012 (Evans et al., 2016). This particular study also revealed that HIV prevalence was consistently greater among young women with age-disparate partners, compared to young women with age-similar partnerships (Maughan-Brown et al., 2016). The *South African National Strategic HIV Plan of 2017–2022* focusses on interventions, targeting adolescent girls and young women specifically, to educate them regarding the dangers of age-disparate relationships in relation to perpetuating the HIV/AIDS cycle (SANAC, 2020).

The final topic for consideration under this subsection is the phenomenon of gender-based violence. On the authority of the European Institute for Gender Equality (2019), gender-based violence (GBV) is a phenomenon which is deeply embedded in gender inequality. It refers to violence directed to an individual based on their gender. Either genders may experience the violence, but the majority of victims are women and girls. GBV may be physical, emotional, or financial in nature, and it may be committed by intimate partners, acquaintances, or even strangers (WHO, 2019). GBV is sometimes used interchangeably with the phrase *Violence against women and girls* (VAWG). However, it must be noted that VAWG is certainly a form of GBV, in other words, one could say that it is a sub-category of GBV.

Avert (2020) states that globally, approximately 35% of women have been victims of physical and/or sexual violence at some point in their lives. As claimed by Strebel et al. (2006), South Africa has one of the highest rates of violence against girls and women globally. The sad reality is that in South Africa, many cases of GBV oftentimes result in murder of hundreds of female children and women. As a case in point, within August and September 2019, the number of femicide cases ignited nationwide horror among the South African population at large, consequently resulting in street protests in Cape Town outside of parliament, and a *media storm* as reported by Cohena and Vecchiatto (2019). The *#Am I Next* movement grew out of the intense frustrations of countless South African girls and women who had become increasingly weary of the perceived inaction displayed by the government. The extent of the scourge of GBV received nationwide attention in early September 2019. It appeared as though many South Africans were collectively enraged with the government, when apparently back-to-back rape, GBV, and femicide cases were brought to the public's attention. An overview of various incidents is briefly highlighted below, as reported by journalists at News24.com:

- Nineteen-year old first-year UCT film student, Uyinene Mrwetyana was raped and murdered by an employee at the Clareinch post office.
- Nineteen-year old first year UWC theology student and youth leader at a Matroosfontein church, Jesse Hess, was murdered along with her 85-year old grandfather in their flat in Parow.
- Twenty-five year old Leighandre Jegels, a boxing champion residing in the Eastern Cape was affectionately known as 'Baby Lee' Jegels. Her estranged police officer's boyfriend shot and killed her, apparently due to a domestic dispute.

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- The body of 14-year old Janiko Mallo was found in the backyard of her grandmother's property in Heinz Park, Cape Town. Janika had been raped before being bashed with a concrete block over her head.
 - Thirty-two-year-old Lynette Volschenk, a draughtsman at a local engineering company, was gruesomely murdered within her apartment in Bellville. Her body was found dismembered in various black bags, and her head was found in a plastic bag in a nearby field.
 - Thirty-year old Megan Creamer's body was found at a Cape Town sand mine on a Philippi farm. She was an avid horse rider, who was murdered by three killers.

In a national address televised on the 5th September 2019, President Cyril Ramaphosa promised more funding to protect women and harsher penalties for gender-based crimes (Cohen & Mbatha, 2019). However, surely, better action-orientated interventions are needed to address the scourge of GBV within South Africa.

Unfortunately, GBV in South Africa is pervasive and has become an increasingly normalised and underreported crime (Mpani & Nsibande, 2015). According to Mpani and Nsibande (2015), the problem of underreporting is intensified when the perpetrator is known to the victim as an intimate partner, family member, friend, neighbour, or local school teacher.

In agreement with the previous authors, *Saferspaces* (2019) – an interactive platform run by and for community safety and violence prevention practitioners in South Africa – also acknowledges that GBV is ubiquitous among the South African population, disproportionately affecting women and girls more than their counterparts. VAWG may include: intimate partner violence (IPV), rape, and sexual violence in schools (Mpani & Nsibande, 2015). Special mention will be made of the second factor in the previous list, namely that being *rape*. Rape is specifically underscored in this section, because of the correlation between this phenomenon

and HIV acquisition within the South African context. For clarification purposes, rape is defined as sexual intercourse that occurs without consent as a result of actual or threatened force (Crooks et al., 2021).

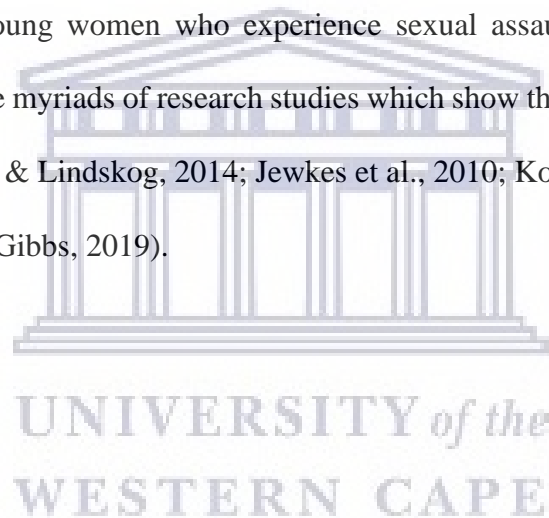
As reported in the news, South Africa's crime statistics for 2018/2019 were released in parliament in September 2019. It was based on statistical information gathered between 1 April 2018 and 31 March 2019. As claimed by Africa Check (2019), the police recorded 41 583 rapes in 2018/2019; this increased from the rape figure for 2017/2018, that being 40 035. On average, approximately 114 rapes were reported at South African police stations per day during the period of 2018-2019. From the perspective of the South African Medical Research Council (2009), the rate of rape perpetration is unknown, because not all rape cases are reported to the police. There is a considerable underestimation of actual figures, due to countless rape cases going unreported. The interface between rape and HIV in South Africa is extremely problematic, as HIV can be transmitted via rape. As stated by Jewkes et al. (2009), South Africa has one of the highest rates of rape reported to the police in the world, and the largest number of people living with HIV. In an article in the Daily Maverick, Nagtegaal (2018) discussed the horror of violent crime in South Africa. She makes reference to a line which many South Africans have become quite familiar with – which dubs South Africa as the rape capital of the world. Thus, not only does South Africa have extremely high prevalence of rape, but also South Africa has high prevalence of HIV/AIDS.

Not only is GBV a violation against adolescent girls' rights (in this particular context); it is also regarded as a major health problem, affecting girls' physical, mental, sexual, and reproductive health, and may greatly increase the risk of acquiring HIV (Mpani & Nsibande, 2015; WHO, 2019). In accordance with the WHO (2019) GBV contributes to a projected 20–25% of new HIV infections in young women. Other sexual ramifications for adolescent girls could include having induced abortions, having gynaecological problems and for acquiring

STIs (WHO, 2019). An adolescent girl may not only battle with any of the aforesaid sexually-related problems, but they may struggle with psychosocial issues such as depression, suicidal ideation, anxiety disorders, sleep difficulties, eating disorders, and suicide attempts (Mpani & Nsibande, 2015; WHO, 2019).

Research has shown that levels of GBV are exceptionally high in Southern Africa (Hatcher et al., 2014). Young girls are often the victims of non-fatal violence and sexual assault, including rape. It has been found through many research studies that girls who experience various forms of physical abuse of sexual violence are at increased risk for acquiring HIV (Hatcher et al., 2014).

Thus, girls and young women who experience sexual assault are at higher risk of contracting HIV. There are myriads of research studies which show the link between GBV and HIV acquisition (Durevall & Lindskog, 2014; Jewkes et al., 2010; Kouyoumdjian et al., 2013; Li et al., 2014, as cited in Gibbs, 2019).



3.8. Adolescents and STIs

3.8.1. Introduction to STIs and statistical scope thereof

Sexually transmitted infections (STIs) are infections which can be transferred from one individual to another via sexual contact. STIs were formally known as STDs i.e. sexually transmitted diseases (WHO, 2019). Reading through academic and popular literature, it is noted that STIs and STDs are oftentimes used synonymously. However, a *disease* usually has particular signs and symptoms associated with it, whereas an *infection* may not necessarily result in a disease (The Well Project, 2019).

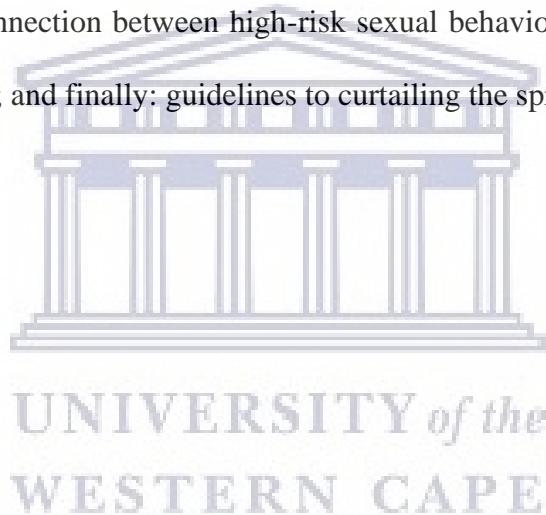
STIs represent one of the oldest key public health issues in South Africa (Shefer et al., 2002). Sexually transmitted infections constitute a significant public health problem in Southern Africa and South Africa is one of the countries with the highest STI prevalence in the world (van Dyk, 2012). In spite of how STIs may cause public health challenges, numerous individuals seem oblivious to the risks and consequences associated with STIs, as stated by Carroll (2019). The high prevalence for STIs continues to be challenging within the public health sector. As per the latest information provided by the WHO (2019), over one million STIs are acquired each day on a global scale. WHO (2019) alerts us to the fact that there are 367 million new cases of the four major curable STIs among individuals ages 15–49 years old – that being chlamydia, gonorrhoea, syphilis, and trichomoniasis.

Adolescents are collectively known as a particular at-risk group, because the adolescent period is a time when many become sexually physically mature and may start experimenting sexually. As per Papalia et al. (2015), the primary reasons for the prevalence of STIs among adolescents include (1) early sexual activity, (2) multiple partners, (3) failure to use condoms, or to use them regularly and correctly, and (4) girls generally having sex with older boys.

Shefer et al. (2002) have conducted a study entitled *The social construction of sexually transmitted infections (STIs) in South African communities*. These authors believe that most

South Africans do not really understand the aetiology and epidemiology of STIs; they may also lack the basic knowledge in terms of controlling and preventing STIs. This prior information supports what the following that was said by Carroll (2013): We live in a society that is often reluctant to openly discuss issues related to sexuality, and as a result, communication about STIs is difficult for many of us. Likewise, Shefer et al. (2002) posit the view that certain population groups in South Africa are quite conservative, therefore discussions in respect of sexual matters, including STIs, are not really encouraged.

Having already defined what STIs are, the researcher will now segue into the following topics: adolescents' vulnerability to STIs; causal factors with reference to STIs; issues relating to STI symptoms; interconnection between high-risk sexual behaviours, and STIs; STIs and South African adolescents; and finally: guidelines to curtailing the spread of STIs.



3.8.2. Adolescents' vulnerability to STIs

Accordant with Rosenthal (2013), STIs can affect males and females of all ages, races, education, and socioeconomic levels, although they are most prevalent amongst youth below the age of 25. Despite the fact that teens are at high risk for contracting STIs, they perceive their own personal risk as low (Papalia et al., 2015). Adolescents are exceptionally susceptible to STIs, according to Francis et al. (2018). Accordant with the aforementioned authors, if STIs are acquired during the adolescent period, sexual and reproductive health may be threatened in later life, more especially for girls and their future offspring. As attested to by Carroll (2019), females in general are more susceptible to contracting STIs, primarily because the vaginal tissue is markedly more fragile than the penile tissue. In addition, the cervix in adolescents is lined with cells that are more likely to become infected with STIs (The Well Project, 2019). Many of the common STIs are curable, however if these infections are left untreated, they can lead to severe health challenges especially for young girls (Papalia et al., 2015).

3.8.3. Causal factors with reference to STIs

Scholarly research has shown that STIs can be caused by numerous factors, falling either into the category of viral or bacterial. However, it must be noted that ectoparasitic infections also exist, and these may also be considered to be STIs. As claimed by WHO (2019), there are over 30 various types of bacteria, viruses and parasites, which may possibly be transmitted via sexual contact. Modes of sexual transmission may be vaginal, oral, or anal sex (WHO, 2019), however there are non-sexual ways of transmitting STIs, e.g. via blood. The following schematic provides a compendious overview of the most prominent STIs:

Table 3.8

Synopsis of the most prevalent STIs

| <i>Bacterial</i> | <i>Viral</i> | <i>Ectoparasitic infections</i> |
|--|---|--|
| <ul style="list-style-type: none">• Gonorrhoea• Syphilis• Chlamydia• Chancroid• Vaginal infections (bacterial vaginosis; trichomoniasis; vulvovaginal candidiasis) | <ul style="list-style-type: none">• Herpes• Genital warts• Hepatitis• HIV/AIDS | <ul style="list-style-type: none">• Pubic lice• Scabies |

The next table provides a more comprehensive abridgment of the various common STIs, the modes of transmission, and the causal agents.



Table 3.9*Capsulation of bacterial, viral, and ectoparasitic infections*

| <i>Infection</i> | <i>Mode of transmission</i> | <i>Causal agent</i> |
|--|-----------------------------|--|
| Bacterial infections – produced by bacteria | | |
| Gonorrhoea – a bacterial STI that causes a pus-like discharge and frequent urination in men; many women are asymptomatic. | Sexual | Neisseria gonorrhoeae |
| Syphilis – a bacterial STI, whereby the person develops a painless sore known as a chancre on the penis or vulva, or in the vagina. The infection is divided into primary, secondary, and tertiary stages. | Sexual | Treponema pallidum |
| Chlamydia – a bacterial STI characterised by pelvic pain, vaginal discharge, painful and frequent urination, discharge from the penis, scrotal swelling, or sometimes no symptoms at all. | Sexual | Chlamydia trachomatis |
| Chancroid – a bacterial STI which is characterised by papules, that eventually rupture and form painful ulcers. | Sexual | Haemophilus ducreyi |
| Bacterial vaginosis – a bacterial infection that can cause vaginal discharge and odour, but is oftentimes asymptomatic. | Sexual | Overgrowth of bacteria naturally found in the vagina |
| Trichomoniasis – a vaginal infection that may result in discomfort, discharge, and inflammation. | Sexual | Trichomonas vaginalis |
| Vulvovaginal candidiasis – an infection of the vagina that involves an overgrowth of yeast (known as candida) | Sexual | Candida albicans |
| Viral infections – produced by viruses | | |
| Herpes – a highly contagious viral infection that causes eruptions of the skin or mucous membranes. There are two subtypes: HSV-1 (i.e. oral herpes) and HSV-2 (i.e. genital herpes) Herpes results in itching, burning, or pain in the genital or anal area; sores may develop on the mouth, penis, or vagina. | Sexual | Herpes virus |
| Genital warts – wartlike growths on the genitals; also called venereal wart, condylomata, or papilloma. | Sexual | Human papilloma virus |
| Hepatitis – a viral infection that causes liver dysfunction; characterised by jaundice, loss of appetite, and abdominal pain. There are three subtypes: Hepatitis A, Hepatitis B, and Hepatitis C. | Sexual | Hepatitis virus |

Ectoparasitic infections - produced by parasites which live on the skin's surface.

| | | |
|--|-----------------------|-----------------------------------|
| Public lice – (also known as pediculosis) STI that infests the pubic hair, and can be transmitted through sexual contact. | Sexual and non-sexual | Crab louse: Phthirus pubis |
| Scabies – STI that affects the skin and is spread during skin-to-skin contact, both during sexual and nonsexual contact. | Sexual and non-sexual | Parasitic mite: Sarcoptes scabiei |

Note. Carroll (2019); Crooks and Baur (2021); Shaffer and Kipp (2014); Van Dyk (2013); Wasserman (2008) – Sources

3.8.4. Issues related to STI symptoms

As attested to by the WHO (2019), the common symptoms associated with STIs comprise vaginal discharge, urethral discharge or burning in males, genital ulcers, and abdominal pain. As per Crooks and Baur (2021), the sequela of STIs include compromised health, pain and discomfort, infertility, notwithstanding death. A reality is that many of these STIs mentioned in the aforementioned table may not produce overt symptoms with the infected individual (Department of Health, 2019). Therefore, individuals may unknowingly infect others (Crooks et al., 2021). Besides this, adolescents may often be disinclined to seek appropriate medical treatment for STIs, due to the guilt and embarrassment which often manifest in an adolescent who has contracted an STI (Crooks et al., 2021). It is also very likely that adolescents may be reticent to disclose to their sexual partner(s) that he/she may have an STI. The teenager may feel dirty, or may feel as though disclosure of having an STI may jeopardise the trust within the relationship (Crooks et al., 2021).

Within low to middle-income countries, like South Africa, symptomatic STIs are treated by what is identified as syndromic management, which refers to the probable treatment of infected individuals *without* the use of laboratory tests (WHO, 2019). According to the Department of Health (2019), South Africa has adopted a syndromic approach for the control and management of STIs since 1996. As per van Dyk (2012), the syndromic management of

STIs comprises identifying signs and symptoms, and thereafter prescribing treatment for the STI. The problem is that, as explained earlier, many STIs are asymptomatic (The Well Project, 2019; WHO, 2019), and may consequently go unnoticed and untreated (Francis et al., 2018). Subsequently, it is argued that both symptomatic and asymptomatic STIs may lead to various complications, such as serious morbidity, pregnancy difficulties, cancer, infertility, and enhanced HIV transmission (WHO, 2019). As argued by Francis et al. (2018), many of these ramifications could be preventable, if the STI testing and treatment methods are implemented.

3.8.5. Interconnection between high-risk sexual behaviours and STIs

From the perspective of Carroll (2019), there is a link between engaging in high-risky sexual behaviours, and acquiring an STI. These are examples of high-risk sexual behaviours, as elaborated by Carroll (2019):

- Engaging in unprotected vaginal or anal intercourse without the use of a male or female condom unless this occurs in a long-term relationship in which both partners have been tested for STIs.
- Engaging in oral sex with a male or female partner without using a condom or dental dam, unless this occurs in a long-term, single-partner monogamous relationship in which both partners have been tested for STIs.
- Engaging in vaginal or anal intercourse before the age of 18 years old.
- Having multiple sexual partners.
- Engaging in vaginal, oral, or anal intercourse with a partner who has multiple sexual partners.
- Engaging in any sexual behaviours with a partner who has ever injected drugs.
- Engaging in sex work or sexual activity with a partner who has ever engaged in sex work.

-
- Engaging in sexual activity with a partner who has a history of STIs.
 - Engaging in sexual activity with a partner with an unknown STI history.

3.8.6. STIs and South African adolescents

A number of factors may contribute to the spread of STIs among South African adolescents.

With reference to Table 3.1, it was noted that there seems to be a discrepancy between the information given regarding STIs. As can be seen in the table, in 2002, 2008, and 2011, very few adolescents acknowledged that they had an STI; the percentages being 7%, 4%, and 5% respectively. However, in the row below, the percentages are far higher regarding South African adolescents reporting that they received treatment for an STI. There needs to be acknowledgement on behalf of the adolescent that he/she has an STI, because this acknowledgement may lead a young person to seek medical attention. It is argued that one cannot seek medical intervention without firstly conceding that there is a problem. When reflecting on the aforementioned information, it was noted that adolescents who are sexually active may possibly be in denial when it comes to acquiescing that they have a STI problem.

Referring to David Elkind, he is well-known for his model which describes the immature aspects of adolescent cognition. To recapitulate, with relation to the assumption of invulnerability, Elkind (1967) makes reference to the personal fable. This, according to Elkind, refers to the belief that adolescents have, believing that they are special, that their personal experiences are unique, and that they are invincible in relation to the rules which govern the rest of the world. An example of the personal fable within this context could be “Other teenagers may get STIs, but not me.” Elkind points out that this kind of egocentrism in adolescents is one driving factor which spurs on risky sexual adolescent behaviour.

Bearing the aforesaid in mind, it could potentially explain why so few South African teenagers report ever having an STI. However, this possible explanation could apply only to whether adolescents experience actual signs and symptoms associated with STIs.

While there is a preponderance of statistical information available appertaining to HIV/AIDS research, to date, not a lot of research has been conducted to collect recent STI statistical information within the South African context. The most recent STI study conducted in South Africa was done by Francis and colleagues (2018) did research into the prevalence of STIs among young people in South Africa. Home-based sampling for STIs amongst 1 342 teenagers and youth ages 15 – 24 years old was drawn (stratified by ages 15–19 and 20–24). Blood, urine, and vaginal swabs were tested for various STIs. This particular study demonstrated a high prevalence of STIs within a rural setting of South Africa. To be more specific, prevalence rates for particular STIs were as follows: chlamydia (16.5%), gonorrhoea (3.3%), syphilis (0.4%), trichomoniasis (5%), herpes simplex 2 virus (45.5%), bacterial vaginosis (42.1%), and HIV (24.6%). What was pointed out in this study was that being older, being female, not being in school or working, were all factors which contributed to the high prevalence of STIs.

3.8.7. Guidelines to curtailing the spread of STIs

In consonance with Shaffer and Kipp (2014), the majority of STIs may be cured with antibiotics, however most individuals are aware of the adage, that *prevention is better than cure*. The WHO (2019) opines that counselling and behavioural interventions may offer primary prevention against STIs. It makes the following recommendations: that (1) comprehensive sexuality education be provided where appropriate, (2) condom promotion be provided, (3) STI interventions need to be targeted to particular populations such as sex

workers, men who have sex with men (MSM), and intravenous drug-users, and (4) STI prevention education and counselling be provided specifically for adolescents.

Van Dyk (2012) suggests that the following guidelines should be borne in mind when dealing with STI management within the South African context: (1) there should be integration of STI services along with HIV services; these services should be accessible and user-friendly; (2) primary medical health care practitioners should treat individuals with STIs with respect, avoid stigmatisation and blaming, or having any other negative attitudes towards patients; (3) individuals who are found positive for any STIs should be encouraged to be tested for HIV; and (4) counselling of safer sex practices should be essential (e.g. the consistent use of condoms).



3.9. Sexting and adolescents

3.9.1. Delineation of sexting

Sexting is a hybrid neologism which is easily identifiable amongst adolescents growing up in the 21st century. On the authority of Sev Cikov (2016), sexting is a relatively new phenomenon. Scholarly research into sexting has definitely burgeoned over the recent years. Before delving into various topics pertaining to sexting, it is imperative to clearly expound on what sexting actually refers to. While sifting through the literature, the researcher discovered synonymous ways in relation to how sexting is described.

As maintained by Redmond (2010), sexting is an amalgamation of two particular English words. Specifically, sexting is a portmanteau of *sex* and *texting*, which results in the verb: *sexting*.

Conformable to Klettke et al. (2014), sexting can be described as the sending, receiving, or forwarding of sexually explicit messages, images, or photos to others through electronic means, primarily between cellular phones. However, this definition limits sexting to explicit messages, while other definitions delineate sexting in a more defined manner, as shown in the ensuing definition. In accordance with DeMar (2015), sexting is characterised as digitally taping sexually suggestive or explicit images, followed by the distribution of these images via the internet or mobile phone applications. Lenhart (2009, as cited in Buren & Lunde, 2018) defines sexting as the generating, distributing and forwarding of sexually suggestive nude or nearly nude images through the internet. Another author depicts sexting as the interpersonal exchange of self-produced sexualised texts, and above all, images, photos, and videos via cell phone or the internet (Walrave et al., 2015).

Of particular concern today would be the sending of self-made sexually *explicit* photographs. From the viewpoint of Funnell (2011), some scholars have nicknamed sexting as *peer-to-peer-porn*, which is quite an interesting perspective.

3.9.2. Sexting mediums

As specified by Van Ouytsel et al. (2017), several online mobile platforms have become popular for sending of sexually explicit photographs. In recent years, smartphones have become more popular, and with the ushering in of smartphones into our daily lives, new communication applications have been designed. One such example is *Snapchat*, which is a mobile application designed for the sharing of digital text messages, photographs, and videos. Photos and videos which are sent via *Snapchat* only remain visible for approximately one to ten seconds, before they vanish from the mobile screen. As specified by Wortham (2013), *Snapchat* has received a lot of media publicity, due to the fact that teenagers were allegedly using the application for sexting purposes. According to Gewirtz-Meydan et al. (2018), the apparent reasoning for adolescents who sext via *Snapchat* is the belief that the photos will self-destruct after ten seconds and therefore there may be no actual consequences to their behaviour.

However, certain third-party developers have found a way to circumvent the media disappearing from *Snapchat*. For example, *Snapsave* is an application specifically designed for *Snapchat*. It allows individuals to actually save the photos (i.e. the ‘snaps’) without notifying the sender. One of the other features about *Snapsave* is that users are able to see other people’s snaps as many times as possible. Currently, a paucity of research seems to exist in relation to the extent to which smartphone apps are used to engage in sexting, as per Van Ouytsel et al. (2017). The latter led Van Ouytsel et al. (2017) to conduct a study several years ago on adolescent sexting, specifically pertaining to their perceptions of applications, motives, and consequences of sexting. This qualitative study was conducted in Flanders, Belgium, with 57 adolescents between the ages of 15 and 18 years old. Eleven focus group discussions were held. In terms of the mediums used for sexting, 100% of the focus group members mentioned the

use of *Snapchat*; 45% mentioned the use of *WhatsApp*; and 27% mentioned the use of *Facebook Messenger*.

3.9.3. Motives relating to sexting

During the adolescent period, adolescents start to develop sexually, and hence their developing sexuality steers them into a direction of experimenting, usually in the form of dating or establishing romantic relationships. Gewirtz-Meydan (2018) are of the view that engaging in sexting during the adolescent period may be considered to be developmentally normative, and may carry minimal risks on long-term consequences in later life. In pursuance with Smahel and Subrahmanyam (as cited in Walrave et al., 2018), electronic forms of intimate communication could possibly provide avenues for teenagers to achieve developmental tasks relating to their evolving sexual identities. Conformable to Schloms-Madlener (2013), researchers dissent on the potential ramifications of adolescent sexting with regard to whether the phenomenon may be innocuous or harmful for the adolescent. Either sexting is viewed as dangerous or exploitative, or it is considered safe and developmentally helpful.

In the opinion of Yeung et al. (2014), sexting is considered to be ubiquitous among youth in many Western liberal democracies. In her article entitled *SA teen sexting warning* (IOL news, 2014), Comins notes that South African adolescents have also joined their international counterparts in the sexting phenomenon. Zongile Nhlapo has written an article entitled *Sexting – the shocking pandemic among South African teens* (HuffPost SA, 2017). Much of Nhlapo's non-academic-based research was based on the views of Emma Sadlier, leading social media expert in South Africa. In a Facebook Live Chat on social media laws, Emma shared with the HuffPost SA (2017), that it has become a societal norm for South African teenagers to engage in sexting. One needs to pause for a moment, and ask the question: What fuels sexting behaviour amongst adolescents?

Some authors are of the view that sharing self-made sexually explicit photographs via mobile/internet applications may assist in helping teenagers explore their sexuality and their sexual identities (Karain, 2012; Karaian & Van Meyl, 2015; Smahel & Subrahmanyam, 2014; Walrave et al., 2015).

Previous research studies have indicated that adolescents would commonly engage in sexting within romantic relationships, specifically for the purposes of flirting with a partner or a person of interest (Albury & Crawford, 2012; Lippman & Campbell, 2014; Strassberg et al., 2014; Ringrose et al., 2013; Yeung et al., 2014).

Some of the motives mentioned amongst the focus groups in the Van Ouytsel et al.'s (2017) study as to why adolescents sext were as follows: as a sign of love and proof of love; romantic partner requesting it; to attract attention; to flirt; as a surprise/gift to the partner; fear of losing the partner; sexual desire; as a 'glue' to keep a long-distance relationship alive; and finally to test the girl's character. Interestingly, as attested to by Lippman and Campbell (2014) and Yeung et al. (2014), adolescent males tend to collect sexting pictures of girls; these are viewed as their *trophies* to either show off to others, or as proof of their resultant success with girls.

Judith Davidson has written extensively on the topic of adolescent sexting in her book *Sexting: Gender and Teens*. Demar (2015) has reviewed this book, and points out three particular reasons as to why girls sext. On the authority of Judith Davidson's qualitative study with teenagers, three particular motivations exist for girls who engage in sexting, namely (1) in order to pursue and maintain a romantic relationship with a boy, girls engage in sexting behaviours; sexting is seen as *essential* for girls that they may maintain a boy's attention; (2) another motivation for sexting is to vie for friends, attention from peers, social status, and lastly power at school. Especially regarding this point, girls may use sexting for the purposes of blackmail, revenge, or exhibiting popularity; (3) A final reason as to why girls sext is to assert

control in a relationship, therefore sexting allows girls the agency to either initiate or avoid sexual intercourse.

Walrave et al. (2018) have noted that sexting could serve as a possible alternative for religious youth who are meant to refrain from sexual intimacy prior to marriage. Added to the latter point, some scholars point out that some adolescents may view sexting as safer than actually engaging in real life sexual activities, as it may safeguard against falling pregnant or contracting an STI (Renfrow & Rollo, 2014).

3.9.4. Sexting shorthand

In this section, sexting shorthand used by adolescents will be elaborated on; this shorthand may either be textual or visual, as will be explained. From the perspective of Takeda (2011), much of the sexting done by adolescents is done through the use of code words, acronyms, and decoy words. As per Takeda (2011), the following examples are some commonly used sexting shorthand.

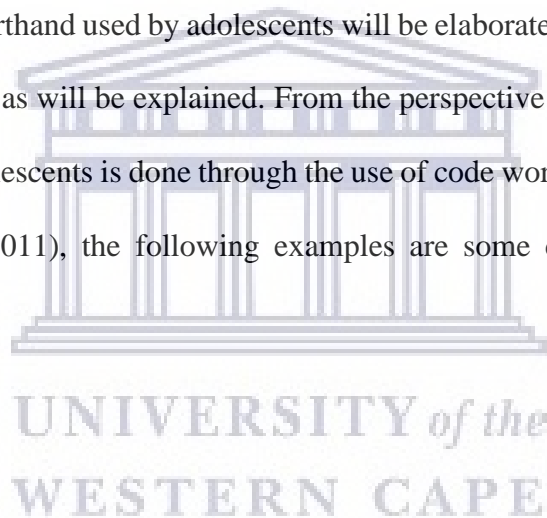


Table 3.10

Typical adolescent sexting ciphers

| <i>Cipher</i> | <i>Actual meaning</i> |
|---------------|----------------------------|
| 53X | Sex |
| 8 | Oral sex |
| CD9 | Code 9; Parents are around |
| P911 | Parent alert |
| PIR | Parent in room |
| 9 | Parent watching |
| 99 | Parent gone |
| CU46 | See you for sex |
| GNOC | Get naked on camera |
| GYPO | Get your pants off |
| IMEZYRU | I'm easy; are you? |
| IWSN | I want sex now |
| LHU | Let's hook up |
| TDTM | Talk dirty to me |
| RUH | Are you horny? |
| RU/18 | Are you over 18? |
| LH6 | Let's have sex |
| WTTP | Want to trade pictures? |

Note. Sexting acronyms every parent needs to know (Takeda, 2011) – Source

In pursuance with Thompson (2018), computer-mediated communication (CMC) has become quite prevalent in modern society, and as can be seen in the table, today's adolescents have found unique encrypted ways of communicating messages to each other. As claimed by Plumb (2013), it is considerably challenging to interpret CMC, as opposed to face-to-face communication. CMC generally can be complex to interpret at times, due to body language, facial expression, and vocal intonation missing from the communication (Thompson, 2018). As a result, emoticons and emojis have been devised to compensate for the lack of non-verbal communication (Lo, 2008).

Interestingly, *emoji sexting* is another new area of research which scholars are only beginning to understand. Research into the field of sexual emoji usage is still in its infancy, as claimed by Thompson (2018). Before discussing this subsection pertaining to sexting, it is essential to understand the particular lexicon, which will be explained shortly. *Emoticons* and






emojis are terms which are sometimes contemporaneously used interchangeably. However, a clear distinction exists between the two.

The word *emoticon* is a hybrid neologism, which has been derived from the words: *emotion* and *icon* (Huffaker & Calvert, 2005, as cited in Thompson, 2018). From the perspective of the Merriam-Webster Online Dictionary (2021), an *emoticon* refers to a group of keyboard characters which archetypally are representative of certain facial expressions or attitudes. The emoticon was developed in 1982 in an endeavour to enhance the emotional demeanour of CMC. Accordant with the Merriam-Webster Online Dictionary (2021), an *emoji* refers to a variety of small images, symbols, or icons used especially with electronic communication, such as text messages, email, and social media, with the purpose of expressing emotional attitudes, conveying information succinctly, or communicating messages playfully.

Sexual emoji refers to icons/images/symbols that are generally accepted as having sexual connotations (Thompson, 2018). Put another way, certain icons connote visual sexual metaphors (Woodward et al., 2017). Many adolescents are well acquainted with the ‘basics’ of emoji sexting ciphers, but for the purposes of clarity, these emojis will be explained as follows:

Table 3.11

Emojis used in sexting







| <i>Description</i> | <i>Emoji</i> | <i>Representation</i> |
|--------------------|---|-----------------------|
| The peach |  | The buttocks |
| The taco |  | The vagina |
| The eggplant |  | The penis |
| The tongue |  | Oral sex |
| Sweat droplets |  | Sweating due to sex |

Note. A beginners guide to sexting with emoji (Bond, 2016) – Source

Once adolescents have become accustomed to the essential emojis used in sexting, they then may use the icons to create narratives regarding what they want pertaining to sex.

Table 3.12

Some common sexual emoji narratives

| <i>Emoji configuration</i> | <i>Narrative</i> |
|--|---|
|  | Booty smack |
|  | Penetration |
|  | Booty call |
|  | I'd like to put my hands on your breasts |
|  | I'd like to be Eifel Towered by you and a friend |
|  | I would like you to chain me up for a *BDSM experience (*Bondage / Discipline /Sadism /Masochism) |

Note. A beginners guide to sexting with emoji (Bond, 2016) – Source

The researcher has judiciously selected only several sexual emoji narratives, as illustrated in the above table. Her personal reaction to some of the other narratives was shock. Some narratives bordered on being quite salacious/obscene in nature, in her personal view as a parent and as a researcher. A parent or a teacher, for example, may be completely incognisant of some of the stories which can be creatively produced with the use of sexual emojis. By way of illustration, a parent may be stunned to know the real meaning behind the fifth configuration in the above-mentioned table. Here, a girl is essentially asking to be Eifel Towered by two boys. This refers to her being in a *doggy-style* sexual position. While on all-fours, she performs fellatio on the one boy, while the other boy penetrates her; all the while, the two boys are holding hands above her, in an Eifel Tower formation.

The topic of adolescent sexting was brought up in the qualitative part of this particular study, and will therefore be discussed in a later section. However, based on the sexting ciphers

and emojis illustrated in the aforementioned tables, there is a serious need for adolescents to be guided pertaining to safe online etiquette, especially as online apps play such a pivotal role in shaping adolescent's sexuality these days. There is no doubt that sexting does provide a novel way of sexual expression amongst adolescents, but one needs to consider the potential risks and consequences accompanying sexting.

3.9.5. Potential risk factors and ramifications

Even though sexting is considered to be a relatively new phenomenon, certain researchers have delved into this field of study to better understand possible risk factors and consequences associated with sexting. As believed by Albert and Steinberg (2011), adolescents are less likely to think about the long-term effects of online sexual disclosures, because the short-term rewards are considered to be more enticing. In this research study, it was discovered that there are psychosocial, educational, and legal concerns associated with sexting. However, some researchers do not believe that these concerns are really noteworthy. For example, Chalfen (2009) believes that sexting actually provides adolescents with an innocuous *high* (similar to a drug addict's high), which does not result in the typical possible consequences of risky sexual behaviour (such as pregnancy, or HIV/STI transmission). Notice though that they are all *physical* consequences of risky sexual behaviour. When it comes to adolescent sexting, the risks and consequences associated with sexting are not necessarily limited to physical consequences to what may occur to one's body, but are more relational or emotional in nature.

As attested to by a number of authors, numerous psychosocial consequences resulting from sexting may exist, to be precise, for example embarrassment, shame, friendship marginalisation, sexual solicitation, increased risk of online sexual victimisation, school suspension, school transfer, depression, anxiety, or even suicide (Brown & L'Engle, 2009; Chalfen, 2009; O'Keeffe & Clark-Pearson, 2011).

Accordant with the respondents in the focus groups in the Van Ouytsel et al.'s (2017) study, the following responses were elicited as perceived consequences of sexting behaviour: forwarding the photograph or publishing it on a social networking site; showing the photograph to others; exposing the photograph as revenge after a break up; and blackmailing the sender of the photograph. One of the major obstacles associated with sexting is the power that the receiver of the sext has, in that he or she may freely distribute the image or text to others, thereby intensifying the probability of social shaming, cyberbullying, and revenge pornography (Dake et al., 2012; Wilkinson et al., 2016; as cited in Buren & Lunde, 2018; Walrave et al., 2018).

As reported by Gewirtz-Meydan et al. (2018), research studies have found that sexting is correlated with having vaginal sex (Rice et al., 2012; Temple et al., 2014), anal and oral sex (Ybarra & Mitchell, 2014), and having unprotected sex (Rice et al., 2012). Other authors have also pointed out that sexting has been linked to emotional problems, including but not limited to depression, (Yeung et al., 2014), and alcohol usage (Dake et al., 2012; Ybarra & Mitchell, 2014). Broad consensus exists with regard to the correlations between sexting and other variables. For example, conformable to Temple et al. (2014), AOD usage could possibly impede adolescents' decision-making abilities, thereby possibly resulting in engaging in risky sexual behaviours. In Sev Cikov (2016) study which drew data from 17 016 11-16 years old adolescents in the EU Kids Online II project, it was found that teenage sexting was linked to emotional problems and alcohol usage.

Academic opinion suggests that adolescents may seem naïve regarding the fact that their online interactions create digital footprints (O'Keeffe & Clark-Pearson, 2011; Walker et al., 2011). Thus, adolescents' sexting history may produce inadvertent implications within an educational context. For example, study/career opportunities may be jeopardised. Another

example would be that these individuals may not be able to be employed at tertiary educational institutions, due to their former sexting history.

In an extant study conducted by Gewirtz-Meydan et al. (2018), researchers were determined to unpack the current and future impact of sexting on adolescents. They conducted research in August 2010 and January 2011 on a nationally representative sample of 1560 internet users between the ages of ten and seventeen. Some of the results from this study are as follows: 86% of youth noted that sexting under the age of 18 is regarded to be a crime; 71% of these youth noted that sexting would most likely cause them to experience ramifications at school; 59% of these youth observed that they may get into trouble with the police. It was interesting to note that an attitudinal difference existed amongst youth who engaged in sexting as opposed to those who did not. Those who did, generally held beliefs that sexting would negatively impact their chances of getting a job; and cause emotional damage to friendship, romantic relationships, and family relationships.

As per Walker et al. (2011), sexting also plays a role in objectifying females; the aforesaid authors mention that sexually charged images are typically of women, and are usually forwarded by males. However, as claimed by Brown and L'Engle (2009), girls can also become part of their own objectification when they self-generate sexualised pictures. Consequently, they learn to treat themselves as objects of desire to be valued solely for their appearance. In pursuance with Walrave et al. (2018), girls in particular are oftentimes seen as the victims of sexualisation with popular media content. In light of this, Spooner and Vaughn (2016) claim that a great deal of effort needs to be made to convince girls (i.e. potential sexters) not to engage in sexting because this may lead to two possible problems: (1) girls therefore being the authors of sexualised content; and (2) sexting could eventually be used against them.

Sexting under the age of 18 years old is considered to be illegal, however it is still a phenomenon which occurs with younger teens, even though it may not necessarily be as

prevalent as with older teens (Buren & Lunde, 2018). The legal ramifications will be dealt with in a separate subsection shortly.

Another worrying consequence is that compromising sexual photos/videos of children under the age of 18 years old may also be accessible to paedophiles (Badenhorst, 2011). As attested to by Badenhorst (2011), an unintended consequence of sexting is that it may be viewed as pornography. Sending sexts may therefore result in children being criminally prosecuted for behaviour that they may not necessarily deem wrong or illegal (Badenhorst, 2011).

In the researcher's opinion, more emphasis needs to be applied with regard to adolescents' online etiquette, especially pertaining to sexting. Instead of propagating the silence in relation to sexting, stakeholders should be educating adolescents regarding the risks and consequences associated with sexting (Schmitz & Siry, 2011).

3.9.6. Gender considerations pertaining to sexting

Studies which focus on the gender differences pertaining to sexting have found that males in general have more favourable attitudes towards sexting (Lim et al., 2016; Rodriguez-Castro et al., 2017). However, another study revealed that those who usually display favourable attitudes towards sexting usually have less knowledge concerning sexual health, tend to use condoms inconsistently with casual partners, and tend to use alcohol excessively on a weekly basis (Lim et al., 2016).

Regardless of the motives behind sexting, an important point to note is that of the sexual double standard which plays out especially during the adolescent period. In general, it was found that boys who sext usually receive increased social status and gain popularity, while girls are prone to negative name-calling and damage to their reputations (Ringrose et al., 2013). This is in line with what other scholars have found in their research. As claimed by Lippman and Campbell (2014), and Walker et al., (2013), adolescent girls customarily tend to receive more

criticism than their counterparts, should they refuse to sext. On the other hand, boys seem to be regarded in a more positive light if they engage in sexting behaviours.

3.9.7. Legal ramifications associated with sexting

Badenhorst (2011), author of an article entitled *Legal responses to cyberbullying and sexting in South Africa*, states that the relatively new phenomenon of sexting has emerged over recent years, and because it is so unfamiliar to parents, many are unsure of how to prevent and deal with this behaviour. In addition, as specified by Albury and Crawford (2012), very few teenagers seem to be cognisant of the legal repercussions associated with sexting. In general, there appears to be general ignorance pertaining to anti-child pornography laws in South Africa. Sexting explicit sexual images of adolescents under the age of 18 years old is considered to be child pornography, therefore creating and/or distributing of sexting images is considered to be a criminal offence. Parenthetically, a child is described as a person under the age of 18 years old (Constitution of the Republic of South Africa, Act 108 of 1996). For a list of some South African sexting examples which were taken through the criminal justice system (CJS) between years 2006 and 2010, refer to the article by Badenhorst (2011).

Section 19 of the Criminal Law regarding Sexual Offences and Related Matters Amendment Act of 2007 provides guidelines regarding actions which may be taken regarding adolescent sexting. Existing criminal law responses to this phenomenon in South Africa include: (a) crimen injuria; (b) assault; (c) criminal defamation; and (d) extortion.

(a) Crimen injuria

On the authority of Snyman (2003, as cited in Badenhorst, 2011), crimen injuria encompasses the unlawful intentional and serious contravention of the dignity or privacy of another individual. Concordantly, Snyman (2008) states that communicating to another person a message containing sexually implicit or explicit content falls under the criminal offence of crimen injuria (as cited in Badenhorst, 2011).

(b) Assault

From the perspective of Snyman (2008, as cited in Badenhorst, 2011), assault is viewed as any unlawful and intentional act of omission which culminates in an individual's bodily integrity being directly or indirectly damaged; or it causes belief or fear that another individual may immediately harm his/her bodily integrity.

(c) Criminal defamation

According to Snyman (2008, as cited by Badenhorst, 2011) criminal defamation is exemplified as the unlawful and intentional publication of a matter concerning another; consequently, the other person's character is grievously damaged.

(d) Extortion

Accordant with Snyman (2008, as cited in Badenhorst, 2011) extortion can be characterised by one individual lawfully and intentionally obtaining an advantage over another individual pressurising the former person to hand over the advantage. An example could be that a girl/boy pressurises another to hand over an advantage, or else sexually implicit or explicit images or texts would be distributed.

Certain researchers are of the view that formal laws within the criminal justice system should not be seen as a solution for adolescent sexting incidents, as teenagers typically tend not to be discouraged by rules. Badenhorst (2011) does caution that these legal ramifications

may be inappropriate for children under the age of 18 years old though. Rather, she points out that a minor involved in sexting be legally dealt with, with reference to the Child Justice Act (CJA).

3.9.8. Intervention

Accordant with Cohn (2009), the electronic world has transformed the way 21st century adolescents are growing up, as well as changing the skills which caregivers need to help teenagers circumnavigate this world. How then do adults, be they parents or educators, intervene when it comes to sexting?

As a case in point, Scholms-Madlener (2012) conducted a study for her Master's degree in clinical psychology. She made use of 451 adolescents from four upper-to-middle-class private schools in Cape Town. In her study, she points out that it is concerning that adolescents are distributing self-generated sexually implicit or explicit images to individuals whom they know, hence intervention should be aimed at educating adolescents around relational boundaries and personal privacy, rather than evading online strangers. In her study, Scholms-Madlener (2013), 94% of the adolescents reported revelling in the fact that their internet and cellular phone usage was unsupervised. The majority of these adolescents concurred that their parents would most likely be completely oblivious to whether they would be engaging in sexting. Scholms-Madlener (2013) believes that parents and educators should definitely keep abreast with social media, and become more involved in the monitoring of their children's use of social media.

In terms of intervention within a school context, Chalfen (2009) states that educators should be empowered to deal effectively with sexting, and care should be taken not to cause secondary trauma to the individuals involved. Conformable to Hinduja and Patchin (2008), it is vital for all schools (especially secondary schools) to have well-defined anti-sexting policies.

The researcher concurs with Hinduja and Patchin (2008) who argue that school sexting education strategies are imperative. These strategies could encompass assemblies (for information-dissemination); staff development for educators and online resources to be shared with parents via the schools' electronic communicating apps.

In the Scholmns-Madlener (2013) study, 46% of the adolescents reported that they had already received information regarding sexting from the Life Orientation (LO) teachers, and 57% reported that they would want the topic of sexting to be incorporated into future LO classes. This finding is indicative of the value of the LO module taught at schools.

3.10. Approaches to sexuality education programmes taught at schools

3.10.1. The importance of sexuality education taught at schools

On an international scale, a bifurcation exists with regard to how sexuality is taught at schools. Learners are either educated via the abstinence-only programme (AOE) or by means of the Comprehensive Sexuality Education (CSE) model. These are two contradictory curricular approaches. Before discussing the merits and weaknesses allied with each programme, the researcher will take a cursory look at sexuality education in relation to the South African context.

South Africa is a country made up of a vivid tapestry of diverse cultural groups, and in light of this, the task of defining what kind of sexual behaviour is normal in society becomes somewhat challenging (Beyers, 2011). Education, within the South African context, is aiming towards integrating cultures into inclusive settings states Beyers (2011). These multicultural settings place more demands on teachers. Beyers (2011) points out that if sexuality educators are to be viewed as agents of social change, it therefore becomes vital that teachers understand the various views pertaining to culture and sexuality. Education is an influential tool that

touches the majority of learners when they are still at a receptive age. In so doing, it is believed that learners may be transformed to take action and ownership of their sexual choices.

On 19-21 August 2001, a conference on sexuality education was held under the auspices of the former Minister of Education, Kader Asmal. The symposium was entitled *Protecting the Right to Innocence: The importance of sexuality education*. It was reported that the conference turned out to be a fruitful event, which was characterised by a great deal of debate and active engagement amongst stakeholders on sexuality issues and the sexual challenges which South African youth face (Department of Education, 2002); stakeholders being: parents, students, school government bodies; religious leaders; health care professionals; traditional healers; teachers; and trade unions. Kader Asmal said the following: “The importance of sexuality education in acquiring information, and forming attitudes, beliefs, and values about identity, relationships and intimacy should not be downplayed. It is more than teaching young people about anatomy and physiology of reproduction. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Parents, peers, schools, religious communities, the media, friends and partners all influence the way people learn about sexuality” (Department of Education, 2002, p.3). Sexuality education, many would agree, is pivotal for high school learners. The next section will specifically focus on how it is taught at schools.

An extant researcher, Francis (2010), has looked at the topic of sexuality education within the South African school context, and examined it in relation to educational policies which guide sexuality education at schools. Francis (2010) notes that a tremendous amount of emphasis is placed on HIV/AIDS within the LO subject. To give some historical perspective, the LO programme was introduced as a specific learning area within South African schools in the late 1990s (Department of Education, 2002; Rooth, 2005). The reason for this particular

change was because there was a post-1994 shift in education policy to *Outcomes Based Education* (OBE).

In consonance with the Department of Education (2003), LO is a subject which focusses on the study of the self in relation to others and to society. Francis (2010) explains that LO encompasses various components, such as guidance, life skills education, health promotion, physical development and movement, environmental education, citizenship and human rights education and religious education.

The goal of these classes is to essentially create well-balanced and confident learners, who would contribute meaningfully within our South African society. Learners are taught how to solve problems and make informed decisions; in addition, they are equipped to learn how to engage on various levels such as the personal, psychological, physical, moral, motor, etc. The four key areas of focus are personal well-being, citizenship education, recreation and physical activity, and careers and career choices. While various areas are addressed within the domain of physical well-being, one key area within the scope of the aforementioned is to address pubertal changes during adolescence, responsible sexual behaviour, and risky adolescent behaviour (Department of Education, 2003).

Resnicow et al. (2008) add that LO classes allow for effective health promotion, because teachers are able to focus on particular health behaviours, in addition to empowering learners with skills, knowledge, and values which will enable learners to make informed decisions pertaining to health-related conditions. Judging from the aforementioned list in the previous paragraph, it is postulated that LO educators need to be skilled and trained within these diverse fields. It must be added that sexuality education does not exist as a separate subject within the curricula; however, it is a vital element of the ‘personal wellbeing’ part of LO (Francis, 2010).

Schools and teachers are given a significant amount of responsibility and autonomy in respect of implementation of the LO sexuality education programme, which means that the understanding of youth's needs and the approach to teaching it vary considerably (Francis, 2010). In the light of the previous quote, Francis (2010) conducted an investigation into what adolescents actually need from an effective sexuality education programme. One particular author, along with his colleagues, wondered whether current sexuality education programmes sufficiently support adolescents, given that early sexual debut, peer pressure, and a continuous sexually-distorted bombardment of messages in the media tend to influence and shape their emerging sexuality (Giami et al., 2006). Francis (2010) points out that what seems to be quite effective is positive sexuality education, because this type avoids blaming and shaming adolescents about their sexual attitudes and behaviours, and presents a more balanced view of sex, in that while it is enjoyable, it also carries the element of risk.

It must be mentioned that adults sometimes develop erroneous constructions of their adolescent children – as Mitchell et al. (2004) argue, adults construct adolescent *children* in need of protection, rather than as youth who have the right to information vis-à-vis their bodies and sexual matters. Researchers have demonstrated that adolescents are oftentimes viewed as either “innocents” or “knowers” – seeing an adolescent child as an “innocent” who needs to be protected from effective sexuality education may be quite problematic, because the adult is effectively sheltering the adolescent child, and therefore doing him/her a disservice. Therefore, adults need to make a mental shift within their collective minds, and see adolescents as “knowers” – most adolescents would have had exposure to some form of sexuality education from at least Grade 7 already. In a recent study conducted in New Zealand (Allen, 2005), a particular researcher noted that in order for adults to empower adolescents to act appropriately regarding their sexuality, it is imperative to view young people as sexual agents. An argument could be made that adults should not see youth as necessarily sexually active; rather adults

should make a mental shift by not seeing youth as innocent children, needing to be protected from the nefarious dangers associated with sex – adolescents are to be seen as individuals who have the right to sexuality education.

Subsequently, the question needs to be asked: *what kind of sexuality education is effective for adolescents?* If one peruses the literature regarding this topic, it is quite rare for researchers to focus on sexual pleasure, which is one of the positive/affirming qualities of sexual health. Sexuality programmes have traditionally been more negative in focus – concentrating on the possibility of acquiring diseases such as HIV or STIs (Francis, 2010). Added to this, if such kinds of programmes are offered within Christian faith-based schools, the constant barrage of “what the bible says” may eventually also be viewed in an extremely deleterious light. Taking such a narrow view of sexuality education does not adequately meet the needs of adolescents. Aggleton et al. (1998) support this view, and also argue that a more inclusive approach to sexuality education is needed in this day at age. Programmes need to consider the mental, emotional, and social dimensions of sexual health experiences. What is important is that not only is it imperative to teach the content, but one needs to consider the manner in which the sexuality education is conveyed.

In terms of the content, the Department of Education (2003) requires that high school learners be taught the following with regard to sexuality and lifestyle choices: physical, emotional and social changes associated with adolescence; pubertal changes; male and female reproductive systems; primary and secondary sexual characteristics linked with puberty; emotional changes during adolescence; social changes in relation to relationships with family and peers; communication; coping with changes in life; behaviour that could lead to coitus; teenage pregnancy and the prevention thereof; sexual abuse with emphasis on rape; values; and finally skills development (e.g. self-awareness, critical thinking, decision making, problem

solving, assertiveness, negotiation, communication, refusal, goal setting, information gathering).

What is required to be taught is sometimes not translated into reality, as demonstrated in the following case. In Beyers' (2011) study of 13 African LO educators in the Free State, the teachers emphasised that most of the prescribed information pertaining to sexuality is not taught by them. The most commonly cited reasons were that they personally do not feel comfortable with the content, and that as adolescents, they were not educated about sexual matters. This is in line with Helleve et al.'s (2009) view, that South African teachers often refrain from teaching certain sexual content due to it being in direct contradiction with their personal values, beliefs, and comfort zones. In fact, Helleve et al. (2009) contend that many teachers tend to use culture as a veneer for their own insecurities.

In light of South Africa's high HIV/AIDS incidence and prevalence for the youth, it should be quite concerning that many South African educators feel uncomfortable teaching learners to be sexually knowledgeable (Beyers, 2011). Beyers (2011) argues that if teachers continue to feel incompetent or tense about sexual issues, one cannot expect them to deliver sexually assertive adults.

Some LO teachers who recognise the importance of sexuality education. Regarding this, sometimes more emphasis on certain topics is placed, while other topics are simply omitted. Francis (2010) expressed the concern that the need for sexuality education with South African schools has been principally reduced to mean the need for apt information regarding HIV/AIDS. If one considers *The HIV and AIDS Emergency: Guidelines for Educators*, discourses are primarily focused on *disease* (Department of Education, 2000), which is once again an example of simply framing an element of sexuality in the negative. Visser (2005) states that the current sexuality education curricula in South Africa places too much emphasis on the knowledge of HIV/AIDS, and not on the advancement of life skills that would allow

adolescents to develop healthy lifestyles. A strong argument could be made that effective sexuality programmes need to transcend merely emphasising HIV/AIDS-related issues. Broader issues regarding sexuality and relationships are vitally important, and need to be incorporated into the LO curricula.

Francis (2010) conducted research into whether South African schools are appropriate environments where sexuality education can be taught. As almost all young people attend school before engaging in sexual behaviours, it makes schools well placed intervention sites to address sexual matters (Badcock-Walters, 2002; Kirby & DiClemente, 1994). Pragmatically, Giami et al. (2006) argue that while the school environment may not always be ideal, it is the best available option for effective sexuality education. Within the school setting in South Africa, high enrolment rates of adolescents thus provide a vital access point for intervention on sexual and reproductive health (Runhare et al., 2016). Researchers who conducted the previously mentioned third *Youth Risk Behaviour Survey* agree with the aforementioned authors by stating that the school therefore continues to be the ideal venue from which to obtain information about young people and their behaviours as well as to provide young people with behaviour related information and education (Reddy et al., 2013). While scholarly agreement exists within South African literature regarding the schools as sources of sexuality education, the manner and efficacy of these programmes present a different issue. The efficacy of these programmes will be discussed in a later section.

It is averred that if one considers the school environment *not* to be a suitable place to impart sexuality education, the most apparent alternative would be the home environment. However, many parents do not feel comfortable teaching their children about sex (Africa Strategic Research Corporation/The Kaiser Family Foundation, 2002; Goldman, 2008). This is principally evident in the South African context (Francis & Zisser, 2006). As stated in the first chapter, many adults (especially parents) feel uncomfortable with the notion of adolescent

sexuality, and would choose to remain in a state of denial or ignorance (Ashcraft & Murray, 2017). Pursuant to Judge Kate O'Regan, Justice of the Constitutional Court, many adults tend to deny the fact that young people are sexually active. Her reasoning is as follows: the denial may stem from (a) a wish that young people are not sexually active; (b) a religious/moral belief that young people should be sexually abstinent; (c) an ideological commitment to the concept of childhood, which excludes sexuality (Department of Education, 2002). However, whichever the sources of the denial may be, the response to the denial by staying silent about sexuality may exacerbate adolescent sexuality-related problems. While sexuality education seems to be quite challenging to effectively engage in, regardless of our many differences as a South African nation, silence is not the answer to the problem (Department of Education, 2002). As Asmal (Department of Education, 2002) points out, many teachers may choose to remain silent as a way out. However, if adults choose to remain silent, youth are therefore condemned to make their own choices and navigate the complex journey through adolescence without adequate information, without the wise counsel from older individuals, and without having access to role models, who will not only speak about sexuality in the affirmative, but will also caution teens against risks associated with sexuality.

A challenging factor to consider is that parental sexual health knowledge is generally quite poor (Clark et al., 2007 as cited in Farrington et al., 2014), and this reality continues to create a myriad of problems for adolescent youth. Incidentally, some researchers have found that parents generally report high levels of embarrassment, anxiety, and uncertainty regarding their capacity to discuss sexual health issues with their children (Goldman, 2008; Kirkman et al., 2005; Ogle et al., 2008; Walker, 2001). UNICEF (2004) believes that parents tend to shy away from instructing their pre-pubertal children regarding sexual matters, because many think that informing them about sexual matters may actually encourage them to engage in sexual activity. In my own experience with parents, many have communicated to me that beyond the

negative emotions they may feel, they themselves are not adequately knowledgeable on sexual topics.

However, one of the primary apprehensions with regard to the teaching of sexual health programmes at school is that many teachers are not adequately trained; they may simply lack the skills and the knowledge to do what is expected of them (Helleve et al., 2009; Mukoma et al., 2009; Rooth, 2005).

The researcher could personally resonate with a fascinating quote by Kader Asmal: “Facing a group of rambunctious and rebellious teenagers and talking to them about sexuality, about condoms, about penises and vaginas, about orgasms and sexually transmitted diseases is no easy task” (Department of Education, 2002, p. 9). From the researcher’s own perspective, being a *Human Sexuality* lecturer, she personally never had any discomfort with relaying the content to her college-aged students on a tertiary level, however working with teens on a secondary school level is quite different. In the researcher’s experience with running sexuality presentations at high schools for learners from various racial groups, varying SES levels, various religious groups, etc., the common factor always seemed to be adequate crowd control. Obviously, the topic of sex is exciting for many teenagers, in the researcher’s opinion. As the researcher reflected on the vocal gasps, the small group chatter, the many questions, the giggles and laughter, the general noisiness, and the non-verbal expressions on many of the teenagers’ faces, she realised that teens are most likely not receiving adequate information, whether from LO teachers, from parents, or from community leaders. Not every teacher may feel fully comfortable teaching sexual content as the researcher is; in fact, they may experience various other reasons for their discomfort.

There are numerous reasons as to why teachers oftentimes feel uncomfortable talking about sexual matters with learners. Some of these include (a) teachers thinking that talking about sex may actually encourage sexual activity; (b) fear of parents accusing them of the

aforementioned; and (c) parents feeling that learners are too young to be exposed to sexually inappropriate material (Jewkes, 2009). Pursuant to Mukoma et al. (2009) many teachers feel comfortable keeping a professional distance between themselves and their learners. However, other researchers have argued that this approach does not allow for learners and teachers to have frank conversations regarding sexuality (Aggleton & Campbell, 2000; Helleve et al., 2009).

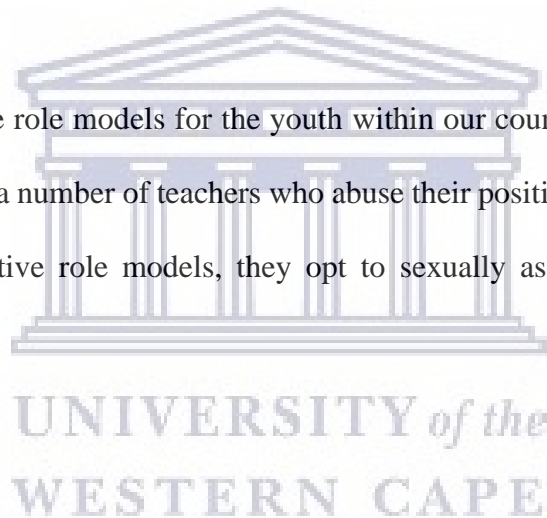
Developing adolescents are constantly at risk of becoming enmeshed in negative behaviours, such as those highlighted in the YRBS of 2011. What may mitigate against falling victim to such negative behaviour may be the influence of role models in their lives. Thus, the importance of role models such as teachers and parents cannot be overemphasised, argues Beyers (2011). LO teachers and parents need to transcend whichever reasons impede them from openly discussing sexuality matters with adolescents.

What could create a further problem with sexuality education in schools is the possible change that the DBE might make to the curriculum for high school learners in upcoming years. In 2015, Angie Motshekga, Minister of Basic Education, appointed the History Ministerial Task Team (HMTT) which took three years to deliberate. As of 2023, it has been decided that History will be a compulsory subject until Grade 12 (Report of the History Ministerial Task Team for the Department of Basic Education, February 2018). It is well-known that LO is presently a requirement for all high school grades, but the HMTT has suggested that LO be removed from the curriculum, and replaced with History as of 2023. Thus, LO will be taught only in Grades 8 and 9, and as from Grade 10 onwards, all learners will be required to take History (Eye Witness News, June 2018). As highlighted already, many adolescents become sexually active when they reach the higher grades, thus one has to consider the long-term implications of removing LO from the curriculum, in terms of no longer having a structured system whereby sexuality education can be accessed.

Teaching sexuality education, especially in the context of Christian faith-based schools, requires that imparting information be value-laden. Transmitting values though is not synonymous with ‘preaching morality’ (Department of Education, 2002). For many years, the researcher has listened to the *Focus on the Family* podcasts, and one axiom by the prominent author and Christian psychologist, Dr James Dobson, has oftentimes been accentuated oftentimes on the programmes: *Values are often caught, not taught*. This adage seems to relate well with what Kader Asmal argues regarding sexuality education being taught through the lens of values. There are several ways, he argues, in which values may be transmitted viz. through role models and through encouraging frank discussions:

(a) Role models

Setting positive role models for the youth within our country is imperative. There are regrettably a number of teachers who abuse their position of power, and instead of setting positive role models, they opt to sexually assault or sexually harass learners.



(b) Frank discussions

A second way of nurturing values amongst the youth is to encourage frank discussions. A child who is able to articulate fears, concerns, and facts about his/her life without fearing being judged by adults especially, will grow up to be tolerant and respectful.

Next, two major contemporaneous models of sexuality education utilised at schools, both on a national as well as an international level will be discussed.

3.10.2. Abstinence-only education

Abstinence-only education (AOE) focusses on abstaining from any kind of sexual activity outside the marriage context, and is the expected standard for all school age children. These programmes also go by alternative names, such as Abstinence-only until marriage (AOUM) programmes; Sexual Risk Avoidance (SRA) programmes; and Abstinence-centred education (ACE) programmes. These types of programmes promote complete abstinence, which is considered to be the only morally correct option pertaining to sexual expression in adolescents (Advocates for Youth, 2009). Kim and Rector (2008) aver that AOE programmes provide children/adolescents with valuable life skills and decision-making skills, which are meant to form the basis of being a responsible person – one that will be ready for future relationships, including marriage. Hence, the goal of AOE programmes is to place emphasis on future-oriented goals. In addition, these programmes also promote religious values, which can be seen as quite beneficial for the young person. The latter two benefits are shown in *Figure 5*, however, as will be discussed shortly, this type of programme has serious pitfalls.

Within the South African context, there has been a shift from the AOE programme to the CSE programme, because many individuals have recognised the limitations associated with the former type.

As maintained by Starkman and Rajani (2002), AOE programmes are restrictive in nature. In these programmes, basic information relating to sexual health, puberty, reproduction, pregnancy, and STIs are generally excluded from the programme; the proponents of this type of programme firmly believe that sexual abstinence until marriage is the only option for adolescents. A major limitation regarding this programme is that it is myopic in nature; it fails to take into account that some adolescents are sexually active and may consequently suffer from unintended ramifications related to having unprotected sex. Hence, an AOE programme does not adequately prepare youth for plausible unintentional consequences of engaging in sexual activity.

Another limitation of the AOE programme is that it is taught through moral injunctions, thereby silencing adolescents on deeper discussions regarding sexuality (Pattman & Chege, 2003). As an illustration, in one particular South African study, when taught through the avenue of a moral framework, many LO teachers limited their lessons to a medical ‘discourse’ – whereby firm emphasis was placed on exaggerated negative health risks. Sex would also be framed as something which is scary, and which would definitely lead to disease and death (Francis & Depalma, 2014).

Yet another limitation of the AOE programme is that it does not provide a holistic approach regarding sexually-transmitted infections. Instead of it being presented in a neutrally informative manner, scare tactics are oftentimes employed.

To illustrate how the limitations of the AOE programmes manifest, Francis and Depalma (2013) conducted a study on South African teachers’ perspectives of this particular approach to sexuality education. They interviewed 25 LO teachers of Grades 10 and 11 learners. Interestingly, while all of these teachers recognised that many of their learners were sexually active, all 25 LO teachers strongly advocated for the AOE programme. In this study, a few teachers recognised the value of safe sexuality education, but the majority advocated

teaching abstinence. Francis and Depalma (2013) found that these teachers had erroneous beliefs, such as imparting sexual knowledge to adolescents leads to sexual activity. In essence, in their minds, they believe that exposure to sexual knowledge condones sexual behaviour in adolescence. Few of them also pointed out the importance of using scare tactics. As was shared by certain teachers, the goal was to scare the learners using offensive pictures, in order for them to be turned off from sex completely. “For many teachers, good sexuality education is based on negativity, scare tactics and pathologisation, all of which have been identified in the professional literature as obstacles in the delivery of good sexuality education” (Allen & Carmody 2012; Jolly 2007, as cited in Francis & Depalma, 2014, p. 7).

Figure 8 demonstrates a conspectus of the benefits and weaknesses affiliated with traditional AOE programmes.

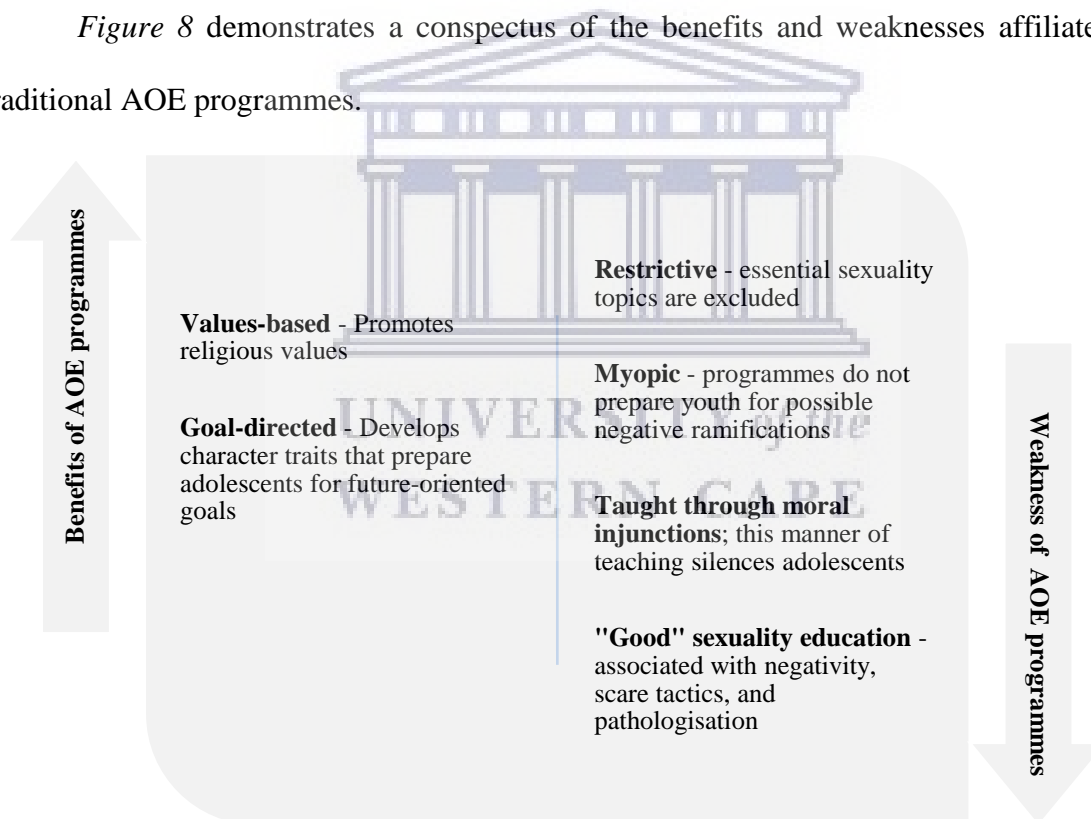


Figure 8. Benefits and weaknesses of the AOE programme

3.10.3. Comprehensive sexuality education (CSE)

Conformable to the Department of Basic Education (2019), CSE was firstly launched in South Africa in the year 2000. It was woven into the Life Skills and Life Orientation subjects, for Primary School and High School learners respectively, and the aim was to make certain that South African learners do not receive perplexing and fallacious messages regarding sexuality. Thus, CSE has been in existence for approximately 20 years. As per the Department of Education (2019), scientifically accurate information is relayed via CSE, ultimately empowering young learners with positive values and attitudes which are needed to assist them with the safe navigation from adolescence to adulthood.

Individuals who promote CSE recognise that many adolescents are (or will become) sexually active; in light of this, CSE programmes tend to address issues such as contraception and STI-prevention (Kirby, 2008; Lesko, 2010; Starkman & Rajani 2002). The CSE model is a prevention strategy with the goal of providing adolescents with medically accurate information regarding contraceptives and condoms, but also to promote sexual abstinence amongst youth (Eisenberg et al., 2008). Essentially, the aim of CSE is to empower the youth to gain knowledge and skills which will inform conscious, healthy and respectful choices regarding relationships and sexuality. The approach to relationships and sexuality education should be age-appropriate, culturally-relevant, and rights-based. Issues of gender and power imbalances are also addressed through the CSE programme (Department of Education Draft Policy on the Prevention and Management of Learner Pregnancy in Schools, Department of Education, June 26, 2018, p. 5).

Eisenberg et al. (2008) mention that currently, there is growing evidence which exists regarding the effectiveness of Comprehensive Sexuality Education programmes (Bleakley et al., 2006; Constantine, Jerman, & Huang, 2007; Ito et al., 2006). Proponents of CSE believe

that young people who are empowered with suitable sexual information would be better prepared for their coitarche.

Farber (2003, as cited in Sherr & Dyer, 2010) adds an interesting view regarding CSE programmes, stating that these programmes have both sexual and nonsexual antecedents. This author alerts us to the fact that sexual antecedents refer to particular attitudes and beliefs about sex, information regarding birth control and childbearing, confidence in being able to act on their sexual preferences, and finally developing actual skills in dealing with sexual situations. Contrarily, Farber (2003) points out that nonsexual antecedents tend to focus on setting goals for the future, developing the assets and capacities of adolescents to adequately meet their goals, and helping teens develop healthy family and peer relationships. “Taken together, comprehensive programs focus on developing communication skills, articulating personal goals, and giving the reasons and the support to choose abstinence until marriage” (Farber, 2003, as cited in Sherr & Dyer, 2010, p. 30). Proponents of the CSE programmes believe that sexual abstinence is actually best, however, if adolescents make the decision to become sexually active, that contraception/protection should be utilised at all times.

According to the recent DBE Draft National Policy on the Prevention and Management of Learner Pregnancy in Schools (2018), every single learner within South Africa has the right to quality CSE from the end of the primary schooling phase and throughout the high school phase. This information should be sensitive to the children’s age, gender, culture, faith, language and context, so that adolescents are empowered to make informed decisions regarding sexual health and safety.

If one peruses the content to be covered within the LO classes, it is clear that the South African curriculum is in favour of the CSE model, rather than the AOE model when it comes to sexuality education. Pursuant to the Department of Education (2003), high school learners are supposed to have the following topics covered vis-à-vis sexuality and lifestyle choices:

-
- Concepts: puberty, adolescence, physical, emotional and social changes.
 - Phases of development – adolescence is one of many changes across the lifespan.
 - Male and female reproductive systems.
 - Physical changes: hormonal changes, increased growth rates, bodily proportions, secondary sex characteristics, primary changes in the body (menstruation, ovulation and seed formation), skin problems, changing body needs during puberty.
 - Emotional changes: maturing personality, depth and control of emotions, feelings of insecurity, changing needs, interests, feelings, beliefs and values, sexual interest.
 - Social changes: relationships with family, ‘crushes’, interaction with social groups, need for acceptance by and dependence on peer group, moving into the workforce, increased responsibilities.
 - Individual reactions to change: positive and negative.
 - Coping with change: importance of communication, making friends.
 - Behaviour that could lead to sexual intercourse.
 - Teenage pregnancy and the prevention thereof, sexual abuse, rape.
 - Values such as respect for self and others, self-control, loyalty in a relationship, right to privacy, right to protect oneself, right to say ‘No’, taking responsibility for own actions.
 - Skills such as self-awareness, critical thinking, decision making, problem solving, assertiveness, negotiation, communication, refusal, goal setting, information gathering (Department of Education, 2003).

Hence, ultimately the aim of CSE is to create an atmosphere in the school system, whereby teachers will be living examples of the values enshrined in the curriculum and where teachers are viewed as trusted and accessible sources of advice on individual problems related

to sexuality (Department of Education, 2002). However, one needs to ask whether this is reflected in reality.

If one reads the history of CSE within the South African context, one would discover that the Department of Basic Education (2019) developed Scripted Lesson Plans (SLPs) in 2015. These were specifically developed with the purpose of strengthening CSE in schools. At the present time, CSE is being pilot tested in five provinces in South Africa i.e. Free State, Gauteng, Kwa-Zulu Natal, Mpumalanga, and the Western Cape – all of the provinces with the highest HIV infections. The SLPs are learner and teacher support materials; they have been designed in such a way to systematically address all vital topics with respect to sexuality. The DBE (2019) clearly states that the SLPs are designed in such a way so that learners can discuss matters that could otherwise be found to be awkward. The SLPs has a description of each activity; it explains the materials needed for the activity; the length of time required to complete each activity; and the most essential points which need to be accentuated in the lesson.

Eisenberg et al. (2008) conducted a study in America on the perspectives of parents of adolescent learners with regard to the CSE model. In their sample, 1 605 parents of white and non-Hispanic descent completed a telephonic survey. The majority of participants in this study identified themselves as being Christian, and most of their children attended government schools in Minnesota. With regard to what they believed adolescent learners should be taught in school, 89,3% were in favour of teaching both abstinence as well as alternative strategies for pregnancy prevention. Only 10% of participants in this study favoured AOE education, while a very small percentage maintained that sexuality education should not be taught in schools at all (0.9%). This study also revealed that many of the parents supported the inclusion of specific sexuality topics such as reproductive anatomy (98.6%), parenting responsibilities (95.9%), sexual orientation (66.6%) and abortion (63.4%).

Despite demonstrating the ability to help youth delay the onset of sexual activity, reduce frequency and number of sexual partners, and increase condom and contraceptive use, such programmes continue to come under attack by supporters of abstinence-only education (Advocates for Youth, 2000). For example, *Freedom of Religion South Africa* (FOR SA) has been an example of an organisation vehemently opposed to the “graphically explicit” lesson plans, this organisation opines. The president of the South African Teacher Union (SAOU), Chris Klopper, also added his objection, stating that the CSE material is “grossly insensitive” and petitioned for all teachers who object to CSE to boycott the new SLPs (Mamacos, 2019, *Are the new Comprehensive Sexuality Education lesson plans really too much?* Parent24.com).

Towards the latter part of 2019, CSE received a great deal of attention in South African media. Eventually, on the 13 November 2019, the DBE released a statement to the media, whereby CSE-related myths were dispelled. In addition, the DBE briefly explained the introduction of the SLPs into the curriculum, why CSE is necessary to be taught in all South African schools, and that the pilot phase of CSE is underway. It was also mentioned that no new content was added to the curriculum since the year 2000.

It appears as though quite a bit of misinformation exists regarding CSE, therefore it is essential to demystify some of the prevailing misconceptions associated with CSE:

Myth 1: CSE encourages adolescents to have sex.

Fact: Research establishes that CSE programmes play a role in delaying sexual initiation in adolescence (Alford et al., 2011; Collins et al., 2002; Family Watch International, 2011; Guttmacher Institute, 2005; Kirby, 2008). For the youth who are already sexually active, CSE programmes have been efficacious in lessening the frequency of sexual intercourse, the number of sexual partners, and assisting adolescents with making use of contraceptive measures (like condoms) more consistently (Alford, et al., 2011; Collins, et al., 2002; Guttmacher Institute, 2005).

Myth 2: CSE programmes undermine parental authority (Slater, 2011).

Fact: Research demonstrates that the majority of parents actually support CSE programmes which are taught at school (Bleakley et al., 2006; Constantine et al., 2007; Eisenberg et al., 2008; Mturi & Hennick, 2005; United Nations Educational, Scientific, and Cultural Organisation [UNESCO], 2009). One particular study conducted in Lesotho revealed that the parents felt that the school could offer higher quality sexuality education than what they were offering (Mtui & Hennick, 2005).

Myth 3: CSE programmes disregard values/morals (Concerned Women for America, 2007).

Fact: CSE programmes incorporate values and are culturally-sensitive (Family Watch International, 2011; UNESCO, 2009). Values which are stressed through CSE are respect, acceptance, tolerance, equality, empathy, and reciprocity. These are all linked to universal human rights. CSE programmes allow for adolescents to clearly define their own values, as well as those of their families and communities (UNESCO, 2009).

Myth 4: CSE teaches young children the mechanics of sex (Wright, 2011).

Fact: Age-appropriate and developmentally appropriate information and skills are imparted, which lay the foundation for empowered youth to make more informed decisions when they do eventually become sexually active (Kirby, 2008; Alford et al., 2011; UNESCO, 2009). Thus, as children move from a lower grade to a higher grade, CSE programmes are aimed at building young people's knowledge and skills as they mature. No CSE programme provides actual information concerning *how* to have sex (Advocates for Youth, 2000).

While taking a cursory look at social media and news media sites, one can easily conclude that CSE generally receives negative attention in South African media. A search on the CSE topic on *News24.com* and *Parent24.com* yielded 18 articles for the period October

2019 to January 2020. The following table will highlight the major theme extracted from each article, and will report on whether the overriding message per article either views CSE positively or negatively.

Table 3.13

Analysis of media reports vis-à-vis CSE (October 2019 – January 2020)

| <i>Article Title</i> | <i>Source</i> | <i>Date</i> | <i>Author</i> | <i>Connotation</i> |
|--|---------------|------------------|---------------------|--|
| Leaked 2020 Life Orientation curriculum has educators up in arms over “grossly-insensitive” sexuality education material | Parent24.com | 29 October 2019 | Lesley-Ann Johannes | Negative “Leaked content includes... a seven step illustrated depiction of how a female condom should be correctly placed - for Grade 9 learners.” |
| Are the new Comprehensive Sexuality Education lessons really too much? | Parent24.com | 30 October 2019 | Elizabeth Mamacos | Positive “The provision of sexuality education will equip learners with the knowledge and life skills that will empower them to make informed decisions addressing concerns raised.” |
| “It’s sex; get over it”: South Africans responded to leaked 2020 sexuality education curriculum | Parent24.com | 30 October 2019 | N/A | Negative “Teachers will be teaching porn to our kids.” |
| Should sex ed be left to parents? | Parent24.com | 31 October 2019 | Elizabeth Mamacos | Positive “Education is essential for them to make healthy choices.” |
| Parents can opt out of new CSE lessons says DBE minister | Parent24.com | 12 November 2019 | N/A | Positive “DBE supports teachers to provide seamless delivery of CSE lessons.” |



Want to opt out of sex ed classes? Private or home school are your only options it seems

Parent24.com 12 November 2019 N/A

Neutral

“CSE does not sexualise children” – DBE addresses specific concerns raised on new CSE lessons

Parent24.com 13 November 2019 N/A

Positive

Table provided by DBE addressing concerns raised.

#LeaveOurKidsAlone: Leader of anti-sex ed group says they’ll bring the country to a standstill.

Parent24.com 13 November 2019 N/A

Negative

“The group called #LeaveOurKindAlone, offers more than a place for people to express their disapproval of the new CSE lesson plans. The group is calling for a total ban on all forms of sexuality education in schools.”



See for yourself: The Comprehensive Sexuality curriculum is here.

Parent24.com 14 November 2019 N/A

Negative

“FOR SA published ‘leaked content from the new scripted lesson plans, and social media erupted as concerned parents expressed their shock and disgust at the graphically explicit content that teachers were supposedly mandated to teach pupils Grades 4 to 12.”

“It’s freaking awesome”: This mom welcomes the new CSE lesson plans

Parent24.com 15 November 2019 N/A

Positive

“Not all see the idea of school-led sex ed as a bad thing.”

Fake news hurting debate on

Positive

| | | | | |
|---|--------------|------------------|-------------------|--|
| Comprehensive Sexuality Education | News24.com | 17 November 2019 | Jenna Etheridge | <i>“False reporting by some media organisations and fake news have created unnecessary confusion and anxiety amongst parents in particular.”</i> |
| Q&A with Dr Eve: Local sex expert answers our questions about the new CSE lesson plans | Parent24.com | 22 November 2019 | Anneline Hlangani | Positive <i>“Educators need to receive adequate training about how to teach sexual education... Teachers need to be more equipped to do this.”</i> |
| The CSE lesson plans are factual and necessary, says this parent | Parent24.com | 26 November 2019 | N/A | Positive <i>“Well researched and balanced guidelines for sexuality education.”</i> |
| Leader of anti-sex ed group says government is sexually harassing children | Parent24.com | 27 November 2019 | Anneline Hlangani | Negative <i>“CSE does not belong in the classroom.”</i> |
| Comprehensive Sexuality Education addresses gender-based violence, HIV infections, and leaner pregnancy | News24.com | 28 November 2019 | N/A | Positive CSE infographics supplied. |
| Does sexuality education in childhood harm people into adulthood? A psychologist weighs in on sex ed at schools | Parent24.com | 2 December 2019 | Elizabeth Mamacos | Positive <i>“Sexuality education, when delivered thoughtfully and informatively equips children to manage their sexuality, and shields them against the false information they hear from their young friends.”</i> |

| | | | | |
|--|--------------|------------------|-------------------|--|
| Basic Education Minister guarantees disciplinary action against teachers who refuse to teach sex ed | Parent24.com | 12 December 2019 | Anneline Hlangani | Positive “Support mechanisms have been put in place to ensure (that) teachers are equipped to teach CSE.” |
| South Africa must embrace sexuality education | News24.com | 22 January 2020 | Thabelo Molefi | Positive “Knowledge is power... if our learners are armed with the correct information, they can face challenges like infectious diseases and unwanted pregnancies head on.” |

After reviewing the 18 articles posted on the popular media sites *News24.com* and *Parent24.com*, it was discovered that one article had a neutral view of CSE; five articles viewed CSE in a negative light, and 12 articles viewed CSE in a positive light. It must be pointed out that these articles were not sourced from credible academic databases. The majority of the articles which framed CSE in a positive light made reference to individuals within the professional field of psychology. The remaining six articles which framed CSE in a negative light were very opinionated, based either on the positions of ordinary parents, the lobby group FOR SA, or from those individuals driving or supporting the agenda of the hashtag movement #LeaveOurKidsAlone. The aforementioned movement was created in the latter months of 2019 by Des Bernado and Lauren Evanthia Bernado on the social media platform, *Facebook*. Des Bernado is a father, husband, speaker, and South African survivor contestant, as per information on his *Facebook* account. Lauren Evanthia Bernado is a wife and mother; she has a background in politics. Conformable to the information on their *Facebook* homepage, the group was established for parents, teachers, principals, and schools, who object to the teaching of CSE, and who are actively advocating for it to be *entirely* removed from the curriculum. As

of mid-February 2020, the group had approximately 137 400 members. The group firmly believes the CSE does not belong in the classroom. They purport feelings of *shock* and *disgust* at the *graphically explicit content* which teachers are supposed to teach in LO classes. However, as reported by news journalist Jenna Etheridge (2019), several media organisations were *intentionally* circulating graphically explicit pictures which were ostensibly in the CSE curricula. As a result of the counterfeit information and images going viral on social media, much anxiety and confusion were created amongst parents and teachers. The DBE has distanced itself from these fake pictures, and at the end of 2019, in the spirit of transparency, openly shared the *Learner Books* and *Educator Guides* for Grades 4 to 12 on the internet. The DBE (2019) also responded to erroneous information and images which were circulating wildly in November 2019, and openly addressed concerns raised; this information was endorsed by rigorous scientific research, the emphasis being on *scientific*. The DBE (2019) has cautioned individuals to be careful regarding *fake information* and *fake images* on the internet, as this does not form part of the current CSE curriculum. In fact, it is always wise to always get factual information from reliable sources. As mentioned already, the DBE has uploaded the Learner Books and Educator Books onto their website in late 2019, and the following table illustrates a compendium on the CSE curriculum within the South African context:

Table 3.14*Content covered in CSE learner books and educator guides*

| Grades | Length of Learner Books | Length of Educator Guides | Topics (Scripted Lesson Plans) |
|---------------|--------------------------------|----------------------------------|--|
| 8 | 69 pp | 153 pp | Lesson 8.1 Setting goals and reaching your potential; Lesson 8.2A Healthy and unhealthy messages about our gender; Lesson 8.2B Healthy and unhealthy messages about our gender; Lesson 8.3 Making healthy sexual choices and knowing your limits; Lesson 8.4 Sexuality is more than sex; Lesson 8.5 What young adults need to know about STIs and HIV and AIDS; Lesson 8.6 Your risk for STIs, HIV and AIDS and pregnancy; Lesson 8.7 HIV and AIDS and stigma; Lesson 8.8 The art of saying: “No, thanks” |
| 9 | 102 pp | 209 pp | Lesson 9.1 Setting goals and reaching your potential; Lesson 9.2 Safer sex: Hormonal contraception; Lesson 9.3 Safer sex: Using condoms; Lesson 9.4 Barriers to condom use; Lesson 9.5 One partner at a time; Lesson 9.6 Using sexual and reproductive health resources in the community; Lesson 9.7 Are you ready for parenthood?; Lesson 9.8 Sexual consent; Lesson 9.9 Power and control in relationships; Lesson 9.10 Condoms: Being assertive and staying protected; Lesson 9.11 Consolidating intentions for Grade 9 |
| 10 | 119 pp | 222 pp | Lesson 10.1 Developing my self-confidence; Lesson 10.2 Understanding power. Getting to share it; Lesson 10.3 Gender, equality and healthier relationships; Lesson 10.4 Social and environmental justice: we can make a difference; Lesson 10.5 My changing life roles and life goals; Lesson 10.6 Understanding sexual interest; Lesson 10.7 Our choices, our decisions; Lesson 10.8 I know what I want; Lesson 10.9 Consent, rape and taking action |
| 11 | 98 pp | 179 pp | Lesson 11.1 My priorities and life goals; Lesson 11.2 Healthy relationships: choosing the right influences; Lesson 11.2 Healthy and unhealthy relationships and the media Lesson 11.4; Living a balanced lifestyle, staying in control; Lesson 11.5 Understanding the consequences of risky behaviour; Lesson 11.6 Positive role models; Lesson 11.7 Gender, power and violence; Lesson 11.8 Rape – Prevention, support and change; Lesson 11.9 Taking action against abuse |

| | | | |
|----|-------|--------|--|
| 12 | 62 pp | 114 pp | Lesson 12.1 Our needs and our rights, taking action; Lesson 12.2 Human factors affecting our health – and what we can do about them; Lesson 12.3 STIs: protecting ourselves, protecting our future; Lesson 12.4 Looking ahead: my personal protection plan |
|----|-------|--------|--|

In light of what was discussed on the previous pages, the CSE programme definitely seems to outweigh the AOE programme. To conclude this section, the basic differences between these two programmes will be underscored, and as can be seen in the ensuing table, it can be argued that CSE has more merit than the AOE programme.



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Table 3.15

Juxtaposition of CSE and AOE programmes to teaching sexuality

| <i>Comprehensive Sexuality education</i> | <i>Abstinence-Only Education</i> |
|---|---|
| <ul style="list-style-type: none"> • Teaches that sexuality is a natural, normal, healthy part of life • Teaches that abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted diseases, including HIV • Provides values-based education and offers students the opportunity to explore and define their individual values as well as the values of their families and communities • Includes a wide variety of sexuality related topics, example human development, relationships, interpersonal skills, sexual expression, sexual health, society and culture • Includes accurate, factual information on abortion, masturbation, and sexual orientation • Provides positive messages about sexuality and sexual expression, e.g. benefits of abstinence • Teaches that proper use of latex condoms, along with water-based lubricants, can greatly reduce, but not eliminate, the risk of unintended pregnancy and of infection with sexually transmitted diseases including HIV • Teaches that consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy • Includes accurate medical information about STDs, including HIV; teaches that individuals can avoid STDs • Teaches that religious values can play an important role in an individual's decisions about sexual expression; offers students the opportunity to explore their own and their family's religious values • Teaches that a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, or carrying the pregnancy to term and placing the baby for adoption, or ending the pregnancy with an abortion | <ul style="list-style-type: none"> • Teaches that sexual expression outside of marriage will have harmful social, psychological, and physical consequences • Teaches that abstinence from sexual intercourse before marriage is the only acceptable behaviour • Teaches only one set of values as morally correct for all students • Limits topics to abstinence-only-until-marriage and to the negative consequences of pre-marital sexual activity • Usually omits controversial topics such as abortion, masturbation, and sexual orientation • Often uses fear tactics to promote abstinence and to limit sexual expression • Discusses condoms only in terms of failure rates; often exaggerates condom failure rates • Provides no information on forms of contraception other than failure rates of condoms • Often includes inaccurate medical information and exaggerated statistics regarding STDs, including HIV; suggests that STDs are an inevitable result of premarital sexual behaviour • Often promotes specific religious values • Teaches that carrying the pregnancy to term and placing the baby for adoption is the only morally correct option for pregnant teens |

Note. Advocates for Youth (2009) – Source

3.10.4. Factors influencing sexuality education

Sexuality education is influenced by a constellation of factors, as will be discussed shortly. Hence, those in charge of initiatives to enhance sexuality education at South African schools need to take cognisance of salient contextual factors, such as: culture and religion; gender; age; SES; orphanhood; disability; and sexual orientation. South Africa is not a homogenous society; individuals differ by all of the aforementioned characteristics. The pillar of the South African democracy is the *Bill of Rights*, which is a document that details the fundamental rights which every South African has. According to the South African Human Rights Commission (2016), all South Africans have the right to equality. Otherwise stated, every South African should be treated equally. The Bill of Rights explicitly states that individuals should not be discriminated against based on race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, or birth.

(a) Culture and religion

It is well known that culture and religion are channels of values being transmitted from one generation to the next. Hence, the role of traditional leaders and religious communities becomes essential to the response to youth sexuality. In addition, gender also greatly shapes sexuality. Power relations still continue to be uneven between the genders. Unequal power relations impacts what is considered to be acceptable in relation to sexuality, but also impacts how sexuality is experienced between the genders (Department of Education, 2002). If one reflects back to Chapter 2, it was stated that boys and girls in South Africa in particular are growing up with mixed messages when it comes to sexuality. To review again, a polarising societal belief, known as the Sexual Double Standard (SDS), refers to the concept whereby females are judged more harshly with regard to comparable sexual behaviour. Linked to the SDS is the idea that males

in general should be allowed more sexual freedom (Crooks et al., 2021). From the latter statement, it is clear that boys and girls in today's society are still treated very differently. Incidentally, sexual double standards are even applied within the South African classroom/school context. The Department of Education has a policy regarding pregnant teenaged girls and stipulations exist as well for boys who impregnate girls. In reality, the fact remains that girls oftentimes are forced to drop out of school. On the other hand, boys who impregnate girls do not suffer from the same social sanctions, i.e. they are allowed to remain in school. These types of double standards are symptomatic of teachers, education authorities and the larger community having different attitudes and anticipations, regarding boys and girls (Department of Education, 2002).

(b) Age

Age plays an important role in sexuality. Early sexual debut has been found to be linked to psychological problems amongst adolescents; it also impedes normal healthy development of these individuals. A concerning factor within the South African context is the practice of intergenerational sex, which often translates into sex between older men and younger girls. Research indicates that this is a common way in which HIV may be transmitted, which obviously means that the sexual health of many young women is at risk (Department of Education, 2002). Strebel et al., (2013) conducted research into the phenomenon in the Western Cape known as 'taxi queens.' Their research underscores the transactional nature of relationships among young girls (i.e. 'taxi queens') and older taxi drivers (i.e. the 'sugar daddies'). Within the public transport industry, certain young girls from poor communities may, due to their circumstances, choose to exchange sex for material benefits from taxi drivers – material possessions being cell phones, clothing items, money, cigarettes, alcohol, and drugs

especially crystal methamphetamine. Poverty is of course one strong motivating force which drives some girls towards these kinds of relationships. However, other factors could be girls being attracted to the status of the relationship, and also having their emotional needs met. In consonance with a number of authors, there seems to be ubiquitous stigmatisation of taxi queens, however little social stigmatisation seems to exist for taxi drivers (Potgieter et al., 2009; Van Wiering, 2004). In their research, Strebel et al., (2013) highlight how normative gender roles in women dictate that they should be passive and sexually submissive; the sexual double standard is also mentioned, which additionally contributes to the inequitable negotiation in sexual relations (Reddy & Dunne, 2007; Shefer & Foster, 2009, as cited in Strebel et al., 2013). If one refers back to Chapter 2, the researcher discussed the sexual socialisation theory at length. The aforementioned example of the ‘taxi queen’/ ‘taxi driver’ transactional relationship highlights the traditional sexual script and the sexual double standard in a very real way within a local South African context. Interestingly, in Strebel et al.’s (2013) qualitative study, researchers conducted 13 focus groups within the Cape Town Metropole and the southern Cape region. The general message which seemed to be a dominant theme was a strong judgmentalism directed at the taxi queen, while a tolerance seemed to exist for the taxi driver.

(c) Socioeconomic status

Another South African reality is the issue of poverty in relation to sexuality. In order to survive, oftentimes children in poor communities may exchange money for sex. Poverty is often also coupled with a lack of information and education; consequently, children’s vulnerability to sexual exploitation and abuse are also enhanced (Department of Education, 2002).

(d) Orphanhood

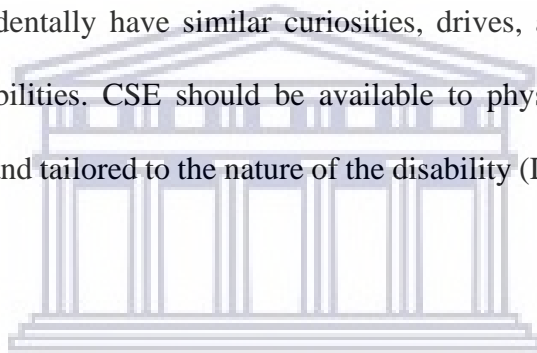
Orphans are often the forgotten children within society. They may be vulnerable to sexual exploitation and abuse, and they may lack role models, who can adequately guide them regarding sexual matters. Sexuality programmes for this particular target group need to not only focus on sexuality education, but also should include survival skills and social development (Department of Education, 2002).

(e) Disability

It is said that sexuality programmes do not adequately cater for the needs of disabled children, who incidentally have similar curiosities, drives, and physical interests as children with disabilities. CSE should be available to physically and intellectually disabled children, and tailored to the nature of the disability (Department of Education, 2002).

(f) Sexual orientation

The South African Constitution espouses non-discrimination on the basis of sexual orientation, and in line with the constitution, the Department of Education supports acceptance of individuals, irrespective of sexual orientation, HIV status, race or gender. Education materials should highlight diversity and promote its acceptance According to the Department of Education (2002). However, a reality is that society's dominant view regarding sex is that all sexuality should be heterosexual in nature, and other kinds maligned.



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3.10.5. Towards a multi-sectorial response to sexuality education

All attendees of the Kader Asmal conference discussed earlier concurred that sexuality should be taught by adults, so that appropriate norms and values are effectively transmitted. However, it was agreed upon that this process of learning should be a partnership between children and adults, instead of a one-dimensional partnership.

In order to adequately prepare the youth to make informed sexual choices, a multi-sectorial response to sexuality education is required. Partnerships between various stakeholders in South African society need to be created. Research adduces that knowledge alone does not cause individuals to change their behaviour. For example, poverty and gender inequality have been shown to be disabling factors, restricting individuals from acting on knowledge. The Department of Education (2002) has adopted various policies and programmes to better equip children to cope with their challenges, but the implementation of these policies remain challenging, and hence there is an urgent need for a multi-sectorial response to sexuality education, as illustrated in the following figure:

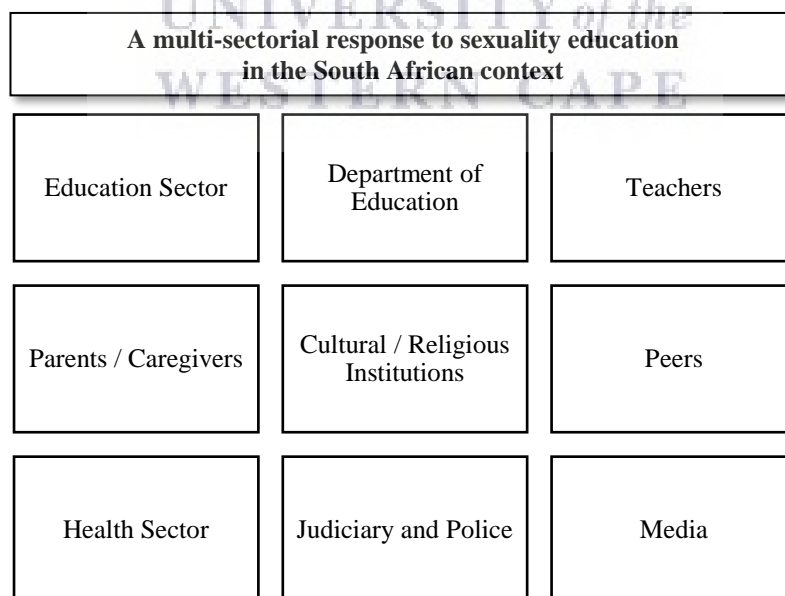


Figure 9. A multisectorial response to sexuality education in the South African context

3.11. Conclusion

In the final exposition of the literature review, various risky sexual behaviour of South African adolescents was discussed. Adolescent pregnancy; adolescents and HIV/AIDS; and adolescents in relation to STIs were topics which were discussed at length. As was highlighted in this chapter, many South African youths do become involved in risky sexual behaviour, and consequently fall victim to the ramifications which result from their choices, be it acquiring HIV or an STI, or possibly impregnating someone or falling pregnant. The topic of sexting was also addressed in the literature review. There is a paucity of scholarly research into the prevalence and effects of sexting within South Africa. Chalfen (2009) is of the view that sexting may not receive noteworthy academic attention within South Africa, because it may not be considered to be a legitimate research topic. However, as was discussed in the literature review, the psychosocial, educational, and legal ramifications pertaining to sexting calls for other researchers to further delve into this burgeoning research area.

In addition, two key approaches to sexuality education programmes taught at schools were explicated i.e. the Abstinence-Only Education programme and the Comprehensive Sexuality Education programme. Francis (2010) argues that in order for sexuality programmes to be effective, all sexual content should efficiently be covered by teachers, ranging from “disease to desire” (p. 315). As a concluding remark regarding the binary approaches to sexuality education, Sherr and Dyer (2010) have noted that it is essential to encourage abstinence, but equally important is similarly educating youth in a comprehensive manner pertaining to sexuality education. These should be perceived as *compatible goals*, not *competing goals*, the authors state. The aforesaid authors argue that no evidence exists to show that providing AOE *and* CSE messages are confusing, contradictory, or harmful for the adolescent. Furthermore, sharing both messages can be a very effective way of reducing risky sexual behaviour amongst adolescents (Sherr & Dyer, 2010). As aptly stated by other

researchers, all young people deserve access to the information and skills required to aid them in developing responsible decisions about sexuality (Mabray & Labauve, 2002).

The laudable attempt by the WCED to create a multi-factorial response to sexuality education is well-noted. In this chapter, the latter response was highlighted, which stresses that various stakeholders such as the education sector, Department of Education, teachers, the media, etc. need to jointly work towards better educating the youth of South Africa concerning sexual matters.



CHAPTER 4

METHODOLOGY

4.1. Introduction

In this chapter, the research process is explained, beginning with the researcher elucidating the research design that was utilised for the study. Next, the three phases of the study are discussed, that being: methods for the systematic review, methods for the quantitative data collection procedure, and methods for the qualitative data procedure. For the systematic review, the methods, literature search, selection criteria, critical appraisal, data extraction, data analysis, excluded studies, included studies, data synthesis, and significance of the review are highlighted in detail.

For the quantitative part of the study, the research setting is, followed by the demographic details of the sample. Next, the various measuring instruments, which were administered, are elaborated on, followed by a summary of the data collection procedure. This section is subsequently followed by the data analysis techniques. For the qualitative part of the study, a synopsis is given regarding the particulars of the participants. Measurement procedures and data collection processes are deliberated. Furthermore, data transcription and analysis are discussed. An encapsulation of trustworthiness is provided, whereby four issues are underscored i.e. credibility, transferability, dependability, and confirmability. In closing, ethical considerations are examined, and the significance of the study is explained.

4.2. Research design

As indicated in Chapter 1, these were the aims of the study:

Aim 1 – To determine the larger patterns of sexual activity among adolescents attending Christian faith-based schools.

Aim 2 – To determine how intrinsic and extrinsic religiosity impacts adolescents' sexual attitudes.

Aim 3 – To explore whether sexuality education curricula currently used at Christian-faith based high schools in the Western Cape Province of South Africa are relevant.

To reiterate the research questions, they were:

Question 1 –What are the risk and protective factors associated with intrinsic and extrinsic religiosity relating to sexual behaviour of adolescents from Christian faith-based schools?

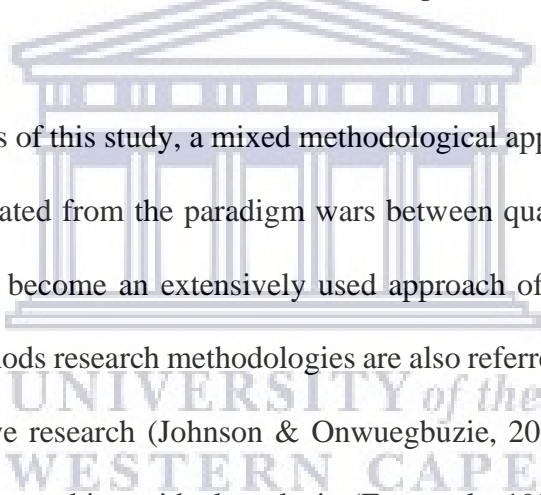
Question 2 – Are sexuality education curricula within Christian faith-based schools in the Western Cape Province of South Africa sufficient in terms of imparting relevant information?

In order to systematically provide answers to the research questions, a suitable research design was required. Rubin and Babbie (2017) explicate that cross-sectional studies take place at a single point in time by examining specific phenomena. They also explain that exploratory research is conducted to explore a particular topic.

Quantitative data refer to data which appears in numerical form. Qualitative data refer to data in which the variables are not in numerical form, but are in the form of text, photographs, sound bites, etc. (Terre Blanche et al., 2014; Trochim et al., 2016). Quantitative research examines variables that characteristically vary in quantity (i.e. size, magnitude, duration, or

amount). The results gleaned through doing quantitative research are frequently numerical scores that can be summarised, analysed, and interpreted using standard statistical procedures. Qualitative research encompasses careful observation of respondents, generally including actual interactions with participants, as well as comprehensive note-taking. The observations are subsequently recapitulated in a narrative report that attempts to describe and interpret the phenomenon being studied (Gravetter et al., 2021). Furthermore, another scholar elaborates on the basic differences between quantitative and qualitative research:

Quantitative research excels at summarising large amounts of data based on statistical estimations. Qualitative research excels at telling a story from the participant's viewpoint, providing the rich descriptive detail that set quantitative results into its human context (Trochim et al., 2016. p.71).



In order to achieve the aims of this study, a mixed methodological approach was used. Mixed-method studies have emanated from the paradigm wars between qualitative and quantitative research methodologies to become an extensively used approach of inquiry, as reported by Terrell (2012). Mixed methods research methodologies are also referred to as blended research (Thomas, 2003), integrative research (Johnson & Onwuegbuzie, 2004), triangulated studies (Sandelowski, 2003), ethnographic residual analysis (Fry et al., 1981), and mixed research (Johnson, 2006; Johnson & Christensen, 2004). With the development and apparent validity of both qualitative and quantitative research in the social and human sciences, mixed method research, employing the data collection associated with both forms of data is expanding (Cresswell & Plano Clark, 2007; Cresswell, 2009).

Mixed methods research is planned juxtaposing research that simultaneously or sequentially uses a combination of both quantitative and qualitative methods to produce the advantages of each, and mollify their weaknesses (Johnson & Onwuegbuzie, 2004; Mertens, 2003; Miller & Gatta, 2006; Morse, 2003; Newman et al., 2003; Tashakkori & Teddlie, 2010;

Trochim et al., 2016). The researcher believed that choosing the mixed method approach was advantageous because it may result in well-validated and substantiated findings. Specifically, the researcher made use of the convergent mix-methods design, whereby quantitative and qualitative data are collected concurrently and then analysed separately (Rubin & Babbie, 2017).

The idea of triangulation was first introduced by Campbell and Fiske (1959). Marlow (2011) elucidates upon the phenomenon of triangulation, where she argues that combining measures may greatly augment one's study. A common form of triangulation is through the use of a number of data collection methods, although triangulation may take on other forms as well. Explained similarly, Rubin and Babbie (2017) state that triangulation occurs when a researcher attempts to seek verification between two or more sources for their data and interpretations. Accordant with Marlow (2011), triangulation greatly enhances the validity of findings.

The concurrent triangulation research design is an attempt to confirm, cross-validate, or corroborate findings within a single study (Terrell, 2012). Cresswell (2009) explicates that this model generally uses the weaknesses inherent within one method together with the strengths of the other method. The concurrent triangulation strategy plan is illustrated in the following schematic (refer to *Figure 10*). The "+" indicates a simultaneous or concurrent form of data collection, with both quantitative and qualitative data collected synchronously. The arrows display the sequential form of data collection and analysis, followed by the mixed method data analysis, whereby both forms of research are studied, to reveal similarities and differences within research. Figure 10 serves as an illustration of the concurrent triangulation strategy which was utilised in this study.

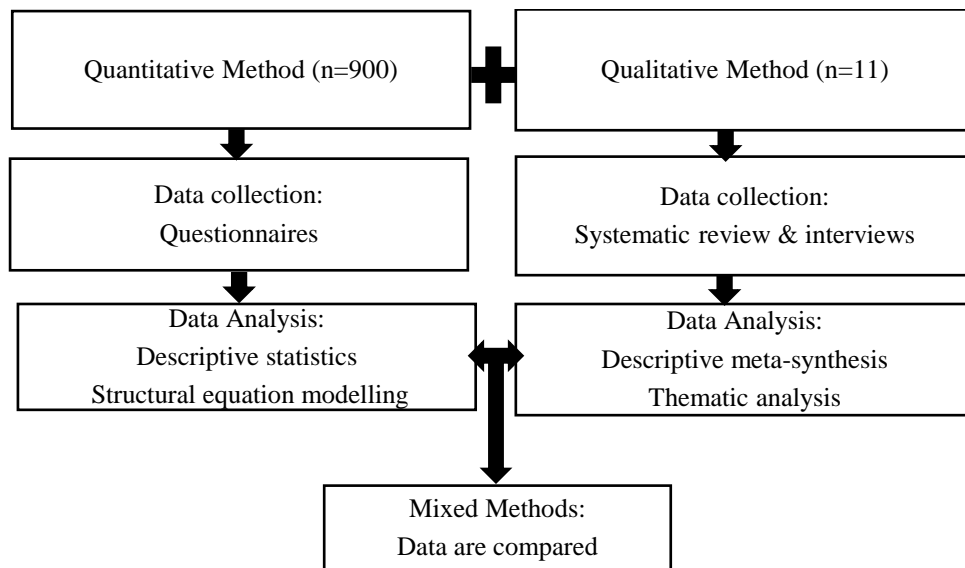


Figure 10. Schematic overview of concurrent triangulation strategy

It has been demonstrated that there is more understanding to be gained from the amalgamation of both qualitative and quantitative research than either form. There are, however, challenges to conducting this form of research. These would take into account the need for extensive data collection, analysing both numeric and nonnumeric data which could be quite time-intensive, and lastly the requirement for the researcher to be familiar with both quantitative and qualitative forms of research. It is also crucial to plan mixed methods research. Researchers need to be cognisant of the timing of their qualitative and quantitative data collection. They would need to decide whether the research will be gathered in phases (i.e. sequentially) or collected simultaneously (i.e. concurrently). Thus, when the research data is collected sequentially, either the qualitative or the quantitative data can come first. It depends on the initial intent of the researcher. When data are collected concurrently, both quantitative and qualitative data are accumulated synchronously, and the implementation is simultaneous. It must be noted that with many research projects, it may be impractical to gather data over an extended period of time. Concurrent data collection becomes more convenient when the

researcher is in the field of data collection, instead of having to revisit the field numerous times for data collection (Cresswell, 2009).

Another factor to take into consideration regarding mixed methodologies is the weighting, i.e. whether priority is given to the quantitative or the qualitative data. Sometimes, the weight may be equal; other times not. A priority for one kind would depend on the interests of the research, the audience under study and what the researcher seeks to underscore in the study. An additional facet of this kind of research involves asking two questions: (1) When does a researcher mix in the mixed methods study? and (2) How does the mixing occur? Regarding the first question, mixing may occur at several stages: the data collection phase, the data analysis phase, or the data interpretation phase, or at all three. For this project, data was collected sequentially (i.e. in phases). Data collection for Phase I was collected first, followed by concurrent data collection (i.e. Phases II and III). There was equal weight distribution regarding both qualitative and quantitative data. Mixing therefore occurred in the analysis and discussion section. Figure 8 graphically illustrates the directional relationship of the four phases:

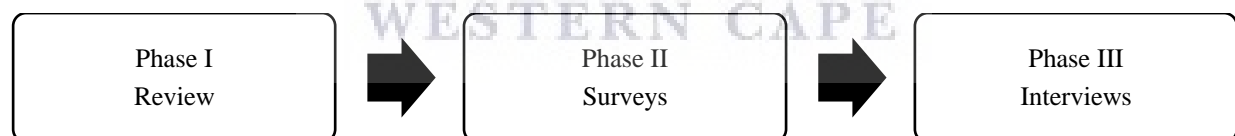


Figure 11. Phases of data collection

4.3. Phase I – Review

4.3.1. An introduction to systematic reviews

A systematic review can be described as a research synthesis approach which emphasises specific research questions or issues. Specific pre-planned methods to identify, select, assess, and summarise the research findings of multiple studies are utilised. Systematic reviews map out areas of uncertainty and identify where little or no relevant research has been done. Thus, systematic reviews are seen as secondary studies, which summarise the best scientific evidence available, through explicit and rigorous methods (Perestelo-Perez, 2012; Petticrew & Roberts, 2006; Siddaway, 2014; Trochim et al., 2016). Majumder (2015) mentions that a systematic review is more comprehensive than a literature review, because it includes both published and unpublished literature.

The aim of conducting a systematic review is to minimise bias present in traditional literature reviews. However, when conducting a systematic review, it is virtually impossible to recover all of the information on a particular subject. Nevertheless, an exhaustive literature review should be inextricably unbiased. Publication bias should be strictly avoided. This refers to the fact that works that attain positive results and statistically significant results are more likely to be published; they are more likely to be published in high impact journals, and they are more often cited. Publication language bias should also be avoided. This entails limiting searches to only one language, therefore automatically excluding relevant studies in other languages. It is also imperative to circumvent bias by coverage, which would entail focussing on certain databases only, and excluding others (Perestelo-Perez, 2012).

Every thorough systematic review should begin with a protocol, which should be viewed as a road-map for the review, clearly specifying the objectives, methods, and outcomes of the review (Majumder, 2015). The aforementioned author, Majumder (2015) goes on to state that the reason for having a protocol is to promote transparency of methods. In order to carry out a

comprehensive systematic review on the researchers, the following steps were followed, as offered by Petticrew and Roberts (2006): the researcher (a) clearly defined the question that the review was setting out to answer, (b) determined the types of studies that needed to be located in order to answer the question, (c) conducted a comprehensive search of studies, (d) screened the results of that search i.e. determined the studies that met the inclusion criteria, (e) critically appraised the included studies, (f) synthesised the studies and assessed the heterogeneity of the research findings, and (g) disseminated the findings of the review.

4.3.2. Methods

4.3.2.1. Literature search

The first aim of this study was to conduct a systematic literature review to identify the risk and protective factors of intrinsic and extrinsic religiosity of adolescents in relation to sexual behaviour. The following section explains the methodological procedure involved in conducting the systematic review.

4.3.2.2. Selection criteria and descriptors

Pursuant to Teing (2006), the formulation of precise inclusion and exclusion requirements is crucial before a systematic review is launched. In terms of inclusion criteria, only English (or translated into English) articles reporting empirical research published between 2009 and 2019 and available online were included in the review. The publication year range was sufficiently recent, to ensure exclusion of outdated research. An extensive literature search of published and unpublished studies was performed using the following descriptors:

- risk factors
- protective factors

-
- intrinsic religiosity
 - extrinsic religiosity
 - adolescents
 - sexual behaviour
 - Christian faith-based schools

4.3.2.3. Included studies

- Articles published or translated into English.
- Articles published within the ten-year parameter of 2009 to 2019.
- Studies involving adolescents as the sample.
- Studies which covered national and international literature.

4.3.2.4. Excluded studies

- Articles not published or translated into English.
- Studies not published within the prescribed time period.
- Studies which did not meet the criteria to answer the research question.

4.3.2.5. Strategy of the review

(a) Method of the review

Smith et al. (2011) suggest that a review team should include at least one person with methodological expertise and at least one person with expertise in the field of study. For the present study, the researcher is the subject specialist in the areas of human sexuality and human development, and therefore satisfies the recommendation of including a subject specialist in the review team. The researcher's supervisor, Dr Athena Pedro, is a subject specialist in the

area of human development; in addition, Dr Pedro is erudite within the field of systematic review methodology. Another reviewer who has methodological expertise formed part of the review for this present study (Dr Conrad Zygmunt).

(b) Retrieval strategy

Bearing the purpose of the systematic review in mind, the researcher conducted a computed search by means of the following databases: EBSCOhost, JSTOR, SAGE, Sabinet, PsycINFO, and PsycARTICLES. With the exception of EBSCOhost, all other academic databases yielded zero records for the specific descriptors.

The researcher also accessed the grey literature, which refers to any literature produced in electronic/print format, that has not been controlled by commercial publishers (Majumder, 2015). Grey literature may include technical or research reports from government agencies, reports and working papers from scientific research groups and committees, doctoral dissertations, conference proceedings, official publications, etc. (Jones, 2004; Majumder, 2015). Sources for grey literature were Google Scholar and WorldCat. Other grey literature sources such as OpenGrey, OpenDoar, ProQuest Dissertations and Theses, and PsycEXTRA yielded zero records for the particular descriptors. Once logged onto all of the databases and online grey literature resources, the researcher entered the specific descriptors. Thereafter, the researcher imported the selected data onto Mendeley, which is a free and open-source reference management software programme (Mendeley, 2020). Mendeley is designed in such a way to store, manage, and cite references. Each of these references comprises an item. Every single item online includes different metadata, depending on what type of item it is (Mendeley, 2020). For the purpose of this research, the researcher was only interested in journal articles or book items for the systematic review.

Within the Mendeley programme, the researcher created various sub-collections under the “My Library” collection, which appeared in the left or main pane. The sub-collections included EBSCOhost items, Google Scholar items, and WorldCat items. Title and author information appeared in Mendeley’s centre pane, known as the details panel. In the right pane (known as filter panel), all of the metadata for each item were indicated. Metadata includes all titles, creators, publishers, dates, page numbers, etc. to cite the item (Mendeley, 2020). The researcher viewed Mendeley as her personal online research assistant, and it was relatively easy to organise all of her sources in a logical fashion.

(c) Assessment strategy

The researcher followed Moher et al.’s (2009) method of working through the systematic review process, i.e. she methodically worked through the four-fold stages of *identification*, *screening*, *appraisal*, and *summation*. In the *identification phase*, the reviewer needs to identify records through database searching, as well as grey literature searching. In the *screening phase*, the total number of records need to be screened; and irrelevant records need to be excluded from the review process. In the *appraisal phase*, full text articles need to be accessed for eligibility, and other full text articles need to be excluded, with reasons. Finally, in the *summation phase*, the reviewer must identify the final number of studies to be included for syntheses (Moher et al., 2009; Munnik, 2018). The following illustration depicts a synopsis of the operational steps involved in the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) process:

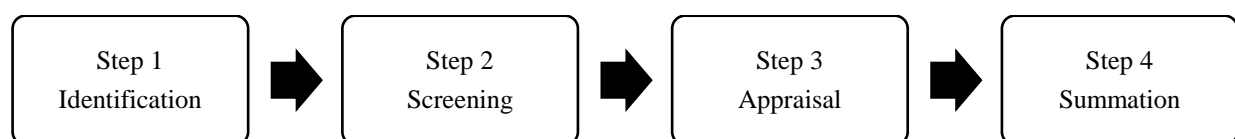


Figure 12. Synoptic encapsulation of the operational steps in PRISMA

Step 1 - Identification

In the first step of the PRISMA process, the researcher was required to identify the records through database and grey literature searching. A predetermined search through the aforementioned sites ensured that *publication bias* and *publication bias by coverage* were circumvented. The researcher initially started with identifying records through grey literature searching. Google Scholar yielded **550** records, and WorldCat yielded **5** records, for a total of **555**. Thereafter, she identified **3 410** records through database searching, all of which were generated through EBSCOhost. No items were generated through the academic databases: JSTOR, SAGE, Sabinet, PsyINFO, and PsyARTICLES. From the record list of **3 965**, 61 duplicates were identified; this means that the article appeared in more than one of the databases. Duplications were found between EBSCOhost, Google Scholar, and WorldCat. After excluding these duplications, there were **3 904** records. A total of **3 832** records were considered to be inappropriate based on face value (i.e. looking at the title alone). Therefore, these records were excluded from the review. Thus, the total number of records retained at the end of Step 1 equalled **3 904**, after the duplicates were removed.

Step 2 – Screening

In this step, the researcher proceeded to examine the titles and abstracts of the articles, bearing the inclusion criteria in mind (refer to 4.3.2.3). Munnik (2018) states that during this step, filtering by title and abstract to remove any irrelevant literature is essential. Mendeley proved to be exceptionally helpful at this step; in the details/ centre pane, all items were listed for all of the sub-collections. The researcher clicked onto each item, and was directed to Mendeley's right pane, whereby she could read through the titles and abstracts for every article.

Starting with WorldCat (**n = 5**), the researcher systematically went through all of the titles and abstracts; **four** records seemed acceptable based on the titles and abstracts alone;

while **one** record was excluded because the title and abstract were unsuitable for this particular study. Of the four WorldCat records, the researcher found that there were **four** duplicates with Google Scholar, and **one** duplicate with EBSCOhost. Thereafter, the researcher systematically went through all of the titles and abstracts on Google Scholar (**n = 550**); **36** records seemed acceptable based on the titles and abstracts alone; while **514** records were excluded because the titles and abstracts were unsuitable for this particular study. With Google Scholar, the researcher found that there were **25** duplicates with WorldCat, and **3** duplicates with EBSCOhost, as illustrated in Table 4.2:

Finally, the researcher methodically went through the EBSCOhost items (**n = 3 410**). **Thirty-two** records seemed acceptable based on the titles and abstracts alone; while **3 378** records were excluded because the title and abstract were unsuitable for this particular study. With WorldCat, the researcher found that there were **32** duplicates with Google Scholar, and **32** duplicates with EBSCOhost.

After screening through the titles and abstracts of the database records, it was found that EBSCOhost yielded **32** results; Google Scholar yielded **36** results, and WorldCat yielded **four** results. Records excluded with reasons equalled **3 378**. Thus, the total number of records retained at the end of Step 2 equalled **72**.

Step 3 – Critical appraisal

Thereafter, the researcher retrieved the full text articles which met the inclusion criteria for the systematic review. Critical appraisal ensures that the reader is directed to key aspects of the study, e.g. its design, method, participants, and several other variables (Petticrew & Roberts, 2006).

According to Perestelo-Perez (2013), the process of a critical appraisal of an empirical study denotes all-inclusive reading and detailed analysis of all of the information represented in the article. Likewise, Adams (2016) avers that “inherent within each step of a systematic review is the evaluation of the quality of a study” (p. 20).

The methodological rigour of the reviewed studies which satisfactorily met the inclusion criteria was assessed. Methodological quality was evaluated using a critical appraisal tool, as offered by Roman and Frantz (2013). This tool evaluated sampling methods, response rates, reliability and validity, data sources, definitions of relevant constructs, and whether religiosity and sexual behaviour were explored. For more information on the aforementioned, please refer to the following table:



Table 4.1

Methodological quality appraisal tool

Criteria and Scores

1. Was the sampling method representative of the population under study?
 - a) Non-probability sampling (0)
 - b) Probability sampling (1)
2. How was non-response addressed?
 - a) Reasons for non-response described (1)
 - b) Reason for non-response not described (0)
3. Did the study report any response rate?
 - a) No (0)
 - b) Yes (1)
4. Was the measurement tool used valid and reliable?
 - a) Yes (1)
 - b) No (0)
5. What was the source of the data?
 - a) Secondary source (0)
 - b) Primary source (1)
6. Do the authors include the definitions of the constructs religiosity and sexual behaviour?
 - a) Yes (1)
 - b) No (0)
7. Are religiosity and adolescent sexual behaviour further explored in the study?
 - a) Yes (1)
 - b) No (0)

Scoring: Total score divided by total number of all applicable items multiplied by 100

Methodological Appraisal Score:

| Bad | Satisfactory | Good |
|---------------|---------------------|-------------|
| 0%-33% | 34%-66% | 67%- |
| 100% | | |

If a critical appraisal score of *satisfactory* (34%-66%) to *good* (67%-100%) was procured, the study was considered for inclusion for systematic review purposes. The studies that met the *satisfactory* to *good* category were reviewed by the supervisor of the research study. Thus, **22** records were eligible for review, after the critical appraisal process (i.e. Step 3) was completed, as will be shown shortly in the PRISMA flowchart.

The following table serves as an illustration of the inclusion process of the systematic review; methodological appraisal data are only shown for the articles which were included in the final step.

Table 4.2

Methodological appraisal

| <i>Author/s</i> | <i>Q1</i> | <i>Q2</i> | <i>Q3</i> | <i>Q4</i> | <i>Q5</i> | <i>Q6</i> | <i>Q7</i> | <i>Raw Score</i> | <i>Percentage</i> |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|-------------------|
| Hull et al. (2011) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7/7 | 100% |
| Cobb-Leonard & Scott-Jones (2010) | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 6/7 | 86% |
| Taggart et al. (2018) | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 6/7 | 86% |
| Hawes & Berkley-Patton (2014) | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 6/7 | 86% |
| Amoako-Agyeman (2012) | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 6/7 | 86% |
| Edwards et al. (2011) | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 5/7 | 71% |
| Gold et al. (2010) | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 5/7 | 71% |
| Haglund & Fehring (2010) | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 5/7 | 71% |
| Landor et al. (2011) | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 5/7 | 71% |
| Muhammed et al. (2017) | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 5/7 | 71% |
| Vasilenko & Espinosa-Hernandez (2019) | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 5/7 | 71% |

Step 4 –Data extraction

Conformable to Munnik (2018), data extraction refers to a process of determining thematic foci within which data can be taken from the included literature sources. The next table illustrates a simple self-constructed data extraction tool which has been adapted from Petticrew and Roberts (2006). The data which were gathered were: title of study, author, year of publication, setting, research design, research method, description sample, sample size, response rate, religiosity measures, and sexual behaviour measures. Of the **22** articles which were

methodologically appraised, **11** were suitable for use in this systematic review, because they fell within the range of 67% to 100% (i.e. the *good* category).

Table 4.3

Data extraction tool

| <i>Data to be extracted</i> | <i>Notes to reviewer</i> |
|-----------------------------|--------------------------|
| Title of study | |
| Author | |
| Year of publication | |
| Setting | |
| Research design | |
| Research method | |
| Description of sample | |
| Sample size | |
| Response rate | |
| Religiosity measures | |
| Sexual behaviour measures | |



4.3.2.6. Flow diagram of included studies

Using Moher et al.'s (2009) guidelines for reporting systematic reviews, the PRISMA flow diagram was utilised.

The following schematic presentation illustrates a flow diagram of included studies:

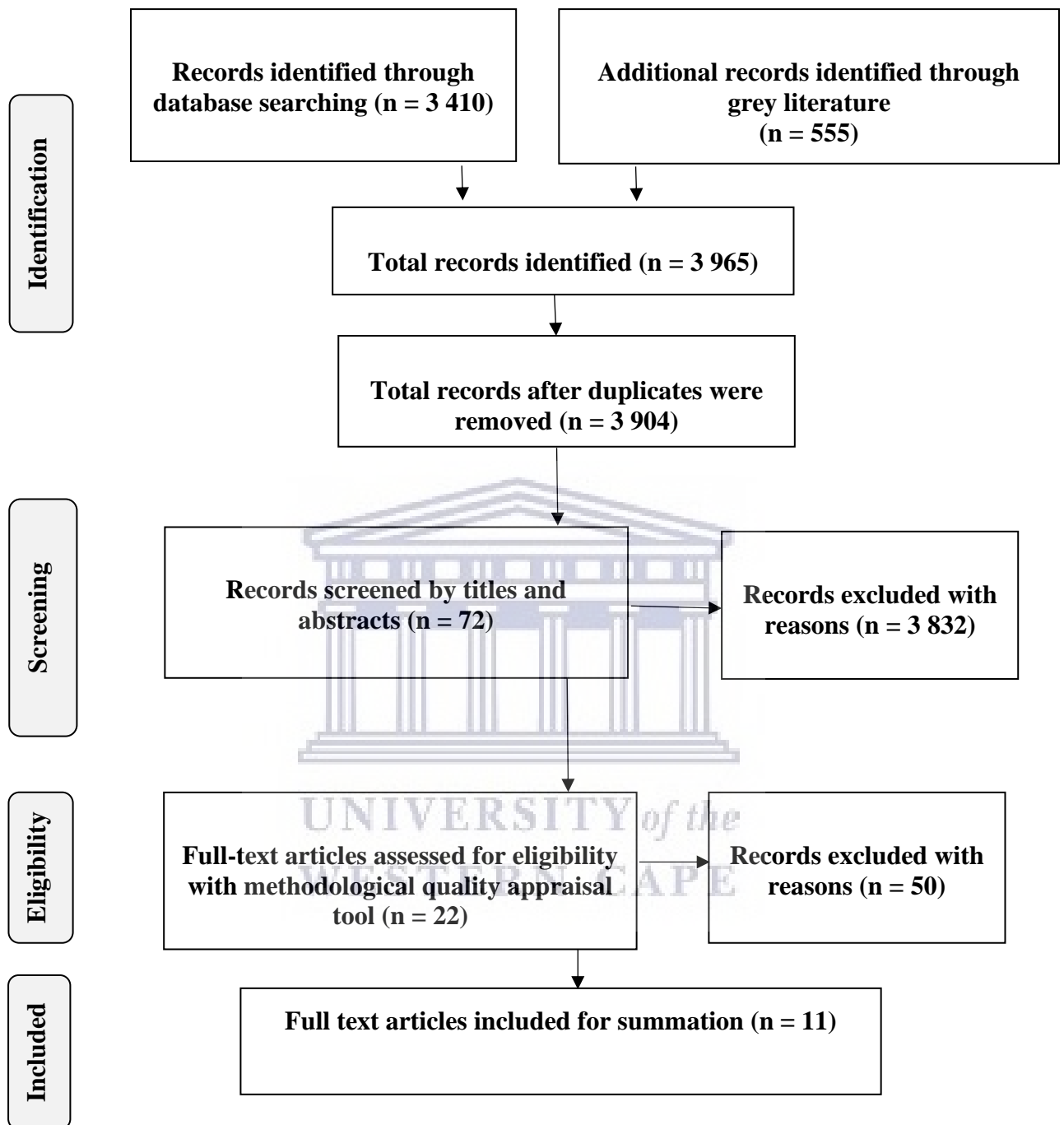


Figure 13. PRISMA flow diagram of included studies

4.3.2.7. Conspectus of articles included for summation

The next table depicts a synopsis of articles included for this systematic review.

Table 4.4

Conspectus of articles included for summation

| <i>Author/s</i> | <i>Title</i> | <i>Publication date</i> | <i>Source</i> | <i>Location (DOI)</i> |
|---------------------------------------|--|-------------------------|-----------------------------|------------------------------|
| Hull et al. (2011) | Identifying the Causal Pathways from Religiosity to Delayed Adolescent Sexual Behaviour | 2011 | EBSCOhost | 10.1080/00224499.2010.521868 |
| Cobb-Leonard & Scott-Jones (2010) | A Belief-Behaviour Gap? Exploring Religiosity and Sexual Activity Among High School Seniors | 2010 | EBSCOhost | 10.1177/0743558409357732 |
| Taggart et al. (2018) | The Role of Religious Socialisation and Religiosity in African American and Caribbean Black Adolescents' Sexual Initiation | 2018 | EBSCOhost | 10.1007/s10943-018-0605-3 |
| Hawes & Berkley-Patton (2014) | Religiosity and Risky Sexual Behaviours among an African American Church-based Population | 2014 | EBSCOhost | 10.1007/s10943-012-9651-4 |
| Amoako-Agyeman (2012) | Adolescent religiosity and attitudes to HIV and AIDS in Ghana | 2012 | Google Scholar and WorldCat | 10.1080/17290376.2012.745665 |
| Edwards et al. (2011) | Religiosity and Sexual Risk Behaviors Among Latina Adolescents: Trends from 1995 to 2008 | 2011 | EBSCOhost | 10.1089/jwh.2010.1949 |
| Gold et al. (2010) | Associations between Religiosity and Sexual and Contraceptive Behaviours | 2010 | EBSCOhost | 10.1016/j.jpag.2010.02.012 |
| Haglund & Fehring (2010) | The Association of Religiosity, Sexual Education, and Parental Factors with Risky Sexual Behaviours Among Adolescents and Young Adults | 2010 | EBSCOhost | 10.1007/s10943-009-9267-5 |
| Landor et al. (2011) | The Role of Religiosity in the Relationship Between Parents, Peers, and Adolescent Risky Sexual Behaviour | 2011 | EBSCOhost | 10.1007/s10964-010-9598-2 |
| Muhammed et al. (2017) | Role of Religion in Preventing Youth Sexual Activity in Malaysia: A Mixed Methods Study | 2017 | EBSCOhost | 10.1007/s10943-016-0185-z |
| Vasilenko & Espinosa-Hernandez (2019) | Multidimensional Profiles of Religiosity Among Adolescents: Associations With Sexual Behaviours and Romantic Relationships | 2019 | EBSCOhost | 10.1111/jora.12444 |

4.3.2.8. Plum X Metrics

Conformable to Plum Analytics (2019), PlumX Metrics refers to altmetrics for peer-reviewed journals and other scholarly work. Altmetrics are essentially contemporary bibliometrics, created to, in effect, complement traditional citation impact metrics. Plum Analytics was acquired by Elsevier in February 2017, and therefore the PlumX Metrics were immediately incorporated into Elsevier's existing products, such as Mendeley and Scopus (Carpenter, 2017; *Elsevier continues to expand journal analytics through acquisition*, n.d). Because the researcher made use of Mendeley to assist her with her research, she accessed the Plum X Metrics for all 11 articles suitable for systematic review directly through Mendeley. There are five particular categories, namely: *citations* (represent traditional citation indexes); *usage* (represents how many individuals are reading the articles); *captures* (represent how many individuals wish to come back to the articles); *mentions* (represent activities such as news articles/blogs posts about research); and *social media* (represent "buzz"/attention given to research via tweets, Facebook likes, etc.) (Plum Analytics, 2019). The following table shows the Plum X Metrics for the articles, up until the date November 2019. The table data shows that these articles are oftentimes cited or read.

Table 4.5

Plum X Metrics of articles selected for systematic review

| <i>Authors of articles</i> | <i>Citation</i> | <i>Usage</i> | <i>Captures</i> | <i>Social Media</i> |
|---------------------------------------|---|--------------|-----------------|---------------------|
| Hull et al. (2011) | 40 | 11 800 | 575 | - |
| Cobb-Leonard & Scott-Jones (2010) | 13 | 6 247 | 313 | - |
| Taggart et al. (2018) | 4 | 152 | 29 | - |
| Hawes & Berkley-Patton (2014) | 7 | 932 | 195 | 5 |
| Amoako-Agyeman (2012) | <i>None provided (grey literature source)</i> | | | |
| Edwards et al.(2011) | 17 | 8 024 | 545 | - |
| Gold et al. (2010) | 23 | 3 502 | 230 | 2 |
| Haglund & Fehring (2010) | 38 | 18 360 | 2 094 | - |
| Landor et al. (2011) | 66 | 10 869 | 668 | 4 |
| Muhammed et al. (2017) | 1 | 552 | 67 | 3 |
| Vasilenko & Espinosa-Hernandez (2019) | - | - | 6 | 4 |

4.3.2.9. Data synthesis

The aim of the systematic review was to identify the risk and protective factors of intrinsic and extrinsic religiosity of adolescents in relation to sexual behaviour. In the next chapter, a *descriptive overview* of all of the reviewed studies will be presented. This overview (sourced from the data extraction tool) will include a general description of the studies reviewed; purpose/aims of studies; sample/participants; source/databases used; geographical locations/setting; design of studies; *and* measurement/instrumentation. Once all of the data have been comprehensively outlined, descriptive meta-synthesis will be utilised.

Various approaches to meta-synthesis of qualitative data exist, however the approach found to be most suitable for this systematic review is descriptive meta-synthesis, also known as a meta-summary. From the perspective of Atkins et al. (2008), meta-synthesis can be described as the bringing together and the breaking down of findings. This is followed by examining the findings, discovering the important features, and thereafter combining the phenomena into a transformed whole. According to Thomas and Harden (2008), descriptive meta-synthesis necessitates the ranking of the studies and tabularisation of the extracted data. Put differently, descriptive meta-synthesis includes a compendium of the essential findings, extracted as themes across the identifiable articles (Munnik, 2018). Thus, the aim of using descriptive meta-synthesis is to combine, understand, and synthesise findings from the selected studies, in order to generate a comprehensive understanding of the phenomena under study.

4.3.2.10. Significance of review

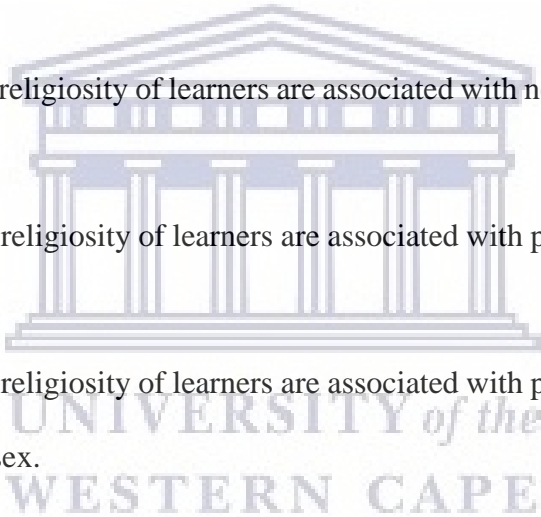
In general, singular studies are generally given much greater credence than they merit, pursuant to Petticrew and Roberts (2006), therefore conducting a systematic review for this particular study provided an excellent and comprehensive “map” into areas of uncertainty. Through

methodical research, it was possible to identify various risk and protective factors regarding intrinsic and extrinsic religious orientations pertaining to adolescent sexual behaviour.

4.4. Phase II – Quantitative data collection

4.4.1. An introduction to surveys

The second objective of this study was to determine the relationship between intrinsic and extrinsic religiosity and adolescents' sexual attitudes, hence surveys were utilised for this phase. These hypotheses will be explained in more depth in Chapter 7. However, for now, they read as follows:

- 
1. High levels of intrinsic religiosity of learners are associated with negative attitudes towards casual sex.
 2. High levels of intrinsic religiosity of learners are associated with positive attitudes towards birth control.
 3. High levels of intrinsic religiosity of learners are associated with positive attitudes towards emotional meaning of sex.
 4. High levels of intrinsic religiosity of learners are associated with negative attitudes towards the physical pleasure of sex.
 5. High levels of extrinsic religiosity of learners are associated with positive attitudes towards casual sex.
 6. High levels of extrinsic religiosity of learners are associated with negative attitudes towards birth control.
 7. High levels of extrinsic religiosity of learners are associated with negative attitudes towards emotional meaning of sex.

-
8. High levels of extrinsic religiosity of learners are associated with positive attitudes towards the physical pleasure of sex.

In keeping with Privitera (2014), the survey research design requires the researcher to make use of surveys which are administered either in written format or orally. As reported by Trochim et al. (2016), when conducting a survey, one is engaging in a systematic way of asking individuals to volunteer information which relates to their own opinions and behaviours. Expressed differently, a survey research design refers to a strategy of obtaining a description of a particular group of respondents (Gravetter et al., 2021). According to Babbie (2021), respondents refer to individuals who are willing to provide data for analysis by responding to a survey questionnaire.

Usually, surveys are administered in the following two ways: either (a) through the self-administered questionnaire, or (b) through the interview method (Babbie, 2021; Jackson, 2016; Trochim et al., 2016). The style of questionnaire which was relevant for this specific study was the group-administered questionnaire. In this method, a sample of the respondents is brought together, and asked to respond to a structured sequence of questions. Normally, questionnaires are administered within group settings due to the convenience factor. If anyone of the respondents in the assemblage have questions which need clarification, the researcher or research assistants are available immediately to answer the questions.

Furthermore, Trochim et al. (2016) explicates the two broad types of survey questions, that being either structured or unstructured. With the former, the respondents need to choose answers from a predetermined selection of responses; with the latter, the questions are open-ended which means that the respondents are supposed to create their own answers (Gravetter et al., 2021; Jackson, 2016). Structured survey items are also known as restricted survey items, and the most commonly used one would be the Likert-type scale, named after Rensis Likert in

1932 (Gravetter et al., 2021; Privitera, 2014). Using this format, the respondents are able to rate their levels of agreement with the questions or statements (Jackson, 2016).

For this particular study, the structured response format was utilised. There are advantages and disadvantages to using this format. The advantage is that the participant is able to respond easily to the various options, and the researcher thereby is able to effortlessly gather and summarise the responses, however participants may feel inhibited to only the answer options which are provided, and the options may also be too limiting for the researcher (Trochim et al., 2016).

In survey research, there are several rules which exist relating to survey items. Pursuant to Privitera (2014), survey items need to be kept simple, which means that the selected lexicon should not confuse the participants. In addition, the language in the survey items is supposed to be neutral or unbiased. Privitera (2014) opines that researchers do not use language which would be considered potentially offensive for respondents. Further, the aforementioned author talks about another guideline regarding the content of the survey i.e. avoiding the response set. This refers to the proclivity for respondents to respond in the same way to all items in a survey, especially if the direction of the ratings is similar for all items (Privitera, 2014). In keeping with Jackson (2016), a particular helpful guideline for minimizing the response set is to cleverly word the questions in order that either consistent positive or negative responses would be unlikely. It is also imperative that researchers adhere to the guideline regarding the length of the survey. Privitera (2014) recommends that it is preferable to have surveys which take no longer than 10 to 15 minutes to complete. Furthermore, survey items are supposed to be free from loaded and leading questions (Jackson, 2016). A loaded survey item refers to an item that is non-neutral or emotionally-laden. A leading question refers to an item which steers the respondent to answer in a desired manner (Jackson, 2016).

Moreover, regarding the question content in the survey, it is vital that the researcher steers clear from the use of double-barrelled questions (Babbie, 2021; Jackson, 2016; Privitera, 2014). With the latter, two questions are asked in a survey item, however the predetermined answer only allows for one question to be answered (Trochim et al., 2016). The two particular surveys which were used in this research project were double-checked to ensure that no double-barrelled questions appeared within the survey items; that the language use was simplified; and that the survey length to complete the survey was kept as short as possible.

Conforming to Gravetter and Forzano (2021), survey research also has its strengths and weaknesses. In general, two major advantages of utilising surveys are that (a) a wide variety of information can be gathered in terms of attitudes, preferences, and behaviours; (b) secondly, this is oftentimes referred to as the most efficient means of gathering large amounts of information (Babbie, 2021). However, a major drawback is that this research design is exceptionally time-consuming. Furthermore, two additional shortcomings of the survey method are low response rates and nonresponse bias. Babbie (2021) explains that the response rate refers to the number of people participating in a survey divided by the number selected in the sample. In consonance with Privitera (2014), nonresponse bias refers to the phenomenon which occurs when participants decide not to complete a survey or choose not to respond to certain items within the survey. It is proffered that a response rate of 75% should be procured to curtail the nonresponse bias.

Trochim et al. (2016) extrapolates that when researchers work with respondents, they need to bear in mind that they are imposing on the personal lives of these individuals, hence it is imperative to adhere to the ‘golden rule’ of survey research, namely: *to do unto your respondents as you would want them to do unto you*. The way the ‘golden rule’ can manifest may be through the following practical means: thanking the respondents for participating; keeping the questionnaires as pithy as possible; being alert to any non-verbal signs of

discomfort amongst participants; and reminding participants that the researcher will send them copies of the final results. All things considered, in terms of ethics regarding survey research, all information shared in the questionnaires need to be kept confidential; secondly, because of the possible psychological discomfort which may arise in respondents, researchers are to do everything possible to minimise risk (Babbie, 2021). In addition, there are other guidelines which researchers should follow when handling and administering surveys, namely (a) participants should never be coerced into answering questions or completing surveys; respondents should not be harassed in any way during the recruitment process; finally, confidentiality and anonymity should always be ensured (Privitera, 2014). The subsequent sections will cover the “how”, “who” and “what” of the present study, that is to say:

- “How” – explication of the procedure for data gathering will be addressed;
- “Who” – explication of the sample will be presented;
- “What” – explication of the measuring instruments will be presented.

4.4.2. Method of accessing participants

The criteria for selecting adolescents for this specific study were as follows: attending one of the 27 Christian faith-based high schools in the Western Cape Province (this criterion was not fully met; an explanation will follow later); being between the ages of 13 and 19 years old; and being in Grades 8 to 12. All of the adolescent participants were accessed through the high schools located in two particular districts in the Western Cape, and this will be explained in greater depth. The database of school names was obtained from the Western Cape Education Department utilising the following link: <https://www.westerncape.gov.za/dept/education>. Information taken from the WCED’s *Find-A-School* website in 2018 regarding the number of learners within the Western Cape attending Christian faith-based schools is given in Table 4.9.

Table 4.6*Learners in the Western Cape attending Christian faith-based schools*

| <i>District</i> | <i>Number of schools</i> | <i>Number of learners</i> |
|-----------------|--------------------------|---------------------------|
| Metro Central | 11 | 4239 |
| Metro South | 2 | 518 |
| Metro North | 6 | 1251 |
| Metro East | 4 | 1027 |
| West Coast | 1 | 237 |
| Cape | 1 | 43 |
| Winelands | | |
| Overberg | 1 | 63 |
| Eden | 1 | 927 |
| Totals | 27 | 8305 |

As indicated in Table 4.9, 8 305 learners attended Christian faith-based high schools in the Western Cape in 2018. From the WCED database, schools were chosen using *cluster sampling* (a type of probability sampling procedure). Cluster sampling of schools allowed for the sample of learners within specific clusters. Jackson (2016) describes probability sampling as a sampling technique whereby every member of the population has a known probability of being selected to be part of the research sample. Pursuant to Jackson (2016), three kinds of probability sampling techniques exist viz. random sampling, stratified random sampling, and cluster sampling. Plowright (2011) notes that if schools are geographically dispersed across a wide area, simple random sampling would not be cost-effective. Cluster sampling was used in this particular study; this is a technique whereby clusters of participants that represent the sample are used (Jackson, 2016). As stated by Privitera (2014), in instances where the population of interest is spread out across a relatively wide region, researchers may use cluster sampling. The major benefit to using this type of sampling system is that it is generally easier to access clusters of individuals, since the target population may be too difficult to access, and in addition, efforts to select a sample may be too time-consuming or too costly. Thus, to remedy this dilemma, a sample may be selected from smaller segments/clusters of the population (Privitera, 2014).

The researcher selected two private schools which were geographically close together in the Metro East region. A prominent community worker within the latter region assisted the researcher with accessing a particular government school. A research assistant assisted by recruiting a number of participants from a public school in the Eden district. In the next section, the researcher will discuss positive and negative responses from the different schools which were approached. Direct quotations from the correspondence will also be provided. In addition, the researcher will also explain the difficulties that she encountered to get the appropriate sample for the study.

Two private former *Model-C* schools (i.e. former whites-only government schools) from the Metro North and Metro South initially showed interest to take part in the study, and preliminary meetings were held with the principals. Emails were sent back and forth. However, their respective leaders of their schools eventually decided not to be part of the study, after liaising with the various SGBs.

One school within the Cape Winelands district was quite enthusiastic to be part of the study. However, even after corresponding via email on numerous occasions, the researcher eventually stopped receiving replies from the principal, until she confirmed her final decision. The general responses as well as the non-response from various schools was discouraging for the researcher, as she would have wanted a larger proportion of her sample to come from Christian faith-based schools in the Western Cape. Fortunately, in spite of her discouragement at that point in the research, the majority of the overall sample were Christian.

None of the schools within the Metro Central district responded to email requests to meet regarding the research. Upon calling certain schools, some secretaries were not keen on setting up appointments with the principals, *given the nature of the research study*. Because of a full-time lecturing job (08:00am – 17:00pm), the researcher was unable personally to go to

any of the schools in the Metro Central region to try to set up a face-to-face appointment with the various principals.

In the end, the researcher selected two Christian faith-based schools and two public schools, where the majority of learners self-identified as Christian. The sample size was determined by utilising at least 10% of the total population (8 305), which yielded a sample size 900. All adolescents in Grades 8 to 12 were visited during the *Assembly/Chapel Meetings* or within their individual classrooms. Sexuality presentations were firstly conducted, as per request from either principals or teachers. These presentations were essentially a means of creating some sort of initial rapport with the learners. The presentations focussed on (1) the differences between sex and sexuality, (2) the risk of cervical cancer associated with early sexual debut, (3) a general overview of STIs, (4) unplanned pregnancy and abortion methods, and (5) choices and mistakes. The *Age Universal Intrinsic/Extrinsic Scale* focussed on religiosity. No mention was made to anything related to religiosity in the presentations. The *Brief Sexual Attitudes Scale* focussed on attitudes towards casual sex, birth control, emotional meaning of sex, and the physical pleasure of sex. The interview schedule questions focussed on sources of sexuality education, sexual debut, abstinence, the SDS, contraception, consequences of unprotected sex, sexual behaviour among adolescents, and sexual values. Therefore, the presentations did not impact the survey and interview questions and answers, because what was mentioned in the presentations was not the same information covered in the researcher's measuring instruments.

After the presentations at the schools, the information regarding the research study was clearly explained to the learners within an Assembly setting or within classrooms. (See *Appendix A*). Hence, the decision to take part in the study was based on voluntary participation. Assent and consent forms were sent home with the learners in sealed envelopes. These were then collected by the homeroom teachers, completely sealed. The researcher thereafter

separated the forms where both consent and assent were provided. This process assisted in determining how many printed surveys were to be handed out in the various classes. Adolescent assent and parental consent forms were read and signed prior to conducting the survey data collection (See *Appendices B and C*).



4.4.3. Research setting

This research study was conducted in the Western Cape Province of South Africa. English, Afrikaans, and isiXhosa are the three official languages spoken in this province. The Western Cape is subdivided into five district municipalities, namely (a) Cape Winelands, (b) Central Karoo, (c) Eden, (d) Overberg, and (e) West Coast, and one metropolitan municipality i.e. the City of Cape Town. In this research study, the population was divided into clusters based on the above-mentioned municipal regions within the Western Cape (refer to Table 4.9).

Within the South African context, essentially two types of schooling systems exist. Learners may either attend *public/government schools*, which are funded by the state, and managed by the principals, teachers, and school-governing bodies (SGBs), or they may attend *private/independent schools*, which are owned, managed, and financed by organisations other than the state). Various types of independent schools exist, and one such type would be the religious school, alternatively known as a faith-based school. Various of these religious schools were established by missionaries in South Africa as early as the middle of the nineteenth century. The faith-based schools are also required to be registered with the Department of Education (DOE), and to adhere to its regulations. Classes are generally smaller in size at the private schools, compared to classes at public schools.

This study was conducted at two private/independent Christian faith-based high schools in the Metro East municipality and two public high schools; one located in the Metro East municipality, and one in the Eden district. Both of the public schools in this study encourage a spiritual ethos, focussing on accommodating *all* religious belief systems, not only the Christian worldview. This had an obvious impact on the study. The majority of learners at the public schools were Christian. Yet, despite this, public schools were tolerant of other religions, besides just accepting the dominant religion of Christianity. It was essential that the researcher include individuals within the sample from *both* middle and lower socioeconomic levels. Andipatin

(2012) eloquently argues that “if predominantly middle-class samples are used, research in this country will follow predominantly Eurocentric trends, and merely be an extension of international research” (p. 234).

For confidentiality reasons, the names of the schools visited are not mentioned in this thesis. A condensed description of each school is provided here:

School #1 has been in existence since 1928, and is situated in a peaceful valley at the foot of a majestic mountain. The school is situated in an upper-class predominantly white area in the Western Cape Province. It is both an English and Afrikaans-medium school with relatively small class sizes; in total there are 82 female learners, and 84 male learners. It is a private parochial school which was formerly only for white learners prior to 1994. The learner population comprises mostly of black learners, and to a lesser degree white and coloured learners. Staff members are predominantly white, with only two coloured and two black teachers, respectively. The school is made up of 10 large classrooms, 4 smaller classrooms, a staff room/boardroom, a computer laboratory, a science laboratory, a biology laboratory, a chapel, a science library, and a large sports field. The average annual tuition fees per learner is R46 200 (i.e. R4 200 per month).

School#2 has been in existence since 1929. It is a private parochial school, situated in a middle-class coloured area which was a farming community many years ago. This is an English medium school with relatively small class sizes, situated within the Western Cape Province. There are 122 female learners and 125 male learners in attendance. The racial composition comprises almost equally of black and coloured learners. The majority of staff members are coloured, with the exception of black foreign teachers of African descent and to a lesser degree

Indian instructors. The average annual tuition fees per learner is R21 780 (i.e. R1 980 per month). Currently, the school-grounds of this institution are quite unkempt. The school comprises 20 classrooms, a science laboratory, a woodwork room, a tiny under-resourced library, a chapel, a pool, and a large school hall which serves as an examination venue and a soccer training/tournament venue.

School#3 is a bilingual public school (Afrikaans and English) with relatively large class sizes per grade. It is situated in a middle-class area in the Western Cape Province, but it is mainly populated by coloured learners who reside in low-SES surrounding communities. In total, there are 277 female learners, and 304 male learners. The entire school is made up of prefabricated classrooms. The first two modular structures on the premises are (1) the reception area and principal's office, and (2) the communal staff room. The school does not have a gathering place (i.e. a school hall). It has a large quad area, and the grounds are kept exceptionally neat. The school has a spiritual ethos; hence the school is sensitive to all religious beliefs. The principal of this school is a Christian woman, and the majority of the learners self-identify as being Christian. The average annual tuition fees per learner is R5 500 (i.e. R500 per month).

School#4 is an English medium school, which was built in 1975. It is a large, former *Model-C* school, set within the heartlands of the Eden district. In terms of learners, there are 500 females and 450 males attending this particular public school. As with School #3, it has a spiritual ethos. Its mission has a threefold focus, namely, it focuses on academic proficiency, character training, and self-discipline. Regarding character training, this school *encourages young people to be less selfish, more considerate, and more spiritually aware* – taken from the school's webpage. In terms of its structures, the school boasts 33 classrooms, 6 science laboratories, and 3 computer laboratories. It does not have a library. The school places a strong emphasis on

sports; hockey, cricket, netball, and tennis are examples of the various sporting activities on offer. With regard to extramural activities, the school has its own dance academy. Under the musical banner, learners may either be part of a wind band or part of two school choirs. The school has a variety of associations, ranging from the debating club, drama club, animal club, environmental club, first aid club, and Pastoral Panel club. The average annual tuition fees per learner is R21 400 (i.e. R1 945,45 per month).

4.4.4. Participants

4.4.4.1. Pre-testing

Trochim et al. (2016) avers that pre- testing one's instruments is key, as this step helps the researcher determine how easy or how hard the measure is; it provides insight as to how the testing environment impacts the respondents' performance; finally, a pre-testing run allows the researcher to check whether there is sufficient time to complete the measure. Hence, it is imperative to perform a pre-test to essentially determine the feasibility of the study. The primary reason for using pre-testing was to determine whether the participants were able to understand the test items, in conjunction with Trochim et al.'s (2016) reasons mentioned above.

For the purpose of pre-testing, it was decided to select one private Christian faith-based school and to include all of the learners (166) at the school. This school is one of the four schools used in the sample. However, only 66 learners agreed to take part in this study, as the researcher received both signed assent and consent forms from both learners and parents, respectively. Thus, the response rate for the pilot study was 40%.

4.4.4.2. Demographic information of the overall sample

The demographic characteristics of the participants were tabularised to facilitate ease of summation, as illustrated in Table 4.7.

Table 4.7*Frequency distribution of the demographic characteristics of the sample*

| <i>Variable</i> | <i>Sub-variable</i> | <i>Frequency (f)</i> | <i>Percentage (%)</i> |
|---------------------|---------------------|----------------------|-----------------------|
| Adolescent gender | Male | 387 | 43 |
| | Female | 513 | 57 |
| | Total | 900 | |
| Age | 12 | 16 | 1.8 |
| | 13 | 166 | 18.5 |
| | 14 | 197 | 21.9 |
| | 15 | 146 | 16.2 |
| | 16 | 135 | 15 |
| | 17 | 118 | 13.1 |
| | 18 | 95 | 10.6 |
| | 19 | 26 | 2.9 |
| | Total | 900 | |
| Racial distribution | Black | 310 | 34.4 |
| | Coloured | 535 | 59.6 |
| | White | 44 | 4.9 |
| | Indian | 10 | 1.1 |
| | Missing | 1 | 0.1 |
| | Total | 900 | |
| Religion | Christian | 752 | 83.5 |
| | Hindi | 5 | 0.6 |
| | Atheist | 2 | 0.2 |
| | Islam | 8 | 0.9 |
| | None | 133 | 14.8 |
| | Total | 900 | |
| Home language | English | 458 | 50.9 |

| | | | |
|-----------------|-----------|-----|------|
| | Afrikaans | 156 | 17.3 |
| | Xhosa | 223 | 24.8 |
| | Other | 63 | 7 |
| | Total | 900 | |
| Parental status | Married | 519 | 57.7 |
| | Divorced | 106 | 11.8 |
| | Single | 247 | 27.3 |
| | Widowed | 1 | 0.1 |
| | Missing | 28 | 3.1 |
| | Total | 900 | |
| Grade | 8 | 293 | 32.8 |
| | 9 | 224 | 25.1 |
| | 10 | 83 | 9.3 |
| | 11 | 142 | 15.9 |
| | 12 | 151 | 16.9 |
| | Total | 900 | |
| School | School 1 | 66 | 7.3 |
| | School 2 | 196 | 21.8 |
| | School 3 | 455 | 50.6 |
| | School 4 | 183 | 20.3 |
| | Total | 900 | |

As indicated in Table 4.10, 900 adolescents participated in the study. Of this sample, 387 were male (43%) and 513 were female (57%). The respondents' ages ranged from 12 to 19 years old. As can be seen from the table, participants were racially classified using the apartheid racial classification system. *Black*, *Coloured*, *White*, and *Indian* are terms which were used under the apartheid system of South Africa. Although the use of racial categories in South African scholarship is contentious and there is a need to move beyond them, these terms are

still used today to refer to or self-identify race or ethnicity (Bomester, 2012). It must be emphasised that in this study these terms were not used to reinforce apartheid ideology, but to acknowledge a history of political and economic differentiation between groups in South Africa. In relation to racial distribution, 310 identified as Black (34.4%), 535 identified as Coloured (59.6%), 44 identified as White (4.9%), and 10 identified as Indian (1.1%).

With reference to religion, 752 (83.5%) considered themselves to be Christian while 0.6% reported being Hindi; 0.2% atheist; 0.9% Islamic, and 14.8% specified no religion. In this sample, 458 (50.9%) had English as their home language; 156 (17.3%) had Afrikaans as their home language; 223 (24.8%) had Xhosa as their home language; and 63 (7%) fell into the category of 'other' as a home language. With respect to parental status, 519 (57.7%) had parents who were married; 246 (27.3%) came from a single-parent household; and 106 (11.8%) had parents who were divorced. Twenty-eight respondents (3.1%) stated 'non applicable' under parental status. Considering the division of grades, 293 were in Grade 8 (32.8%); 224 were in Grade 9 (25.1%); 83 were in Grade 10 (9.3%); 142 were in Grade 11 (15.9%); and 151 were in Grade 12 (16.9%). Finally, 7.3% of learners came from School 1; 21.8% from School 2; 50.6% from School 3, and 20.3% from School 4.

Of the 900 participants, 82.56% completed **all** of the questions. Across all of the items, there was approximately 1% missing data, and for the items used in the analysis less than 1.44% had more than 5 missing items.

4.4.5. Measurement instruments

On the basis of the literature review, two particular instruments were identified as being reliable and valid for this specific study. These two instruments, namely the *Age Universal Intrinsic/Extrinsic Scale* and the *Brief Sexual Attitudes Scale* were complemented by a demographic questionnaire. In the *Appendices* section, each questionnaire is illustrated

individually, however for the data collection process, all three surveys were consolidated into a simple two-page questionnaire which was printed back-to-back. What follows next is a general discussion of the demographic survey, as well as the psychometric properties of the religiosity and sexuality scales, respectively.

4.4.5.1. Demographic questionnaire

A self-designed structured biographical questionnaire was used to collect relevant demographic information. This questionnaire elicited biographical information, namely, gender, date of birth, age, race group, religion, home language, parents' marital status, residential area, grade, and school (See *Appendix D*).

4.4.5.2. Scales used in study

Adolescents completed the following measurement instruments: *Age-Universal I-E Scale-12/AUIE-12* (which measures religiosity) and the *Brief Sexual Attitudes Scale/BSAS* (which measures sexual attitudes). Refer to *Appendices E* and *F* respectively. Slight changes were made to the original phrasing in some items, in order to enhance adolescents' understanding.

(a) The Age Universal I-E Scale-12 (Maltby, 1999)

Description: The AUIE-12 was developed by Maltby in 1999. It is a refinement of an existing, lengthier scale, i.e. the *Religious Orientation Scale* by Allport and Ross (1967). The format of the AUIE-12 is a bipolar 3-point Likert type questionnaire, calibrated as follows: -1 = no, 0 = not certain, and 1 = yes.

Subscales: The instrument consists of 12 items; six items make up the intrinsic subscale; three items make up the extrinsic-personal scale, and three items make up the extrinsic-social scale. The extrinsic orientation is divided into two categories. The extrinsic-personal dimension

measures religion as a source of comfort to the individual, while the extrinsic-social measures religion, for the purpose of social participation and gain (Kirkpatrick, 1989; Leong & Zachar, 1990). The intrinsic scale alone is good ($\alpha=.83$). The extrinsic scale has lower reliability ($\alpha=.57$, $\alpha =.58$, and $\alpha =.65$).

Scoring: High scores indicate strong agreement with concept. Lower scores indicate strong disagreement with concept.

(b) The Brief Sexual Attitudes Scale (Hendrick et al., 2006)

Description: Hendrick and Hendrick (1987) developed the *Sexual Attitudes Scale*, in order to assess multidimensional attitudes towards sex. However, this scale was subsequently modified to create the *Brief Sexual Attitudes Scale/BSAS*, an instrument which has been shown to be more efficient and easier to administer (Kimberly et al., 2014). Furthermore, the BSAS has strong psychometric properties. Research has demonstrated that the BSAS is a reliable and valid measure of the four sexual attitudes, and is effective and efficient for both research and clinical use (Hendrik et al., 2006). The format is a bipolar 5-point Likert-type questionnaire, calibrated from A = strongly agree with statement, to E = strongly disagree with statement. The instrument has 23 items and consists of four subscales, i.e. permissiveness, birth control, communion, and instrumentality.

Subscales: Regarding the ‘permissiveness subscale’, ten items assess an individual’s attitudes towards casual sex. In terms of the ‘birth control subscale’, three items assess an individual’s attitudes towards birth control responsibility. With respect to the ‘communion subscale’, five items assess the emotional meaning of sex. Finally, concerning the ‘instrumentality subscale’, five items assess attitudes towards the physical pleasure of sex (Martin-Donald, 2010). The Cronbach alpha psychometric information is as follows: Permissiveness: $\alpha = .93$; Birth control: $\alpha = .84$; Communion: $\alpha = .71$; and Instrumentality: $\alpha = .77$. These alphas are quite similar to

the alphas for the longer version (i.e. the Sexual Attitudes Scale), and were therefore deemed adequate. Results indicate that the BSAS is a valid measure for the four sexual attitudes,

Scoring: In order to score the BSAS, A = 1; B = 2; C = 3; D = 4; and E = 5. The participant will receive four subscale scores, based on the mean score for a particular subscale. For the permissiveness scale, items 1 – 10 are added up, and then divided by 10. For the birth control scale, items 11 – 13 are added up and divided by 3. For the communion scale, items 14 – 18 are added up and divided by 5. For the instrumentality scale, items 19 – 23 are added up and divided by 5 (Hendrik et al., 2006).

4.4.6. Data collection procedure

The data collection procedure commenced only after approval was granted by the Research Ethics Committee at the University of the Western Cape (Refer to *Appendix I*). In addition, approval was also obtained from the Western Cape Education Department (WCED) to conduct this study with the participants who attended the relevant schools (Refer to *Appendix J*). The researcher set up appointments with the principals of the high schools to brief them about this study and arranged to gain informed consent from all participants willing to take part in the study. To recruit participants, the study goal, procedure and ethical rights of participants were expounded upon, and participants were asked to read and sign assent letters and their parents were requested to complete consent letters (Refer to *Appendices B and C*).

Adolescents completed the surveys in their respective classrooms. Chairs and desks were placed in positions to afford the adolescents' privacy while completing their surveys. For the purpose of confidentiality, adolescents were requested not to write their names on their surveys. It has been shown that administering questionnaires in classes, while assuring anonymity, produces excellent data quality (Bowling, 2005). The participants took

approximately 10 minutes to complete all the surveys. The questionnaires were then collected by either the researcher or the research assistant. Chocolates were given to each participant, as a token of appreciation for their participation.

4.4.7. Data analysis

The analysis was conducted by a statistician using the R statistical programming environment (version 4.0.0) using the packages *apaTables* (version 2.0.5), *HH* (version 3.1.43), *lavaan* (version 0.6.7), *missForest* (version 1.4), *mvnormtest* (version 0.1.9), *psych* (version 2.0.9), *reshape2* (version 1.4.4). Data was prepared by logging the data, making a codebook, entering the data into the computer, and checking it for accuracy so that errors are eliminated, as advised by Trochim et al. (2016). The researcher checked whether all questionnaires were received, and ensured that they were valid and complete. Data from six questionnaires were excluded using research discretion prior to data analysis: (a) non-response to multiple demographic details; (b) missing data from either the AUIE-12 or the BSAS surveys, or both; and (c) intentionally providing inappropriate demographic details.

Structural equation modelling (SEM) was the primary statistical method used to analyse the data. SEM is described as a multivariate statistical technique, which can be used to describe relationships among variables (Thakkar, 2020). Thus, SEM assisted the researcher with testing the theoretical model. The researcher was also able to analyse interrelationships among the variables under investigation, as well as test hypothesised relationships among constructs. One advantage of SEM is that it allows researchers to estimate several regressions simultaneously (Morrison et al., 2017), and these regressions will be presented and discussed in Chapter 7.

4.4.8. Recordkeeping and data accuracy

In the case of logging quantitative data, Trochim et al. (2016) promulgates that different researchers may store their data differently; some may choose database programmes while others may choose statistical programmes. The researcher chose to log her raw data into a Microsoft Excel spreadsheet. Trochim et al. (2016) propose that it makes sense to use a database programme to log the information; thereafter the raw data may be imported into a specific statistical programme for further analyses. Trochim et al. (2016) enunciate that all data and consent forms should be kept in a secure location. In the researcher's case, after checking through every assent and consent form, all signed forms were punched and filed into two large lever-arch files, which remained in her personal office, which is secured by a lock-and-key, as well as a security gate leading into a communal foyer. All usable surveys were labelled using a unique ID number, as put forth by Trochim et al. (2016), and subsequently stored in a large storage box in the researcher's personal office.

When checking the data for accuracy, Trochim et al. (2016, p. 288) submits that one asks several questions relating to the initial data screening process, namely:

- Are the responses legible/readable?
- Are all important questions answered?
- Are the responses complete?
- Is all relevant contextual information included?

4.5. Phase III – Qualitative data collection

4.5.1. Selection of participants

The third objective in this study was to examine the efficacy and relevance of different schools' curricula regarding sexuality education by exploring the adolescents' experiences, thus interviews were used.

The criteria for adolescents' participation for this specific study were as follows: attending one of the 27 Christian faith-based high school in the Western Cape Province; being between ages of 13 and 19 years old; and being in Grades 8 to 12. All the adolescent participants were accessed through the high schools located in two particular districts in the Western Cape. The database of school names was obtained from the Western Cape Education Department utilising the following link: <https://www.westerncape.gov.za/dept/education>. Kindly refer back to Table 21. The same adolescents who took part in the survey were also invited to volunteer for the qualitative part of the research study. The researcher wanted to interview at least 12 participants specifically from the selected two Christian faith-based schools in the Metro East district, aiming for 6 females and 6 males. As will be explained shortly, 12 individuals did volunteer eventually, however the final sample of 11 was sufficient for the study.

In total, 11 interviews were conducted in English, outside of the classroom venue, on selected dates and specified times. An interview schedule was used. Open-ended questions were asked, and participants were expected to give their views on the following information: sources of adolescent sexuality education; how sexual values are constructed; what contributes to the adolescent's sexual debut; reasons why adolescents abstain from sex; forms of sexual expression; the sexual double standard; HIV/AIDS, STIs, teenage pregnancy, and contraceptive usage. The interviews lasted approximately 45 minutes and were audio-taped

with permission. Before and after the interview, and while the audio recorder was switched off, the interviewees were given the opportunity to ask any questions or voice concerns.

4.5.2. Data collection tools

According to Willig (2008), semi-structured interviewing is the most widely used method of data collection in qualitative research in psychology. By utilising interviews, it allows the researcher to gain access to the inter-subjective experiences of participants. The researcher's major questions should drive the interview; hence the researcher needs to steer the interview to obtain the kind of information which will answer the major research questions. A carefully constructed interview schedule should ensure that the researcher will not lose sight of the original research question/s (Willig, 2008). It is suggested that the interviewer starts off by asking general questions once rapport has been established. Spradley (as cited in Willig, 2008) proposes various types of questions, which are useful when formulating an interview schedule. The researcher will therefore use *descriptive questions* – participants need to provide a general account of what they know; *structural questions* – participants need to share how they organise their knowledge i.e. how they make sense of the world; and *evaluative questions* – participants need to express feelings towards something. An interview guide should not be seen as a prescriptive instrument, but a *guide*.

This is the step-by-step guideline which the researcher utilised for this study: (a) the researcher noted the larger research questions; (b) the researcher developed questions within each major area; (c) the researcher adjusted the language according to the participants; (d) the researcher worded questions so that participants are motivated to answer completely and honestly; and finally (e) the researcher divided the interview schedule into various sections.

In the opening section of the interview schedule, the researcher should establish rapport, state the purpose of the interview, state the length of the interview, and begin with asking non-controversial ‘warm-up’ questions. In the body section of the interview schedule, descriptive, structural, and evaluative questions should be asked. Questions should stem from the researcher’s reading of the literature. In the closing section, participants should be asked to reflect on general feelings evoked during the process, and if there is anything else in particular that they would like to speak about. Please refer to *Appendix G* to peruse the interview schedule used in this particular investigation.

4.5.3. Data collection

The data collection procedure commenced only after approval was granted by the Research Ethics Committee at the University of the Western Cape. As noted by Andipatin (2012), recruiting research participants for any investigation always seems somewhat of a challenge, particularly within the South African context. The researcher set out to recruit participants from diverse backgrounds i.e. there was quite a variation in terms of ethnicity, socioeconomic status, and life experiences. At the three major sites of participant recruitment, the researcher was invited to conduct presentations on sexuality aimed at adolescent learners. While the researcher thoroughly enjoyed doing these presentations, the challenge always seemed to be *crowd control* – large audience numbers and the nature of the topic would always cause a lot of raucous commotion during the presentations – even the presence of (and pleadings by) the teachers and prefects seemed to unswervingly fall on deaf ears. At the end of the sexuality presentations, the researcher would take some time to elucidate the research study to the learners. The researcher disseminated information letters (refer to *Appendix A*), as well as consent and assent forms (refer to *Appendices B* and *C*) to all of those who wanted to take part in the research study. An explanation of the voluntary nature of the research was provided. It was clarified that confidentiality and anonymity would be assured.

The researcher's contact details were provided in the information sheet, therefore the onus to choose to take part in the interview was up to the learners. Thus, consent and assent provided by parents and the adolescents were for *both* the surveys and the interviews. As per arrangement with the principals of each school, the surveys were completed on specific dates and times. Upon completion of the surveys, learners were reminded to contact the researcher via *WhatsApp*, should they wish to take part in the qualitative aspect of the research study. In almost every case, no immediate responses came from the learners after the sexuality presentations took place at the various schools. However, once the first interview commenced, there seemed to be some momentum because the researcher was able to conduct the interviews within four months.

The interviewing process was not without glitches though. The researcher is employed on a full-time basis, and learners would generally finish the schooldays mid-afternoon. Hence, there were several learners who were eager to participate in the interviews, but they were not willing to remain behind after school to speak to the researcher. Consequently, arrangements were made with the one school principal to complete the interviews during interval. Participants keen to take part in the researcher's investigation came from two particular schools in the Metro Eastern district in the Western Cape Province of South Africa. The interviews were conducted in a space where the participants felt comfortable. Hence, six interviews were conducted either in the school library during interval or after-school at School#2; the other five interviews took place during the block study weeks prior to examinations in the researcher's own private office, which is situated several minutes away from School#1.

Before proceeding with the interviews, Dekel (2018) mentions that it was imperative to make initial *small talk* with her interviewees, in order to create rapport with them. Goldschmidt (2019) reports that it is imperative for the participants to be placed at ease prior to the interview. The researcher followed the recommendations given by Dekel and Goldschmidt. All

participants were previously informed that the session would be audio-recorded. Audio recordings were done via the voice recorder on the researcher's laptop, and a back-up recording was made using the researcher's cellular phone.

Once rapport was established, the researcher proceeded by saying: "Thank you for agreeing to be interviewed for our research adolescent's views on religion and sexual behaviour. This interview should only take about one hour and will be recorded. Please note that you will not be directly quoted in any report of this study. Only group data will be recorded. Are you still happy to proceed with the interview?"

During all 11 interviews, the collective mood of the participants remained good, and 10 participants willingly and enthusiastically shared their experiences/views; only one participant – the youngest one in the sample (15-year old Jabu ~ not his real name) needed a bit of coaxing in order to be conversational.

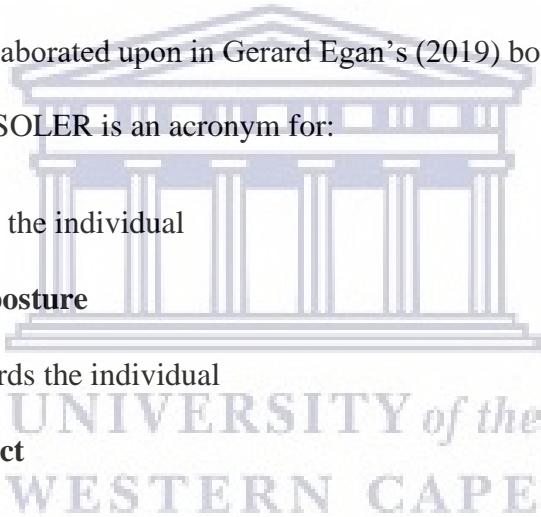
Examples of some of the questions which were asked during the interviews were:

- Where did you first hear about *sex*?
- Where do Christian teenagers currently get their information about sex?
- What contributes to Christian teenagers having sex for the first time?
- What contributes to Christian teenagers continuing to have sex?
- Why do Christian teenagers abstain from sex?

To recapitulate, the third objective of this study was to examine the efficacy and relevance of different schools' curricula regarding sexuality education by exploring the adolescents' experiences. Hence, at the close of the interview, the researcher asked the following essential questions:

-
- Do you think that your school provides effective sexuality education programmes? Why or why not?
 - How do you think your school can run more effective relevant sexuality education programmes?
 - Do you have any feelings which were brought up during this interview process, which you would like to discuss?
 - Is there anything else you would like to talk about?

The researcher made sure to pay attention to her body language in order not to offend or intimidate the participants, as advised by Windvogel (2019). This was done by applying the SOLER skills, which are elaborated upon in Gerard Egan's (2019) book *The Skilled Helper: A client-centered approach*. SOLER is an acronym for:

- 
- **Sit squarely** facing the individual
 - Maintain an **open posture**
 - **Lean slightly** towards the individual
 - Maintain **eye contact**
 - **Relax**

The researcher sat squarely when conducting all of the interviews. Egan (2019) states that sitting squarely communicates that one is *with* the individual. The researcher conducted all interviews in two different venues. The venues allowed the researcher to sit squarely in a position which was not threatening for the adolescents. Egan (2019) expresses that an open posture is advisable, therefore the researcher was mindful not to sit cross-armed or cross-legged, as this creates the impression of being less involved/available to the individual who one is engaging with. The third guideline involves leaning forward, as this communicates that one is interested in listening to the individual. The researcher would periodically lean forward

towards the interviewees, but not too forward, to avoid intimidating the adolescents. Maintaining good eye contact is essential, in pursuance with Egan (2019). During the interviews, the researcher was sure not to stare at the participants. She looked away now and then, to ensure that the adolescents remained comfortable. The final guideline is to relax, as suggested by Egan (2019). The researcher was cognisant of not nervously fidgeting during the interview. A relaxed disposition was maintained, being mindful of having a relaxed facial expression and composed body language. Windvogel (2019) says that by applying these skills, the qualitative researcher is able to increase the responsiveness of the participants. It is the researcher's opinion that all interviews went off relatively well. Every participant received a small remuneration at the conclusion of the interview. In the sexuality presentations, the researcher explained that every interviewee would simply receive a small token of appreciation for taking part in the study, however no specific details were given. The participants received a small compensation for the interviews.

4.5.4. Brief particulars of interviewees

The ensuing table indicates the demographic details concerning the participants who took part in the qualitative part of this research study.

Table 4.8*Demographic details of qualitative participants*

| <i>Participant number</i> | <i>Pseudonyms</i> | <i>Gender</i> | <i>Age</i> | <i>Ethnicity</i> | <i>Home language</i> | <i>Grade</i> | <i>Religious affiliation</i> |
|---------------------------|-------------------|---------------|------------|------------------|----------------------|--------------|------------------------------|
| Participant #1 | Yondela | Female | 16 | Black | Xhosa | 11 | Not Christian |
| Participant #2 | Ava | Female | 18 | White | English | 12 | Christian |
| Participant #3 | Tinodashe | Male | 19 | Black | Shona | 11 | Christian |
| Participant #4 | Riley | Female | 17 | Coloured | English | 10 | Christian |
| Participant #5 | Jabu | Male | 15 | Black | English | 9 | Christian |
| Participant #6 | Madison | Female | 18 | White | English | 12 | Not Christian |
| Participant #7 | Dylan | Male | 18 | Coloured | English & Afrikaans | 12 | Christian |
| Participant #8 | Lindelwa | Female | 16 | Black | English | 10 | Christian |
| Participant #9 | Seth | Male | 16 | Coloured | English | 10 | Christian |
| Participant #10 | Nyasha | Female | 17 | Black | Xhosa | 11 | Christian |
| Participant #11 | Micah | Female | 18 | White | Afrikaans | 12 | Christian |

From the eleven interviews conducted, seven were female interviewees, and four were male interviewees. Three additional males would have taken part in the study, but they failed to show up for their appointments on several occasions – this was quite frustrating for the researcher. Hence, the researcher decided to exclude these learners from the research study.

Andipatin (2012) presents quite a novel idea vis-à-vis the presentation information of demographics. She points out that in many instances, biographical details are presented in tabular format, but in her opinion, that way of presenting the information could possibly *deface* individuals. The researcher therefore decided to likewise present the demographic details in a narrative fashion. This format presents people's stories in a more respectful manner, argues Andipatin (2012).

Conforming to Privitera (2014), one particular factor which is unique to qualitative research is the fact that the real identities of the participants are oftentimes completely concealed. In all cases, the researcher may make use of pseudonyms for participants. A major reason for making use of the latter is to protect the participants from being identified by others. Thus, it can be argued that obscuring the participants' true identities demonstrates that the researcher is in line with the Belmont principle of respect for persons. To review briefly, the Belmont report was published in 1979. It unmistakably identified three particular areas of ethical conduct which researchers should abide by, specifically: respect for persons; beneficence; and justice (Trochim et al., 2016).

What follows is a succinct sketch of each participant. In all cases, pseudonyms have been used to safeguard the identity and confidentiality of the learners:

Yondela (16 years old)

Yondela is a Xhosa-speaking black female, who is quite confident in the English language. She is 16 years old and in Grade 11. Her home of origin is Johannesburg. She attends a Christian school, but does not necessarily identify herself as Christian. She lives with her grandmother, whom she describes as very godly. She is unsure about which career path to pursue in the future.

Ava (18 years old)

Ava is an English-speaking white female, who originates from Cape Town. She is 18 years old and in Grade 12. She attends a private Christian school, and identifies herself as Christian. Her parents are divorced. She lives with her father and step-family. Altogether, she has 6 siblings, some of which are step brothers and sisters. She has a steady boyfriend. Even though she is quite nervous about her matric examinations, she is keenly optimistic about her future, as she wants to pursue a career in political science.

Tinodashe (19 years old)

Tinodashe is a Black male, who originates from Venda. He is 19 years old and in Grade 11. He is adept at the English language, although Shona is his mother tongue. He attends a Christian school, and identifies himself as Christian. His parents are married. He is the oldest child of several younger siblings. Tinodashe is currently not in a dating relationship, although he has had three relationships in the past. He is exceptionally well-read regarding the Bible and other Christian authors. He considers himself to be a lay preacher. It is his hope to be a pilot, and also to be able to establish an evangelistic training centre for young people one day.

Riley (17 years old)

Riley happens to be a Coloured female, who is 17 years old and in Grade 10. Her home language is English. She attends a Christian school, and identifies herself as Christian. Her parents are married. She shared that she has been the victim of sexual assault on several occasions in her lifetime. Riley self-identifies as a *demisexual*, which refers to an individual who does not have a sexual attraction to others, unless a strong emotional bond exists. She is not in a dating relationship. After she matriculates, she wants to become an *au pair*.

Jabu (15 years old)

Jabu is of Zimbabwean descent. He is 15 years old and in Grade 9. He is English-speaking. His parents are married; he is the youngest child, and has two older brothers. His family relocated from Zimbabwe to Cape Town in 2009. He identifies himself as Christian, and currently attends a Christian faith-based secondary school. He is passionate about sports. He proudly shares that he has a girlfriend – but the relationship needs to be kept *secret*, especially from his conservative parents. When he grows up, his desire is to become an accountant.

Madison (18 years old)

Madison is an English-speaking white female, who was born in South Africa. Her parents are British, and she has a strong English accent. She is 18 years old and in Grade 12. She attends a private Christian school, and but does not identify herself as Christian. Her parents are married. At the age of 15, it was revealed to her that the person whom she calls “Dad” is not actually her biological father. She has a younger brother. After she matriculates, she wants to become a clinical psychologist.

Dylan (18 years old)

Dylan is a bilingual Coloured male, who is fluent in both English and Afrikaans. He originates from George. He is 18 years old and in Grade 12. He attends a private Christian school, and identifies himself as Christian. In fact, Dylan is quite a popular singer within his church; he and his father are actively involved in the Christian music ministry. His parents are happily married. He has a younger brother in primary school. After he matriculates, his goal is to study into the field of psychology. He is in a relationship, which he describes as “complicated.”

Lindelwa (16 years old)

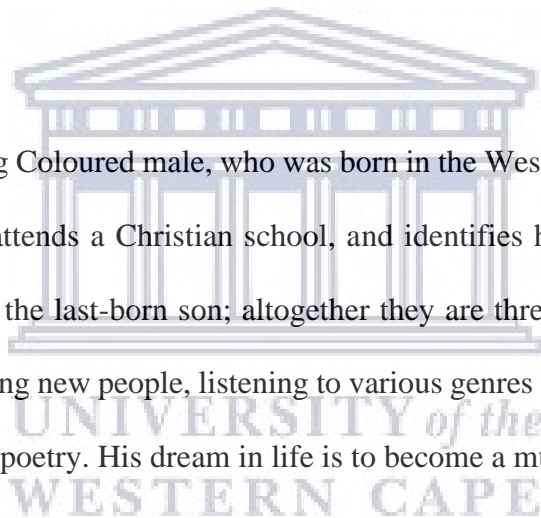
Lindelwa's mother tongue is Afrikaans, although she is fluent in English and Xhosa. She is a 16-year old Coloured female, who is in Grade 10. She originates from Port Elizabeth. She attends a private Christian school, and identifies herself as Christian. She lived with her grandmother until the age of nine years old. She grew up never knowing her father. Currently, she lives with her mother. Both of her biological parents have remarried. Her mother lost her newborn baby one week after birth when Lindelwa was in Grade 8. For many years, she was reared as an only child. Currently, she has a baby brother who is a year old. After she matriculates, she has dreams of becoming a theologian and a lawyer.

Seth (16 years old)

Seth is an English-speaking Coloured male, who was born in the Western Cape. He is 16 years old and in Grade 10. He attends a Christian school, and identifies himself as Christian. His parents are married. He is the last-born son; altogether they are three brothers in the family. His passions involve meeting new people, listening to various genres of music, playing soccer, playing chess, and writing poetry. His dream in life is to become a musician.

Nyasha (17 years old)

Nyasha is a black Xhosa-speaking female, who is quite fluent in the English language. She originates from Johannesburg. Currently, she lives in the informal settlement of Gugulethu, with her mother and four-year old sister. Her father lives and works in Pretoria. She is in Grade 11, and attends a Christian secondary school. She identifies herself as being Christian. Nyasha is in a dating relationship. She is unsure of what the future holds for her.



Micah (18 years old)

Micah is an Afrikaans-speaking white female, who is quite fluent in the English language. She is 18 years old and in Grade 12. She attends a private Christian school, and identifies herself as Christian. Her parents are married. She has two older siblings and two younger siblings. After she matriculates, she wants to become a beautician.

4.5.5. Data transcription and analysis

4.5.5.1. Data transcription

Castleberry and Nolen (2018) state that compiling the qualitative data into a useable form is the first step to finding meaningful answers to one's research question/s, and these scholars explicate that compiling entails transcribing the information, in order for the researcher to easily see the data. Furthermore, Castleberry and Nolen (2018) explain that transcription services may greatly help a researcher save time, but it is essential that the researcher knows the data intimately. Once all of the interviews were completed, the recordings were transcribed verbatim in English. The researcher had all eleven of the interviews transcribed by a local transcription company. *On Time Transcribers* is a Cape Town based company which provides exemplary professional services. Electronic podcasts of the interviews were emailed to the company manager, and within three weeks, the transcribed scripts were emailed back. A confidentiality agreement regarding the transcription can be seen in *Appendix H*.

Once received from the company, transcriptions were kept on a password-protected computer, and only the researcher and project supervisors had access to the protected information. In order to ensure a high-quality transcription process, the researcher personally checked through all typed out scripts, and ensured that they were accurate versions of the audio versions. The researcher also paid attention to the subtler aspects of social interaction apparent in the audio-taped interviews, and thus the researcher updated the transcribed scripts with this

type of information. Verbal utterances and all nonverbal forms of communication were noted in the transcribed interviews. Punctuation marks were added at appropriate places.

4.5.5.2. Data analysis

The feedback received in the interviews were analysed using thematic analysis. According to Maguire and Delahunt (2017) thematic analysis involves identifying patterns or themes within qualitative data. As per Fugard and Potts (2019), “thematic analysis is a family of qualitative social research methods that formalise, to varying degrees, the process of developing themes” (p. 2). The researcher particularly chose thematic analysis, since it is the most influential approach in the social sciences, and it offers a straightforward and utilitarian framework for doing analysis, as argued by Maguire and Delahunt (2017). Furthermore, Caulfield (2019) notes that thematic analysis is a good approach to use when trying to delve into people’s views, opinions, knowledge, or experiences. The researcher followed the six-phased guidelines to doing thematic analysis, as offered by Braun and Clarke (2006). What follows is a summary appertaining to what the researcher did. The steps are as follows: (1) familiarisation with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report.

Step # 1 Become familiar

Thematic analysis requires that the researcher is quite familiar with the data (Fugard & Potts, 2019). Re-reading the data is necessary in order for the researcher to become intimately familiar with it (Castleberry & Nolen, 2018). On the authority of Maguire and Delahunt (2017), a qualitative researcher should firstly become wholly acquainted with the data corpus. When immersing oneself in the data, Windvogel (2019) recommends that the researcher needs to step into the participants’ shoes as far as possible. Goldschmidt (2019) proposed that transcripts need to be read through first, without any coding taking place. Therefore, during this initial

step, the researcher should acquire a sense of the entirety of the data and have a greater understanding of the content (Castleberry & Nolen, 2018). Thus, the researcher re-read all of the transcriptions without coding any information at this point.

Step # 2 Generate initial codes

Austin and Sutton (2014) elucidate that once the data is organised, and the researcher feels familiar with the content, it now needs to be separated, or as Yin (2011) would say: *disassembled*. In line with Austin and Sutton (2014), disassembling the data involves taking the data apart and creating relevant groupings. At this stage, it became vital for the researcher to organise her data corpus meaningfully and systematically. During this second step, the researcher needs to sift out pieces of data that are considered relevant to the aims of the study and should then *code* the data as a means to developing themes (Marlow, 2011). In conformity with Charmaz (2006), a code is a concise label that captures something interesting about the data. Coding, as stated by Maguire and Delahunt (2017) “reduces lots of data into small chunks of meaning” (p. 3355). Stated differently, coding is referred to as classifying or categorising individual pieces of data coupled with some kind of retrieval system (Rubin & Babbie, 2017). The researcher began the process of coding, whereby the raw data were gradually converted into usable data, on the advice of Austin and Sutton (2014).

Castleberry and Nolen (2018) state that when coding, qualitative researchers need to identify *interesting features* of one’s data. The researcher manually coded the data by working through the 11 hardcopy transcriptions, highlighting texts to indicate potential patterns (Clarke & Braun, 2017). Braun and Clarke (2006) propose that an initial list of ideas about what is interesting should be assembled. Hence, the researcher drafted a list containing descriptive codes and *in vivo* codes. Descriptive codes refer to roles, processes, actions, places, or things

which are easily identified, whereas *in vivo* codes refer to verbatim words or phrases from the participants' narrative to describe the unit of data (Castleberry & Nolen, 2018).

Step # 3 Search for themes

Braun and Clarke (2006) advise that at this stage, collated codes need to be placed into potential themes with the assistance of an initial thematic map. A theme, as expounded by Maguire and Delahunt (2017) is “a pattern that captures something significant or interesting about the data and/or research question” (p. 3356). In consonance with Fugard and Potts (2019), different individuals may have different ideas as to what comprises a theme.

Accordant with Clarke and Braun (2013), a common snag is to use the main interview questions as themes. What is problematic regarding the aforementioned is that the data is summarised and organised, *rather than analysed*. Concordantly, Marlow (2011) expounds that patterns should emerge from the data, rather than being developed prior to data collection. Hence, as explained by Fugard and Potts (2019), thematic analysis is an *iterative process*, meaning that themes develop as the researcher goes through the material multiple times.

The two different approaches which exist regarding thematic analysis are inductive and deductive approaches, where the former approach involves allowing the data to determine one's themes, while the latter involves approaching the data with some preconceived themes which you expect to find reflected therein, based on theory or existing knowledge as per Caulfield (2019). In proportion with Maguire and Delahunt (2017), a bifurcation between two levels of themes exist, namely, semantic themes and latent themes. Semantic themes refer to the “the explicit or surface meanings of the data” and thus the “analyst is not looking for anything beyond what a participant has said of what has been written” (Braun & Clarke, 2006, p. 84). Essentially, this represents what is taught and what is learnt. Conversely, latent themes “starts to identify or examine the underlying ideas, assumptions, and conceptualisations, and

ideologies that are shaping or informing the semantic content of the data” (Braun & Clarke, 2006, p. 84). Semantic themes were derived deductively, while the latent themes were derived inductively.

Five semantic themes and eight latent themes were identified. Concepts taken from the theory/research into adolescent sexuality were predominantly used to label the semantic themes, which were as follows: (1) First hearing about sex; (2) Reasons for adolescent sexual activity; (3) Reasons for sexual abstinence; (4) Knowledge regarding contraception; and (5) Knowledge regarding sexting.

The eight latent themes were identified as follows: (1) Regarding parent/adolescent communication: “We don’t really talk about stuff like that”; (2) Sex “education” from friends and the media; (3) Ho/f-boy dichotomy; (4) Consequences of sex: Disappointment (5); Regarding oral sex: “It’s quicker. It brings pleasure”; (6) Religion is a powerful driving force; (7) Sexuality education from school/teachers summarised as “Just abstain” and (8) Improving sexuality education at school: “Go into depth.”

Step # 4 Review themes

This step involves data themes being checked, thereby creating a developed thematic map. During this phase, the researcher should definitely check whether the themes are in coherence with each other (Braun & Clarke, 2006). Maguire and Delahunt (2017) articulate that themes should be comprehensible, and very importantly should be distinct from each other. the transcripts had been sent to the researcher’s supervisor for her perusal. In addition to this, to enhance the researcher’s own process of checking the data, she also sent her preliminary thematic map (encompassing semantic and latent themes) to her supervisor for checking.

Step # 5 Defining and naming themes

Krynauw (2016) states that at this point, the focus should be on the finer distinctions of the themes. Hence, this penultimate step involved the researcher clearly defining and naming data themes, and organising these into a final thematic map. Accordant with Caulfield (2019), naming themes involves coming up with a pithy and easily understandable name for each theme. Putting the concepts into a graphical format is a process which is known as *concept mapping* (Rubin & Babbie, 2017). The researcher's concept mapping is illustrated below:

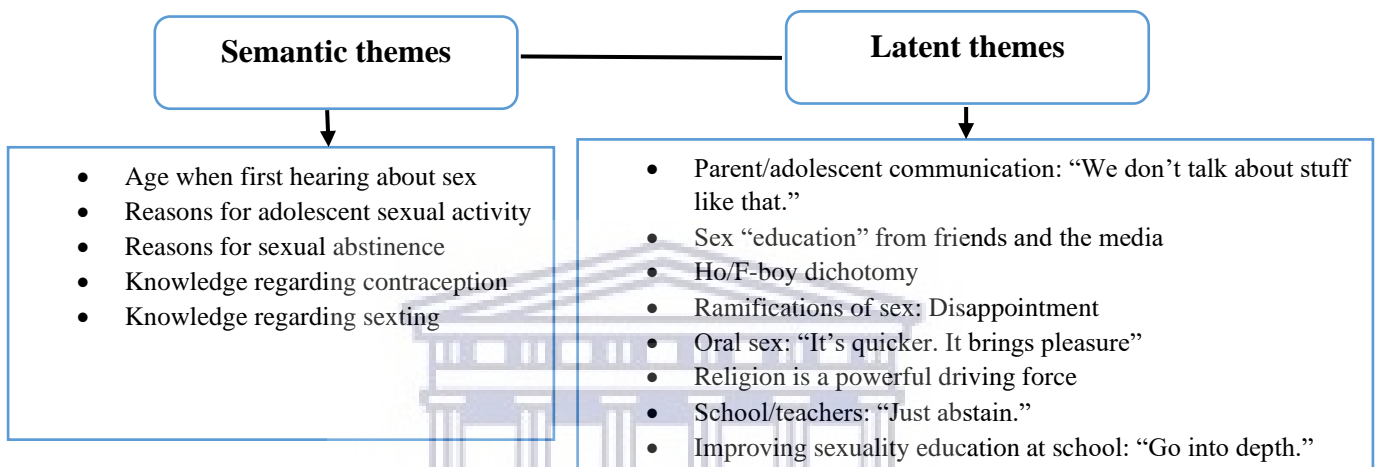


Figure 16: Semantic and latent themes regarding qualitative data

Step #6 Producing a report

Braun and Clarke (2006) explain that the concluding step in thematic analysis involves producing a report, whereby a selection of vivid, compelling extracts is taken and highlighted in the final report, and compared with the literature, thereby producing answers to the research question. One of the objectives in this investigation was to understand the experiences of adolescents' sexual attitudes and behaviours, and understanding their perceptions of their school's sexuality education curriculum. Regarding this objective, it is essentially two-fold, thus with reference to the first part of the objective – understanding the experiences of adolescents' sexual attitudes and behaviours – five of the semantic themes and six of the latent themes addressed this part in the objective. The second part of the objective deals with

understanding the adolescents' perceptions of their schools' curricula, hence the final two latent themes addressed this issue.

It should be added that when reporting data, researchers must include direct quotations from the data that are brief, and targeted to show readers the quality of one's coding, theme generation, and subsequent conclusions (Castleberry & Nolen, 2018). Sutton and Austin (2015) argue that this can be an important step towards transparency and dependability, because readers will be more likely to accept one's conclusions when they see that they are rooted in empirical data.

4.5.6. Enhancing trustworthiness

Lincoln and Guba (1985) posit four salient criteria for judging qualitative research with regard to trustworthiness; these are *credibility* (equivalent to the quantitative concept of internal validity), *transferability* (equivalent to the quantitative concept of external validity/generalisability), *dependability* (equivalent to the quantitative concept of reliability), and *confirmability* (equivalent to the quantitative concept of objectivity). A trustworthiness protocol was created, to ensure that all four criteria were met in the research project:

4.5.6.1. Credibility

Credibility refers to confidence in the "truth" of the results (Polit & Beck, 2012; Terre Blanche et al., 2014). The following strategies were utilised to ensure that the phenomena under scrutiny were accurately recorded: *Development of an early familiarity with the culture of participating organisations* before the first data collection dialogues take place (Shenton, 2004). This was achieved via consultation of appropriate documents and preliminary visits to the schools. *A random approach to sampling* will be employed, as this will negate charges of researcher bias in the selection of participants. *Tactics to help ensure participants' honesty when contributing data* will be used – each adolescent who was approached had an opportunity

to refuse to participate; in essence, those who participated would be only those who were genuinely interested in offering data freely. The researcher established rapport with the participants and encouraged them to answer questions frankly. *Iterative questioning* was utilised to uncover deliberate lies (Shenton, 2004). How this was done was to return to issues previously raised, by rephrasing questions, and if contradictions or falsehoods were detected, the suspect data were not considered. *Frequent debriefing sessions* between researcher and supervisor took place. Such meetings assisted in drawing attention to flaws in proposed courses of action, and also assisted her in recognising her own biases/preferences in the research process. *Peer scrutiny of the research project* was welcomed by the researcher's two supervisors and other academic staff. Their feedback was also strongly taken into consideration. *Researcher's reflective commentary* will also ensure credibility. A reflective journal plays a key role in what Guba and Lincoln (1985) term progressive subjectivity i.e. monitoring of the researcher's own constructions.

4.5.6.2. Transferability

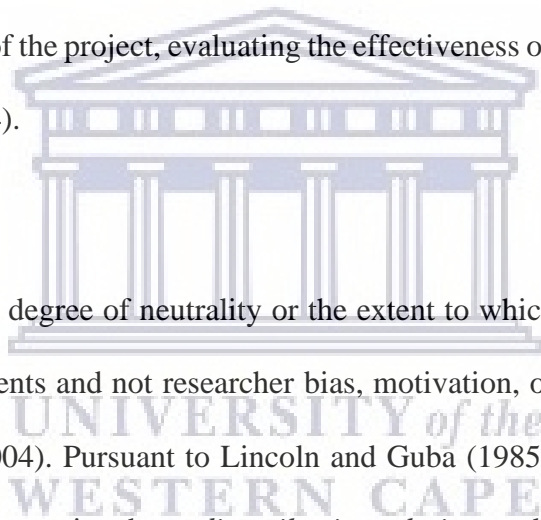
Transferability designates that the findings have relevance in other contexts (Houghton et al., 2013; Polit & Beck, 2012; Terre Blanche et al., 2014). One strategy to achieve was the usage of thick description (Cresswell & Miller, 2000). The researcher described the phenomena in sufficient detail; in doing so, the researcher was able to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Amankwaa, 2016). The researcher was required to gather copious amounts of information detailing thick description, such as location setting, atmosphere, climate, participants present, participants' attitudes, reactions not captured on audio capturing, etc. – hence a vivid picture of the events of the research was established (Amankwaa, 2016). The aforementioned were established through journaling and maintaining records (digital and handwritten).

4.5.6.3. Dependability

Dependability indicates that the findings are consistent and can be repeated. This can be achieved when another researcher concurs with the decision trails at each stage of the research process (Cope, 2014). As attested to by Koch (2006), a research study would be considered dependable if the research findings were simulated with similar participants in analogous conditions. In order for the researcher to develop a thorough understanding of the methods and their efficacy, the project included sections devoted to the *research design and its implementation*, which described what was planned and executed on a strategic level; the *operational detail of the data gathering*, comprehensively covering what was done in the field; and a *reflective appraisal* of the project, evaluating the effectiveness of the processes of inquiry undertaken (Shenton, 2004).

4.5.6.4. Confirmability

Confirmability attributes a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest (Polit & Beck, 2012; Tobin & Begley, 2004). Pursuant to Lincoln and Guba (1985), confirmability may be established through three means i.e. the *audit trail*, *triangulation*, and *reflexivity*. An audit trail is defined as a transparent description of the various research steps from the onset of the research project, to the development and reporting of the findings. Halpern (1983 as cited in Lincoln & Guba, 1985) indicates several steps for reporting information when developing an *audit trail*, and these phases were adopted by the researcher: (a) The researcher collected all of the raw data and written field notes; (b) The researcher made condensed notes, unitised information and quantitative summaries (known as data reduction and analysis); (c) The researcher made use of data reconstruction and synthesis, which would include structuring categories (such as themes, definitions, and relationships), findings, and conclusions; (d) The



researcher collected process notes, which would include methodological notes (on procedures, designs, strategies, and rationales), trustworthiness notes (on credibility, transferability, and dependability) and audit trail notes; (e) The researcher collected other material such as personal notes (i.e. reflexive notes and motivations); and (f) The researcher collected instrument development information. *Triangulation* is yet another way in which confirmability can be ensured (Lincoln & Guba, 1985). The researcher made use of multiple data sources within her investigation, to enrich understanding of the research topic. *Reflexivity* is an additional way of ensuring confirmability (Lincoln & Guba, 1985), and thus the following steps were taken to guarantee reflexivity: (1) The researcher made regular entries in a reflexive journal (notes in a file) during the research process; and (2) The researcher reported research perspectives, positions, values, and beliefs in manuscripts and other publications.

4.6. Reflexivity

Reflexivity is frequently cited as a vital tool for enriching the rigour and trustworthiness within qualitative research, as attested to by a number of authors (Gilgun, 2010; Gringeri et al., 2013; Longhofer & Floersch, 2012). It is oftentimes considered to be the qualitative equivalent of tests of validity, something qualitative researchers can point to as an evidentiary train in their justification of claims to knowledge (Probst, 2015). However, before proceeding with this section, it is imperative to outline what reflexivity is, and not to simply assume that a consensual understanding of the concept exists. Firstly, a cursory list of definitions will be provided, as seen by various scholars. According to the APA Dictionary of Psychology (2020), reflexivity is a term affiliated with qualitative research; it refers to the self-referential quality of a study, whereby the researcher reflects on the presuppositions behind the study, especially the influence of his/her own motives, history, and biases on its conduct. Put another way, Shadlock and Smyth (1998) describe reflexivity as the conscious revelation of the underlying beliefs and values held by the researcher in selecting and justifying their methodological

approach (as cited in Reid et al., 2018). Conformable to Gilgun (2008, as cited in Probst, 2015), reflexivity is generally understood as the recognition of influence that the researcher has on individuals or the topic under study, while concurrently recounting how the research experience is affecting the researcher. Accordant with other scholars, reflexivity may be delineated as the process by which we as researchers hold ourselves accountable for the assumptions we enact when we do research, a process of justifying why we are inquiring about people and the world in particular ways (Finlay, 2002; Seale, 1999, as cited in Shaw, 2016). Probst (2015) consolidates all of the aforementioned definitions by simply stating that *reflexivity necessitates attention back to oneself*.

It must be mentioned that some scholars have underscored the “muddy” nature of reflexive research, likening reflexivity to a darkened swamp, whereby a researcher may easily become lost due to “endless narcissistic personal emoting or interminable deconstructions of constructions” (Finlay, 2002, p. 226). However, one scholar guards against plethoric reflexivity; it is argued that qualitative researchers should not unduly wade in the entanglement of their own positioning (Pillow, 2003, as cited in Probst, 2015). Thus, reflexivity should not be seen as a distraction, whereby attention is more on the researcher’s internal processes, rather than on the individuals or phenomena being studied, a task that is sometimes easier said than done. Hence, as per the guidance of Pillow (2003), the participants’ voices that must be heard; therefore, the researcher has put in place a few measures to ensure that it is the participants’ views and experiences, not those of the researcher’s.

Adams (2016) argues that it is essential that the researcher retains critical self-reflection throughout the research process. This is what the researcher attempted to do through the qualitative data collection process. As mentioned in a previous section, the researcher read an interesting quote by Kader Asmal, which the researcher could personally resonate with: Facing a group of rambunctious and rebellious teenagers and talking to them about sexuality, about

condoms, about penises and vaginas, about orgasms and sexually transmitted diseases is no easy task (Department of Education, 2002). From her own perspective, the researcher personally has never had any discomfort with relaying the content to college-aged students on a tertiary level, however, working with adolescents on a secondary school level is quite different. In her experience with running sexuality presentations at high schools for learners from various racial groups, varying SES levels, various religious groups, etc., the common factor always seemed to be adequate crowd control, as already mentioned in an earlier section. Bandura (1997) speaks about self-efficacy, which refers to the person's belief in his/her capability to perform behaviours necessary to produce certain results. It is my opinion that if current LO teachers (who feel uncomfortable with teaching sexuality) could become more self-efficacious, and if they could make use of the DBE's scripted lesson plans for CSE, better results could be yielded pertaining to adolescent learners.

4.7. Ethical considerations

In conformity with Guillemin and Gillam (2004), two broad kinds of ethical domains exist; the first being *procedural ethics* (i.e. gaining approval); the second being *process ethics* (i.e. ethics during the course of practice). In this section, both procedural and process ethics will be discussed at length.

As established by Gravettter and Forzano (2021), research ethics is concerned with the responsibility of researchers to be authentic and deferential to all persons who are affected by their research studies. Thus, research ethics is not a matter of morality; rather, it involves proper conduct of researchers.

Basic rights of the participants include protecting them from any undue physical or psychological harm; strictly voluntary participation in the study through the process of

informed consent, and respecting the right to participants' privacy and confidentiality (Leedy & Ormrod, 2019).

For this particular study, ethical clearance occurred on two levels. The first level of ethics clearance was an institutional one. The University of the Western Cape requires that all students' projects be ethically cleared prior to conducting research. Research proposals are thus subjected to stringent ethical scrutiny. The university's Research Ethics Committee (specifically the *Humanities and Social Sciences Research Ethics Committee*) ratified the approval of the project (Project number HS17/10/14; See *Appendix I*). The second level of clearance was granted by the Western Cape Educational Department (WCED). In order to attain approval to conduct this study with research participants, specific information had to be submitted (1) complete a research application form, entitled *Application to conduct research in public schools within the Western Cape*; (2) submit the full proposal with appendices, and finally (2) submit a letter from the researcher's supervisor. The application to conduct research in Christian faith-based schools in the Western Cape was approved, subject to particular conditions (See *Appendix J*).

Conducting research with minors under the age of 18 is considered "high risk", and when coupled with the topic of sexuality, ethics committee members require even more stringent regulation of projects (Robinson & Davies, 2014). These authors state that the following "best practices" when doing sex research with adolescents need to be considered: (1) research design and methodologies need to be sensitive to the age of participants; (2) in-depth or comprehensive information about the research must be provided to the individuals and organisations involved in the project; (3) parental consent and adolescent assent are given; (4) that the contact details are provided if any adolescent requires counselling services as a result of taking part in the research; (5) what would happen to the data after completion of the research is clearly outlined; (6) research would be conducted in an appropriate location/setting; (7)

confidentiality needs to be ensured at all times; (8) researchers need to declare any conflict of interest regarding funding of the research; and (9) researchers clearly illuminate the potential risks of the project participation, yet also expound how the benefits outweigh the risks (Robinson & Davies, 2014).

The research topic –*Exploring intrinsic religiosity as a means to militate against risky sexual behaviour in adolescents from Christian faith-based schools* – was clarified to the adolescent participants. This assured the total awareness of their role in the project, and they were furthermore informed that participation would be at their own discretion. Once the participants were selected, they were given information sheets (see *Appendix A*) outlining the nature of the study, to ensure that they were comfortable with the topic being addressed. The goals of this study, survey method, and interviews were iterated and communicated to the participants.

Respect for persons means that individuals are to be treated as independent and autonomous persons. Children under 18 years old are not of the legal age to provide consent to take part in research; they are considered to be a *vulnerable population*, a designation given to those who may not fully be in control of decision-making. Consequently, researchers must seek permission from parents/legal guardians for children to take part in research (Harper & Thompson, 2012; Trochim et al., 2016). Children are required to make a decision about participation, and this type of decision is known as *assent* (Gravetter et al., 2021). Once all of the details of the project were clearly understood, adolescents provided assent through the signing of informed assent forms (see *Appendix B*).

Because the respondents were minors, the researcher also required that the parents/legal guardians sign *informed consent* forms, to show their acceptance to be part of, and full understanding of the research procedures (See *Appendix C*). Trochim et al. (2016) describes

informed consent as a policy of informing all study participants about the procedures and risks involved in research, and also assures that respondents give their consent to participate. Similarly, Gravetter et al. (2021), Rubin and Babbie (2017), and Shaughnessy et al. (2012) predicate that informed consent refers to human participants given thorough information about the research, and their roles before agreeing to participate.

There are three elements for a consent decision to be well informed; these are (1) information, (2) comprehension, and (3) voluntariness. In order to meet the *information* criterion, consent needs to include elements such as purpose, procedures, risks, benefits, alternatives to participation, protection of privacy, contact information regarding rights, and a reminder about the right to withdraw from the research at any time (Festinger et al., 2014). *Comprehension* requires the researcher to present the information that empowers respondents to inextricably understand the nature of the study and to have the opportunity to ask questions. Age and literacy levels could impact comprehension. *Voluntariness* occurs once information has been disseminated properly and participants comprehend what is expected from them; in addition, it also means that participants may decline participation or withdraw at any time (Festinger et al., 2014; Gravetter et al., 2021). Voluntary participation means that participants are not forced into engaging in research, and should decide to do research of their own free will (Gravetter et al., 2021; Rubin & Babbie, 2017; Trochim et al., 2016).

Beneficence exemplifies the impact on a person's well-being that may possibly result from research participation. It is always advisable for researchers to capitalise on the benefits of research participation, and take steps in order to identify and limit potential for harm (Terre Blanche et al., 2014; Trochim et al., 2016). The respondents were informed that a counsellor would be accessible if they felt that they needed to have access to one, as a result of possible sensitivity or distress regarding any process that they are involved in.

Privacy is an indispensable element in human subject participation, which necessitates anonymity and confidentiality. *Anonymity* is the assurance that no one, including the researchers, will be able to connect the data to a specific individual. This is the strongest kind of privacy protection in research, because no identifying information is collected on participants. *Confidentiality* is a pledge made to study participants that identifying information about them acquired through the study will not be distributed to anyone outside the study (Rubin & Babbie, 2017; Shaughnessy, et al., 2012; Terre Blanche et al., 2014; Trochim et al., 2016).

The rights to anonymity and confidentiality were established and respected throughout the process. This was done by attributing a number to each participant, thereby keeping all personal information safe. The data collection procedure commenced once all of the forms were signed and all participants felt comfortable with the proposed procedures. All of the documents were secured in a cupboard in a locked office. The acceptable guideline is that research records need to be retained for a minimum of at least 5 years, however if research records are kept in a secure location, these may be kept indefinitely.

Debriefing refers to the process of providing participants with full information about the purpose of a study, once a person has completed research participation (Jackson, 2016, Shaughnessy et al., 2012; Trochim et al., 2016). Adolescents in this study were offered a document, which included a standard description of the study and why it was conducted; they were also given the opportunity to have their data removed from the study, if they were not satisfied with what happened in the study. Participants were informed of the benefits of this study, the researcher and her supervisor's names, and the fact that they had the right to withdraw from the study at any point. Moreover, it was of vital importance for the researcher to reassure participants that all ethical issues would be strictly adhered to. The researcher also requested written permission from them to have their interviews transcribed by an objective

transcription services company, and also for permission that their information be exposed to my two supervisors and my examiners. It was imperative for participants to note any circumstances where confidentiality might have needed to be broken in favour of mandatory reporting or risks pertaining to sexual offenses (example, child sexual abuse; statutory rape; incest) or sexual health risky behaviour. Moreover, information regarding adolescent risky sexual behaviour was fed back to the various Christian faith-based schools, as per prior arrangements. This information was considered to be quite useful in order for schools to get an idea of the extent of the problems of adolescent risky sexual behaviour at their respective schools.

4.8. Significance of study

The purpose of this study was to determine whether intrinsic religiosity plays a cogent role in adolescents' sexual behaviour, and to probe into whether sexuality education curricula currently used at Christian-faith based high schools in the Western Cape Province of South Africa are adequate. This study aimed to answer the following questions: What are the risk and protective factors associated with intrinsic and extrinsic religiosity relating to sexual behaviour of adolescents from Christian faith-based schools in the Western Cape Province of South Africa? Are sexuality education curricula within Christian faith-based schools in the Western Cape Province of South Africa sufficient in terms of imparting relevant information? The results of this study added to the scholarly literature, and will have benefits for numerous individuals, namely: adolescents, parents of adolescents, teachers within secondary learning institutions, and the researcher. The output of this study would be a source material which parents and teachers could assimilate. Parents would be better guided on how underscoring intrinsic religiosity in their children may safeguard them from inappropriate risky sexual behaviour. Teachers who apply the recommendations given in this study would be able to

improve their teaching, intentionally integrating intrinsic religiosity into sexuality education curricula and programmes. Thus, teachers and parents may not only be urged to promote intrinsic religiosity, but also encourage self-efficacy, and endorse other personal resources in resisting peer pressure, rather than focussing primarily on the typically traditional “abstinence-only” programmes. Teachers need to recognise the intrinsic and extrinsic differentiation. In light of this understanding, teachers may be able to develop programmes which specifically promote intrinsic religiosity as opposed to its extrinsic counterpart.

Moreover, for the researcher, this study aided in uncovering risk and protective factors affiliated with religiosity, as they link to a typical South African adolescent attending a Christian faith-based school. The research also shed light on the efficacy and relevance of current sexuality education curricula. The significance of this study was that it utilised both *quantitative and qualitative approaches*, thereby extending existing knowledge into the area under investigation.

4.9. Conclusion

This chapter commenced by elucidating the research design that was utilised for the study. The study was made up of four distinct sequential phases, which were explained in this chapter. Comprehensive discussion was provided apropos of methods for the systematic review, methods for the quantitative data collection procedure, and methods for the qualitative data procedure. For the systematic review, the methods, literature search, selection criteria, strategy, critical appraisal, data extraction, data analysis, excluded studies, included studies, data synthesis, and significance of the review were underscored in detail. For the quantitative part of the study, the research setting was expounded to the reader, followed by the demographic details of the sample. Subsequently, the various measuring instruments, which were administered, were elaborated on, followed by a précis of the data collection procedure. This

section was consequently followed by the data analysis techniques. For the qualitative part of the study, a synopsis was given regarding the particulars of the participants. Measurement procedures and data collection processes were deliberated. Additionally, data transcription and analysis were illuminated. An encapsulation of the phenomenon of trustworthiness was provided, whereby four issues were accentuated i.e. credibility, transferability, dependability, and confirmability. In closing, ethical considerations were examined, and the significance of the study was explained. The results of the systematic review will be covered in Chapter 5.



CHAPTER 5

RESULTS OF THE SYSTEMATIC REVIEW

5.1. Introduction

The first aim of this study was to determine the larger patterns of sexual activity among adolescents attending Christian faith-based schools. In order to meet the first objective of this investigation, the researcher conducted a systematic review of contemporaneous empirical studies, to identify the risk and protective factors of intrinsic and extrinsic religiosity of adolescents in relation to adolescent sexual behaviour.

The first research question in this particular study asks: What are the risk and protective factors associated with intrinsic and extrinsic religiosity relating to sexual behaviour of adolescents from Christian faith-based schools? To answer this question, the researcher commenced a comprehensive review of the social science literature, using a ten – year period as a parameter, i.e. from 2009 to 2019, in order to capture the trends of the previous decade. The justification for this systematic review was to report the findings from the analyses of this subsample of studies. The article search procedure will be explicated; followed by an overview and meta-synthesis of the reviewed studies.

5.2. Results

The aim of this study was to identify the risk and protective factors of intrinsic and extrinsic religiosity of adolescents in relation to adolescent sexuality. The articles which comprised this review were separated into particular themes, based on the study focus. Before discussing the results of the systematic review, the article search procedure will be explained.

5.2.1. Article search procedure

The search process commenced by entering various keywords (i.e. descriptors) into EBSCOhost, JSTOR, SAGE, Sabinet, PsyINFO, PsyARTICLES, Google Scholar, and WorldCat. The descriptors included: *risk factors*, *protective factors*, *intrinsic religiosity*, *extrinsic religiosity*, *adolescents*, *sexual behaviour*, and *Christian faith-based schools*. The researcher followed the PRISMA four-fold processes as explained in the Methodology chapter, namely, identification, screening eligibility, appraisal, and summative review.

In the first step of the PRISMA process, the researcher was required to identify the records through database and grey literature searching. The researcher initially started with identifying records through grey literature searching. Google Scholar yielded **550** records, and WorldCat yielded **5** records, for a total of **555**. Thereafter, she identified **3 410** records through database searching, all of which were generated through EBSCOhost. From the record list of 3 965, 61 duplicates were identified. This means that the article appeared in more than one of the databases. Duplications were found between EBSCOhost, Google Scholar, and WorldCat. After excluding these duplications, there were 3 904 records. A total of 3 832 records were considered to be inappropriate based on the title alone. Therefore, these records were excluded from the review. Thus, the total number of records retained at the end of Step 1 equalled **3 904**, after the duplicates were removed.

In the screening step, the researcher proceeded to examine the titles and abstracts of the articles, bearing the inclusion criteria in mind. After screening through the titles and abstracts of the database records, it was found that EBSCOhost yielded **32** results; Google Scholar yielded **36** results, and WorldCat yielded **four** results. Records excluded with reasons equalled **3 378**. Thus, the total number of records retained at the end of Step 2 equalled **72**.

Thereafter, the researcher retrieved the full text articles which met the inclusion criteria for the systematic review. Critical appraisal ensures that the reader is directed to key aspects of the study, for example, its design, method, participants, and several other variables (Petticrew & Roberts, 2006). If a critical appraisal score of *satisfactory* (34%-66%) to *good* (67%-100%) was procured, the study was considered for inclusion for systematic review purposes. The studies that met the *satisfactory* to *good* category were reviewed by the supervisor of the research study. Thus, **22** records were eligible for review, after the critical appraisal process. Of the **22** articles which were methodologically appraised, **11** were suitable for use in this systematic review, because they fell within the range of 67% to 100% (i.e. the *good* category).

In pursuance with Munnik (2018), it is essential that **reference mining** be conducted i.e. locating additional records from the reference lists of all of the articles that were included. In consonance with Alves et al. (2018), reference mining (also called citation chaining) refers to the detection, extraction, and classification of references within the full-text of scholarly publications. One could say that it is a form of expanding a search by reviewing the references from the selected articles, with the hope of identifying additional relevant articles. Reference mining was therefore conducted on the 11 records. Bearing the 2009 – 2019 parameter in mind, a further **12** records were yielded. Of the 12 records, **five** were excluded because these records were already part of the systematic review initial database search (i.e. duplicates). Of the remaining seven records, **3** articles were retained based on the title search alone. The other records did not meet the inclusion criteria nor cover what was being asked in the research

question. **Two** articles were included for abstract appraisal. Based on the abstract appraisal process, **one** article was retained. Following the abstract appraisal process, one article was retained for full-text appraisal, and thus the article was included in the review. Using the critical appraisal tool, a score of 71% was generated for the additional article, sourced through reference mining. The search strategy is depicted in the following schematic presentation, illustrating the sequential steps which were followed.

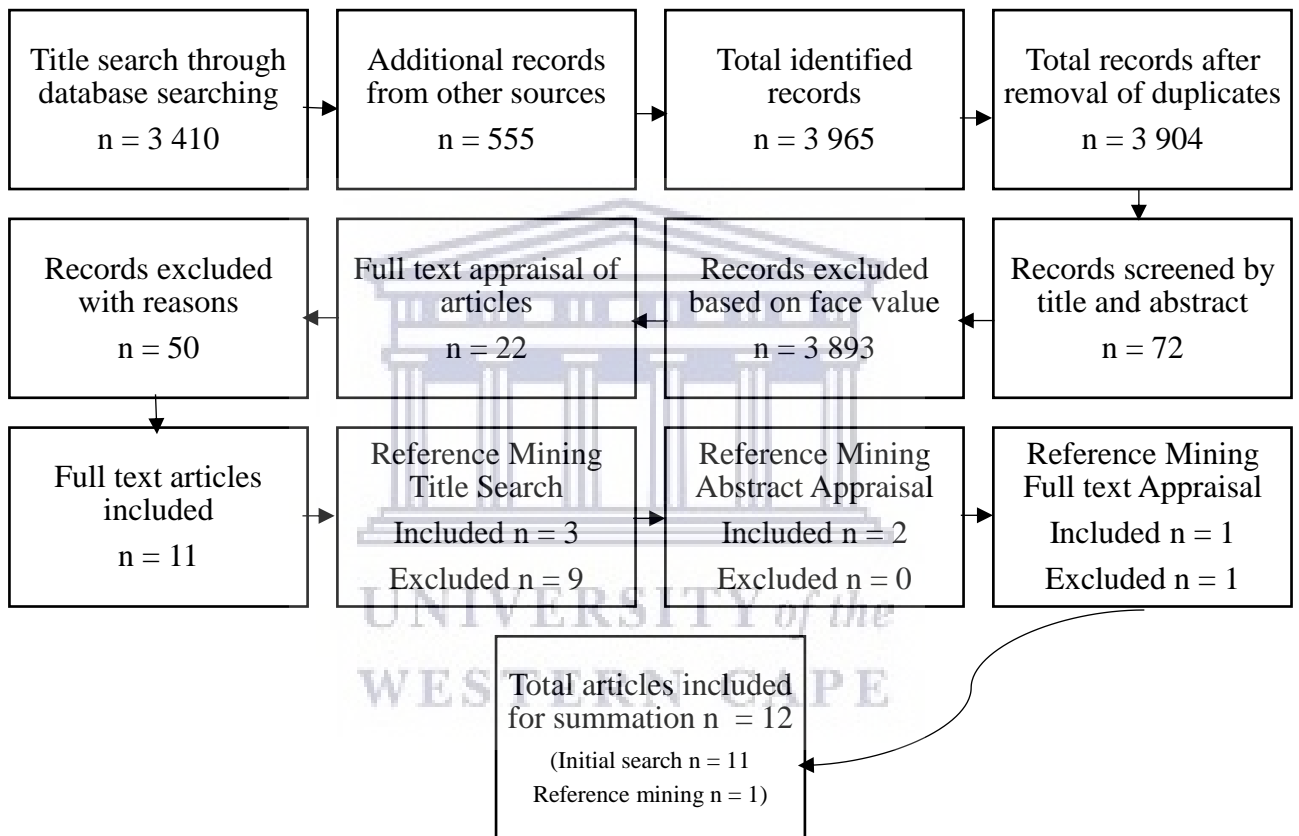


Figure 14. Article search procedure

The following table indicates the final ranking of all 12 articles included in this review:

Table 5.1*Final ranking of articles*

| <i>Author/s</i> | <i>Q1</i> | <i>Q2</i> | <i>Q3</i> | <i>Q4</i> | <i>Q5</i> | <i>Q6</i> | <i>Q7</i> | <i>Raw Score</i> | <i>Percentage</i> |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------------|-------------------|
| Hull et al. (2011) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7/7 | 100% |
| Cobb-Leonard & Scott-Jones (2010) | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 6/7 | 86% |
| Taggart et al. (2018) | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 6/7 | 86% |
| Hawes & Berkley-Patton (2014) | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 6/7 | 86% |
| Amoako-Agyeman (2012) | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 6/7 | 86% |
| Edwards et al. (2011) | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 5/7 | 71% |
| Gold et al. (2010) | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 5/7 | 71% |
| Haglund & Fehring (2010) | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 5/7 | 71% |
| Landor et al. (2011) | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 5/7 | 71% |
| Muhammed et al. (2017) | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 5/7 | 71% |
| Vasilenko & Espinosa-Hernandez (2019) | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 5/7 | 71% |
| Burdette & Hill (2009) | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 5/7 | 71% |



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5.2.2. Overview of the reviewed studies

The first research question in this particular study asks: What are the risk and protective factors associated with intrinsic and extrinsic religiosity relating to sexual behaviour of adolescents from Christian faith-based schools? As indicated earlier, the researcher commenced a comprehensive review of the social science literature. A ten-year period as a parameter was used i.e. from 2009 to 2019, in order to capture the trends of the previous decade. The justification for this systematic review was to report the findings from the analyses of this subsample of studies. The following section will present a descriptive overview of all of the reviewed studies. Table 5.2 shows a general description of the studies reviewed, purpose/aims of studies, sample/participants, geographical location/setting, design of studies, and measurements / instruments used (i.e. religiosity and sexual behaviour measures).

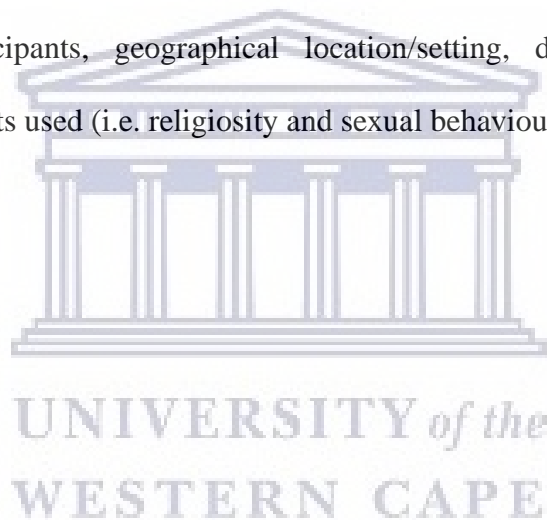
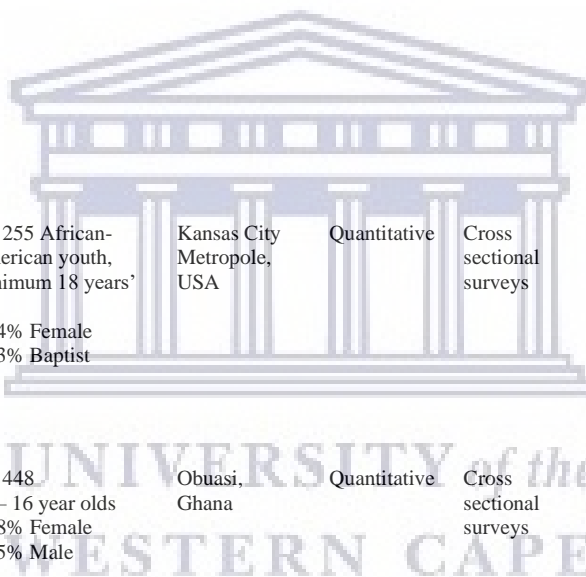


Table 5.2

Overview of the reviewed studies

| <i>Author/s</i> | <i>Brief description of the study</i> | <i>Year of publication</i> | <i>Purpose/aims of the study</i> | <i>Description of the sample</i> | <i>Geographical location / Setting</i> | <i>Research design</i> | <i>Research method</i> | <i>Religiosity measures</i> | <i>Sexual behaviour measures</i> |
|-----------------------------------|---|----------------------------|---|--|--|------------------------|---|---|---|
| Hull et al. (2011) | Identifying the Causal Pathways from Religiosity to Delayed Adolescent Sexual Behaviour | 2011 | This study used the Integrative Model as a framework to examine whether religiosity delays onset of coitus among a longitudinal sample of virgins, and investigated the causal pathways of this relationship. In addition, this study examined the behavioural beliefs about the consequences of engaging in sex, which distinguishes between youth who vary in level of religiosity. A further analysis was also conducted to examine whether religiosity offers protective effects in terms of progression toward sexual intercourse on a sexual behaviour index. | Wave I: n = 547 adolescents Wave II: n = 501 adolescents Final sample for analyses involving sexual debut was 369 adolescents who were virgins at Wave I. 60.7% Female 39.3% Male 50.6% White 34.96% Black 11.11% Hispanic 2.98% Other 39% (14 year olds) 31.43% (15 year olds) 29.54% (16 year olds) | North-eastern city in the USA. | Quantitative | Web-based longitudinal survey (Annenberg Sex and Media Study) | Religiosity was measured using the following item: "How often do you attend religious services?" 1 = never 2 = occasionally 3 = regularly | Sexual behaviours were ordered from least to most difficult into a progression of sexual activity. The order was deep kissing, having breasts touched or touching a female partner's breasts, genital touching, receiving oral sex, vaginal intercourse, giving oral sex, and receiving or giving anal sex |
| Cobb-Leonard & Scott-Jones (2010) | A Belief-Behaviour Gap? Exploring Religiosity and Sexual Activity Among High School Seniors | 2010 | This study explored how religiosity is related to sexual activity in the senior year of high school, during which both religious and sexual experiences may shape the emergence of adult beliefs and behaviour. | n = 118 high school seniors 43% Male 57% Female 16-19 years' old 35% African/American 12% Asian/American 20% European/American 17% Latino 17% Multi-ethnic | Boston metropole in USA | Mixed | Cross-sectional surveys and interviews | Frequency of attendance at religious services and importance of religion. Interview: open-ended interview question: "What does it mean to be religious?" | Hypothetical relationship scenarios Sexual activity Contraceptive use Sexual standards |

| | | | | | | | | | |
|-------------------------------|--|------|--|---|----------------------------|--------------|--|--|--|
| Taggart et al. (2018) | The Role of Religious Socialisation and Religiosity in African American and Caribbean Black Adolescents' Sexual Initiation | 2018 | This study determined the nature of the associations between religious socialisation, religiosity, and adolescent sexual initiation among black adolescents. | n = 1170 nationally representative study of Black adolescents (African and Caribbean Black adolescents) 52.4% Female 47.6% Male | All over USA (National) | Mixed | Cross sectional surveys and interviews | “How often do your parents or the people who raised you talk with you about religion?” “Not including your parents or the people who raised you, how often do other close relatives, such as your brothers, sisters, aunts, uncles, and grandparents talk with you about religion?” | “Have you ever had sex?” 0 = no sexual initiation 1 = had a sexual encounter |
| Hawes & Berkley-Patton (2014) | Religiosity and Risky Sexual Behaviours among an African American Church-based Population | 2014 | This study examined the relationship between demographics, religion, and sexual risk behaviours. | n = 255 African-American youth, minimum 18 years' old 69.4% Female 80.3% Baptist | Kansas City Metropole, USA | Quantitative | Cross sectional surveys | Religious Beliefs and Behaviour Survey (RBB) focussing on God consciousness and formal religious practices | HIV Behavioural Risk Assessment (BRAT) focussing on lifetime sexual experiences, injection and other drug use, and HIV related risk factors |
| Amoako-Agyeman (2012) | Adolescent Religiosity and Attitudes to HIV and AIDS in Ghana | 2012 | This study investigated the relationships between adolescent religiosity and attitudes to HIV/AIDS based on two major analyses towards informing preventive school education strategies. | n = 448 13 – 16 year olds 43.8% Female 37.5% Male | Obuasi, Ghana | Quantitative | Cross sectional surveys | 14 items on the religiosity survey – frequency of attendance at religious services, importance of religion, and the private-public dimensions of religiosity along the lines of the intrinsic-extrinsic orientations. | Attitudinal dimensions related to HIV-risk behaviours (25 items); Attitudes toward people living with HIV/AIDS (10 items); HIV/AIDS knowledge and confidence levels of knowledge related to HIV-risk behaviours (15 items) |



| | | | | | | | | | |
|--------------------------|--|------|--|--|-------------------------|--------------|---|---|---|
| Edwards et al. (2011) | Religiosity and Sexual Risk Behaviours Among Latina Adolescents: Trends from 1995 to 2008 | 2011 | This study determined trends in the influence of religiosity on sexual activity of Latina adolescents in the USA from 1995 to 2008 and to determine if differences existed between the Mexican American and other Latina groups. | Unmarried 15 to 21 year old Latina female respondents in the 1995 (n = 267); 2000 (n = 306); 2006 – 2008 (n = 400) National Survey of Family Growth datasets | Wisconsin, USA | Quantitative | Cross-sectional: Cross sectional surveys. Longitudinal: Secondary analysis of three c/s US population based surveys | Importance of religion and frequency of attendance at religious services | Ever been sexually active? Number of sexual partners in a lifetime? Age of sexual debut? |
| Gold et al. (2010) | Associations between Religiosity and Sexual and Contraceptive Behaviours | 2010 | This study determined the associations between religiosity and female adolescents' sexual and contraceptive behaviours. | n = 572 13 – 21 years' old 59% African/American 32% Caucasian | Pittsburgh, USA | Quantitative | Secondary analysis on data from a randomized controlled trial comparing interventions designed to prevent pregnancy and sexually-transmitted diseases | Religiosity Index | Sexual and Contraceptive Behaviours survey |
| Haglund & Fehring (2010) | The Association of Religiosity, Sexual Education, and Parental Factors with Risky Sexual Behaviours Among Adolescents and Young Adults | 2010 | This study examined the association of religiosity, sexual education, and family structure with risky sexual behaviours among adolescents and young adults. | n = 3168 adolescents 15 – 21 years' old 53% Female 47% Male | All over USA (National) | Quantitative | Cross-sectional surveys | Religious attitudes on sexuality (RAS) | Survey: Receipt of formal sexual education: Learnt to say no to sex? Learnt methods of birth control? |
| Landor et al. (2011) | The Role of Religiosity in the Relationship Between Parents, Peers, and Adolescent Risky Sexual Behaviour | 2011 | This study sought to bring clarity to the role of religiosity in the relationship between parents, peers, and adolescent risky sexual behaviours by addressing some of the limitations inherent in past studies. | n = 612 African/American adolescents 227 Males 335 Females | Iowa and Georgia, USA | Qualitative | Computer assisted personal interview | Comprehensive measure of religiosity – adolescents were asked questions pertaining to their religious involvement and degree of religious commitment similar to those asked of their parents. | Peers' sexual behaviour Adolescent risky sexual behaviour |

| | | | | | | | | | |
|---------------------------------------|--|------|--|---|-------------------------|--------------|--|--|---|
| Muhammed et al. (2017) | Role of Religion in Preventing Youth Sexual Activity in Malaysia: A Mixed Methods Study | 2017 | This study determined what is the relationship between religiosity and youth sexual activity, and how religiosity had influenced their decision on sexual activity. | n = 1026 18 – 22 years' old 57.4% Female 42.6% Male 63.4% Malay 27.3% Chinese 8.3% Indian 1.8% Others | Klang Valley, Malaysia | Mixed | In-depth interviews Cross sectional survey | Duke Religion Index (DUREL) survey | Three questions: (Survey) “Have you ever had sexual intercourse?” “Over the past 12 months, have you had sexual intercourse with anyone?” “Are you actively having sexual intercourse with anyone?” Interview: In your opinion, what is your religion’s view on premarital sex? Describe how religion may have affected sexual decisions. |
| Vasilenko & Espinosa-Hernandez (2019) | Multidimensional Profiles of Religiosity Among Adolescents: Associations with Sexual Behaviours and Romantic Relationships | 2019 | This study examined what religiosity profiles exist among adolescents and how they predict sexual behaviour and romantic relationship status in adolescence and young adulthood. | n = 10 149 nationally representative data 7 th – 12 th graders 52.8% Female 47.2% Male 20.1% African/American 16.0% Hispanic/Latin 6.5% Asian 2.3. Other | All over USA (National) | Qualitative | In-home and in-school interviews | Six measures of religiosity: religious affiliation; frequency of religious service attendance; frequency of religious activities for teens; religious salience; private prayer; belief in scriptures | Sexual behaviour: participants were asked a series of questions about whether they had sex with romantic and non-romantic partners. |
| Burdette & Hill (2009) | Religious Involvement and Transitions into Adolescent Sexual Activities | 2009 | To test whether religious involvement is associated with delayed transitions into sexual activities | n = 3 290 adolescents ages 13 to 17 (English and Spanish-speaking teenagers) | North Carolina, USA | Quantitative | Telephone survey (random-digit-dial method used) | Six measures of religiosity: religious affiliation; frequency of religious service attendance; religious salience; Private religiosity; Family religiosity | Sexual touching: Have you ever willingly touched another person’s private areas or had willingly been touched under your clothes by another person in his or her private areas? Have you ever engaged in oral sex? Have you ever had sexual intercourse? |

The final sample for this systematic review consisted of 12 articles, which were published between the years 2009 and 2019. With reference to the geographical location, ten studies were conducted in the USA (Burdette & Hill, 2009; Cobb Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Hull et al., 2011; Landor et al., 2011; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013). The other two studies were conducted in the countries of Ghana (Amoako-Agyeman, 2012) and Malaysia (Muhammed et al., 2017). The participants' ages ranged from 13 to 19 years old, with only three studies having participants as old as 21 years old (Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010) and one study having participants as old as 22 years old (Muhammed et al., 2017). Appertaining to methodological framework, seven studies were quantitative in nature (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Gold et al., 2010; Edwards et al., 2011; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Hull et al., 2011; Vasilenko & Espinosa-Hernandez, 2013). Two were qualitative in nature (Landor et al., 2011; Vasilenko & Espinosa-Hernandez, 2013). The majority of the studies were cross-sectional research design (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Cobb Leonard & Scott-Jones, 2010; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013), while one study fell into the longitudinal study research design (Hull et al., 2011). One study was cross-sequential in nature, as it combined both the longitudinal design and the cross-sectional design (Edwards et al., 2011).

5.2.3. General description of the studies reviewed

In terms of a general synopsis of the description of studies reviewed, ten articles contained the wording: *religiosity* and *adolescent sexual behaviour/activity* in the title (Burdette & Hill, 2009; Cobb Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Hull et al., 2011; Landor et al., 2011; Muhammed et al., 2017; Vasilenko & Espinosa-Hernandez, 2013); one article contained the wording *religiosity* and *adolescent sexual attitudes* in the title (Amoako-Agyeman, 2012); and one final article focussed on *religious socialisation and religiosity and adolescents* (Taggart et al., 2018).

5.2.4. Purpose/aims of studies

When analysing the general purpose/aims of the 12 studies under review, the majority of the studies were aimed at how religiosity is related to sexual behaviour/activity (Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011; Landor et al., 2011; Muhammed et al., 2017; Vasilenko & Espinosa-Hernandez, 2013). One study specifically investigated the relationships between adolescent religiosity and attitudes to HIV/AIDS based on two major techniques of analyses (factor analysis and regression analysis) towards informing preventative education (Amoako-Agyeman, 2012). One study focused on examining the associations between religious socialisation, religiosity, and adolescent sexual initiation among black adolescents (Taggart et al., 2018). Finally, one study's purpose was to test whether religious involvement is associated with delayed transitions into sexual activities (Burdette & Hill, 2009).

5.2.5. Sample/participants

With respect to the participants, their ages ranged from 13 to 19 years old, with only three studies having participants as old as 21 years old (Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010) and one study having participants as old as 22 years old (Muhammed et al., 2017). In the longitudinal study in this review, participants formed part of two waves. In Hull et al.'s (2011) study, 547 adolescents formed part of Wave I, while 501 adolescents formed part of Wave II. The final sample for analyses consisted of 369 adolescents, who were virgins at Wave I. Regarding gender, 60,7% were female and 39,3% male. Participants were White, Black, and Hispanic. They ranged from 14 years to 16 years old. Five of the studies contained small to medium-sized samples: $n = 118$ (Cobb-Leonard & Scott-Jones, 2010); $n = 255$ (Hawes & Berkley-Patton, 2014); $n = 448$ (Amoako-Agyeman, 2012); $n = 572$ (Gold et al., 2010); and $n = 612$ (Landor et al., 2011). Five of the studies contained larger samples: $n = 1\ 026$ (Muhammed et al., 2017); $n = 1\ 170$ (Taggart et al., 2018); $n = 3\ 168$ (Haglund & Fehring, 2010); $n = 3\ 290$ (Burdette & Hill, 2009); and $n = 10\ 149$ (Vasilenko & Espinosa-Hernandez, 2019). In the one cross-sequential study in this review, participants formed part of two waves. In Edwards et al.'s (2011) study, 267 adolescents formed part of Wave I, while 306 adolescents formed part of Wave II. In the longitudinal part of this study, the sample comprised 400 adolescents. The participants were diverse in terms of racial/ethnic categories with participants being Black, White, Hispanic, Asian, Indian, or multi-ethnic (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013).

5.2.6. Source/databases

The majority of the articles for review were sourced from the database EBSCOhost (Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013). Only one article was featured both on Google Scholar and WorldCat (Amoako-Agyeman, 2012). One article featured on all three databases i.e. Google Scholar, WorldCat, and EBSCOhost (Burdette & Hill, 2009).

5.2.7. Geographical location/setting

With reference to the geographical location, 10 studies were conducted in the USA (Burdette & Hill, 2009; Cobb Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Hull et al., 2011; Landor et al., 2011; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013). The other two studies were conducted in the countries of Ghana (Amoako-Agyeman, 2012) and Malaysia (Muhammed et al., 2017). Regarding specific geographical locations, six of the studies were conducted with participants residing in eastern states of the USA (Burdette & Hill, 2009; Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Hull et al., 2011; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013). One study was conducted in the mid-American state, Kansas City (Hawes & Berkley-Patton, 2014), while three studies were conducted nationally i.e. all over the USA (Haglund & Fehring, 2010; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013). One author conducted his study in Obuasi, Ghana (Amoako-Agyeman, 2012). Lastly, one study was conducted in the Klang Valley in Malaysia (Muhammed et al., 2017).

5.2.8. Design of studies

With regard to research methodology, seven studies were quantitative in nature (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Gold et al., 2010; Edwards et al., 2011; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Hull et al., 2011; Vasilenko & Espinosa-Hernandez, 2013). Two were qualitative in nature (Landor et al., 2011; Vasilenko & Espinosa-Hernandez, 2013). With regard to research design, the majority of the studies were cross-sectional in nature (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Cobb Leonard & Scott-Jones, 2010; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013), while one study fell into the longitudinal study category (Hull et al., 2011).

5.2.9. Measurement/instrumentation

5.2.9.1. Religiosity measures

There was only one study which utilised a single-dimensional item for the religiosity measurement (Hull et al., 2011). In this study, the question was asked: “How often do you attend religious services?” There were four studies which utilised a two-item measurement to tap into religiosity construct (Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Landor et al., 2011; Taggart et al., 2018). In two particular studies, the questions were asked: “How often do you attend religious services?” and “How important is religion to you?” (Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011). In the Taggart et al. (2018) study, the following questions were asked: “How often do your parents or the people who raised you talk with you about religion?” and “Not including your parents or the people who raise you, how often do other close relatives, such as your brothers, sisters, aunts, uncles, and grandparents talk with you about religion?” In the Landor et al. (2011) study, adolescents were asked

questions pertaining to their religious involvement and the degree of religious commitment similar to those asked of their parents.

Seven of the studies reviewed used a multi-item measure of religiosity. The Religious Beliefs and Behaviour Survey (RBB) was used in the Hawes and Berkley-Patton (2014) study. This multi-item survey consists of seven items, which assesses God consciousness (i.e. one's belief in God, thoughts of God, and engagement in prayer) and formal religious practices (i.e. meditation, church attendance, scriptural reading, experience with God) (Hawes & Berkley-Patton, 2014). The Religiosity Index was used in the Gold et al. (2010) study. The multi-dimensional scale consists of four items, which tap into: (1) religious affiliation, (2) frequency of attendance at religious services, (3) the influence of religious beliefs on decisions about having sex, and (4) the influence of religious beliefs on using something to prevent pregnancy. The Religious Attitudes on Sexuality (RAS) was used in the study by Haglund and Fehring (2010). This multi-dimensional scale consists of five items. Level of agreement was indicated on a scale of 1-5, with 1 being strongly disagree, and 5 being strongly agree. The items on the RAS were as follows: (1) sexual acts between two consenting adults are ok; (2) it is ok for unmarried 16 year olds to have sex if there is a strong affection; (3) it is ok for unmarried 18 year olds to have sex if there is a strong affection; (4) it is ok for an unmarried woman to have a child; (5) it is not ok for a young couple to live together unless married (Haglund & Fehring, 2010). The Duke Religion Index (DUREL) was used in the Muhammed et al. (2017) study. This multi-item religiosity scale consists of 5 items, and was developed by Koenig et al. (1997). The DUREL specifically captures intrinsic religiosity and frequency of organisational and non-organisational religious activity (Muhammed et al., 2017). The religiosity measures for two studies (Burdette & Hill, 2009; Vasilenko & Espinosa-Hernandez, 2019); with the former scholars focussing on religious affiliation; frequency of religious service attendance; frequency of religious activities for teens; religious salience; private prayer; belief in scriptures (Burdette

& Hill, 2009); the latter scholars focussed on religious affiliation; frequency of religious service attendance; religious salience; private religiosity; family religiosity (Vasilenko & Espinosa-Hernandez, 2019). A final multi-dimensional religiosity measures was use in the Amoako-Agyeman (2012). This researcher drew up a 14-item measure from commonly used assessments of religiosity, such as frequency of attendance at religious services, importance of religion (Miller & Gur, 2002; Rostosky et al., 2004) and the private-public dimensions of religiosity along the lines of the intrinsic-extrinsic orientations (Gorsuch & McPherson, 1989).

To sum up, of the religiosity measurements used in these 12 studies under review, one study used a single-item measurement; four studies used a two-item measurement; and seven studies used multidimensional measurement.

5.2.9.2. Sexual behaviour measures

Hull and colleagues (2011) developed a sexual behaviour index using difficulty-ordering logic for lifetime performance of seven behaviours, that being deep kissing, having breasts touched or touching a female partner's breasts, genital touching, receiving oral sex, vaginal intercourse, giving oral sex, and receiving or giving anal sex. In this study, the sexual behavioural intention scale was created by taking the mean of the following three items: "*I am* willing to have sexual intercourse on the next 12 months"; "*I will* have sexual intercourse in the next 12 months"; and "*I intend* to have sexual intercourse in the next 12 months." Sexual attitudes were measured using the following items: "Having sex would be bad/good"; "Having sex would be foolish/wise"; "Having sex would be unpleasant/pleasant"; "Having sex would be not enjoyable/enjoyable"; and "Having sex would be harmful/beneficial." The aforementioned items were averaged to create an attitude scale. Sexual pressure was measured by determining the mean of two seven-point scales, the items being: "Most people who are important to me think I definitely should not/definitely should have sexual intercourse in the 12 months" and

“Most people like me will not/will have sexual intercourse in the next 12 months” (Hull et al., 2011).

In the Cobb-Leonard and Scott-Jones’ (2010) study, sexual behaviours were measured with the use of three hypothetical scenarios. The hypothetical questions were used to assess risky decision-making, pertaining to sexual activity, contraceptive use, and sexual standards. With regard to sexual activity, survey items asked participants to report age at first intercourse, relational context of first intercourse, current frequency of intercourse, and relational context of current intercourse. Concerning contraceptive use, survey items asked participants to report method of contraceptive use at first intercourse, method of contraceptive use at current intercourse, and consistency of current contraceptive use on a five-point Likert-type scale, ranging from *never* to *always*. In terms of sexual standards, an open-ended interview question asked participants the following question: “Imagine you are going out with someone or you are going out with someone or you are in a relationship. You don’t have to tell me what you would actually do, but what kinds of things would you think about before having sex with that person?” The latter question was designed to elicit participants’ standards and values for abstaining or engaging in sexual activity, without asking directly about religious or secular standards and values (Cobb-Leonard & Scott-Jones, 2010). Taggart et al.’s (2018) study has a sexual initiation measure. This was assessed by asking the question: “Have you ever had sex?” In this study, sexual initiation was coded 0 (“no sexual initiation”) and 1 (“had a sexual encounter”).

The measure which was used in the Hawes and Berkley-Patton (2014) was the HIV Behavioural Risk Assessment (BRAT). The 13-item BRAT focusses on lifetime sexual experiences, injection and other drug use, as well as HIV related risk factors. Participants were additionally asked three sexual behaviour questions: “Have you ever had vaginal, oral, or anal sex?”; “How many male and female sex partners have you had?” and “How often have you

used condoms or barriers?” The measures used in the Amoako-Agyeman (2012) study were centred on HIV. A 25-item instrument attempted to identify attitudinal dimensions related to HIV-risk behaviours, a 10-item instrument which tapped into attitudes toward people living with HIV/AIDS, a 15-item instrument with measurement focus on HIV/AIDS knowledge and confidence levels of knowledge related to HIV-risk behaviour (Amoako-Agyeman, 2012).

In terms of sexual behaviour measures used in the Edwards et al. (2011) study, three questions were asked: “Have you ever been sexually active?”; “How many sexual partners have you had a lifetime?” and “What was your age when you first had sex?” In the study by Gold et al. (2010), sexually active participants were asked to complete a sexual and contraceptive behaviour survey. Detailed questions about their sexual, contraceptive, pregnancy and STI history, including age at coitarche, number of lifetime partners, frequency of sexual intercourse over the past month, contraceptive plans for first or next intercourse. In the study by Haglund and Fehring (2010), no formal sexual behaviour was actually used. However, participants were asked to identify receipt of formal education by indicating the type of education they had received.

Landor et al.’s (2011) study tapped into peers’ sexual behaviour, as well as adolescent risky sexual behaviour. With the former, a three-item scale was used which asked the following questions: “How many of your close friends have had sex without using a condom?”; “How many of your friends have gotten pregnant or gotten a girl pregnant?”; and “How many of your friends have had sex?” Landor et al. (2011) constructed an index of risky sexual behaviour using the aggregate scores for sexual debut, number of sexual partners, and inconsistent condom use. The following questions were asked on this index: “How old were you when you first had sexual intercourse?”; “With how many people have you had sexual intercourse?”; “How many different males/females have you have sexual intercourse with during the last three months?”; “When you have sexual intercourse, how often do you use a condom?” and “In the

last three months, how many times have you had sexual intercourse without using a condom?” The sexual behaviour measures in the Muhammed et al. (2017) study were two-fold. For the survey, three questions were asked: “Have you ever had sexual intercourse?”; “Over the past 12 months, have you ever had sexual intercourse with anyone?”; “Are you actively having sexual intercourse with anyone?” For the interview part, the following questions was asked: “In your opinion, what is your religion’s view on premarital sex?” After answering this question, a direct question was asked regarding their sexual status, and then to describe how religion may have affected their sexual decisions.

In the study by Vasilenko and Espinosa-Hernandez (2019) participants were asked whether they had engaged in vaginal intercourse in the last 12 months, and whether they did so with a single partner or multiple partners. They were asked a series of questions about whether they had sex with romantic and non-romantic partners. In addition, they were asked to provide a number of sexual partners which they had in the past year.

In the Burdette and Hill (2009) study, sexual touching was assessed via three questions, namely, “Have you ever willingly touched another person’s private areas or had willingly been touched under your clothes by another person in his or her private areas?”; “Have you ever engaged in oral sex?” and “Have you ever had sexual intercourse?”

A key finding that came of the review of these studies is that sexual behaviour was primarily assessed by asking a series of questions.

5.3. Meta-synthesis of reviewed studies

As already mentioned, various approaches to meta-synthesis of qualitative data exist, however the approach found to be most suitable for this systematic review is descriptive meta-synthesis. From the perspective of Atkins et al. (2008) meta-synthesis can be described as the bringing together and the breaking down of findings; this is followed by examining the findings,

discovering the important features, and thereafter combining the phenomena into a transformed whole. In pursuance with Thomas and Harden (2008), descriptive meta-synthesis necessitates the ranking of the studies and tabularisation of the extracted data. As already demonstrated, the ranking of studies has been depicted in Table 4.5, and the tabularisation of the extracted data has been depicted in Table 4.6.

As a reminder, the aim of the systematic review was to identify the risk and protective factors of intrinsic and extrinsic religiosity of adolescents in relation to sexual behaviour. To review, *intrinsic religiosity* refers to a sincere practice of one's religion (Allport & Ross, 1967; Ashley et al., 2013). This is a genuine product of embedded religious socialisation. *Extrinsic religiosity* refers to a negative way of being religious. It refers to behaviour practised in an effort to maintain an appearance of religiousness (Allport & Ross, 1967; Ashley et al., 2013). Not every article in this review used the terms *intrinsic* and *extrinsic religiosity*. In fact, some of the articles simply mentioned *high religiosity* (akin to intrinsic religiosity) and *low religiosity* (which is *not* the same as extrinsic religiosity). As already mentioned in Chapter 5, contemporary researchers have found that religiosity may actually *protect against* or be a *risk factor* for unsafe sexual practices (Landor et al., 2011; Lefkowitz et al., 2004; Miller & Gur 2002; Zaleski & Schiaffino 2000).

As per O'Connell et al. (2009), protective factors refer to the characteristics at the biological, psychological, family, or community level that is associated with a lower likelihood of problem outcomes or that attenuates the negative impact of a risk factor on problem outcomes (O'Connell et al., 2009). Two particular **protective factors** were identified in the articles under review, namely:

Theme 1 Salience of religiosity delays sexual activity and decreases risky sexual behaviour

Theme 2 Frequency of religious services attendance delays sexual activity and decreases risky sexual behaviour

Risk factors refer to the characteristics at the biological, psychological, family, or community level that precedes and is associated with a higher likelihood of problem outcomes (O'Connell et al., 2009). Two particular **risk factors** were identified in the articles under review, namely:

Theme 3 Disconnect between being highly religious and using condoms

Theme 4 No/low/extrinsic religiosity and risky sexual health behaviours

5.3.1. Salience of religiosity delays sexual activity and decreases risky sexual behaviour

Theme 1, the *salience of religiosity delays sexual activity and decreases risky sexual behaviour*, was reflected in **7 of the 12 articles** under review (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2009; Landor et al., 2011; Muhammed et al., 2017).

As was mentioned in Chapter 1 of this monograph, for ample decades, international research has shown that religiosity and adolescent sexual behaviour and attitudes are *strongly correlated* (Hollander, 2003; Meier, 2003; Nonnemaker et al., 2003; Steinman & Zimmerman, 2004; Sterk et al., 2003). In fact, Lefkowitz (2004) and colleagues found that religiosity was the *strongest* predictor of sexual behaviour among adolescents. Many scholars within the field of adolescent sexuality and religiosity (Lefkowitz et al., 2004; Nonnemaker et al., 2003; Rostosky et al., 2003; Sinha et al., 2007; Steinman & Zimmerman, 2004; Zaleski & Schiaffino, 2000) have found that adolescents who have high/intrinsic religiosity tend less likely to be sexually active than their peers who report lower religiosity. This particular theme was

accentuated in seven of the articles under review. Besides high/intrinsic religiosity correlating with the less likelihood of adolescents being sexually active, adolescents who see religiosity as salient in their lives are more likely to delay sexual activity, as argued by Burdette and Hill (2009).

To highlight specific examples of this theme, in the Amoako-Agyeman (2012) study, the author was interested in establishing the relationships between the learner's religiosity and attitudes with regard to drug injection, teen abstinence, HIV threat, protection, peer pressure, responsibility and using condoms. In general, findings in the study demonstrated that high/intrinsic religiosity may exemplify a notable protective factor, and this supports the assumption that adolescents who strongly identify with religious teachings and traditions are less likely to engage in risky sexual behaviours. While the salience of religiosity delays sexual activity and decreases risky sexual behaviour, highly religious adolescents tend to have fewer sexual partners, and then still to be virgins by the age of 21 years old. To illustrate this, the researcher would like to highlight the findings in the Haglund and Fehring (2009) investigation. In Haglund and Fehring's (2009) study with 3168 adolescents between the ages of 15 and 21 years old, 76% reported that religion was very important to them, and of these respondents who viewed religion as very important, 27% were less likely to ever have had sex, compared to the adolescents who did not view religion as very important. The respondents who regarded religion as very significant reported a mean of 1.9 lifetime sexual partners in comparison to a mean of 2.9. partners for whom religion was seen as less important (Haglund & Fehring, 2010). Former studies (not part of this review) have also shown consistency demonstrating an association between high religiosity and lower number of sexual partners (Davidson et al., 2004; Fehring et al., 1998; Meier, 2003; Miller & Gur, 2002; Thornton & Camburn, 1989). The findings in the Haglund and Fehring (2010) study showed that there was a 20% survival rate as virgins at the age of 21 among the adolescents who did not view religion as very

important. The findings regarding the virgin survival rate and the fewer sexual partners in the Haglund and Fehring (2010) study were consistent with what Edwards et al. (2011) found.

The purpose of the Edwards et al. (2011) investigation was to ascertain trends in the impact of religiosity on the sexual activity of Latina adolescents (ages 15 – 21) in the USA from the years 1995 to 2008. This study was a secondary analysis of three cross-sectional USA population-based surveys, which focussed on the 1995, 2002, and 2006 – 2008 cycle of the National Survey of Family Growth. The dataset in the Edwards et al. (2011) study centred on Hispanic female adolescents, in particular $n = 267$ (1995 cycle); $n = 306$ (2002 cycle), and $n = 400$ (2006 – 2008 cycle). Edwards et al. (2011) reported that there were no significant differences in the probability of sexual activity among the three cohorts. These scholars explicated that the 1995 cohort had more lifetime partners than the 2002 cohort. The mean age for coitarche for all three groups was 16.1., 16.4, and 16.3, respectively. Less than one half of the Latinas in 1995 (44%) and the 2006 – 2008 (44%) reported that religion was very important to them, while 50% in the 2002 cycle reported that religion was important to them. The Latinas in the 1995 cycle who valued religion as being very important had less sexual initiation, significantly fewer partners, and a 43% survival rate as virgins at the age of 21, compared to the adolescents who did not see it as important. Moving to the 2002 cycle, the high religiosity importance group also had higher virgin survival rates (23%) than the lower importance group (20%). Those in the 2006 – 2008 cycle who fell into the high importance category had significantly fewer sexual partners and had a 34% survival rate as virgins at the age of 21, as opposed to those in the low importance group. The importance of religion was positively associated with less risky behaviour in all cohorts, and this was consistent with previous research studies (DuRunt et al., 1990; Edwards et al., 2011; Haglund & Fehring, 2010; Liebowitz et al., 1999). Edwards et al.'s (2011) study thus indicates that holding religion as exceedingly influential was protective in all three-year cycles in their study.

Gold et al.'s (2010) findings demonstrated that the participants internalised the messages of their religious leaders; the findings demonstrated that their religious beliefs definitely affected their sexual decision-making. This could be quite meaningful, as the possible internalisation by adolescents of the spiritual messages from religious leaders and from religious books could contribute to high/intrinsic religiosity. Even though adolescents' parents may be highly religious, it does not mean that adolescents would naturally be highly religious too, and less sexually active resultantly. To illustrate, Landor et al. (2011) focussed on the role of religiosity in the relationship between parents, peers, and adolescent risky sexual behaviour. These scholars had a sample of 612 African American adolescents as their participants, and their ages ranged from 15 to 19 years old. This project comprised four waves, and all data for this longitudinal study were collected two years apart. Data findings revealed that 89% of the *parents* reported being highly religious. Interestingly though, about 97% of adolescents indicated being sexually active. Landor et al.'s study (2011) highlights the point that high/intrinsic religiosity on the part of the parents does not automatically translate into high/intrinsic religiosity on the part of the *adolescents*. Religiosity is indeed a *personal* matter.

According to Erik Erikson's developmental theory, adolescents are developing their own sense of identity during the adolescent period. During this time, they may wrestle with the question: "Who am I?" as they work at establishing their own identity, i.e. a coherent conception of the self-made up of goals, values, and beliefs in which a person is solidly committed (Rathus et al., 2020). Erikson explained that the primary task for adolescents is to develop a sense of who they are and what they stand for (Rathus et al., 2020). During the adolescent period, teenagers attempt to resolve three issues, namely, choice of occupation, adoption of values, and the development of sexual identity (Papalia et al., 2015). Hence, it can be argued that part of identity resolution would be to adopt a particular value system appertaining to one's religiosity. Thus, there comes a time in the life of every adolescent where

he/she must internalise his/her own values, including one's religious values. To echo what was highlighted in Chapter 1, there has been extensive interest specifically into how intrinsic and extrinsic religiosity impacts the sexual choices of adolescents (Ashley et al., 2013; Espinosa, 2008; Hull et al., 2011; Landor et al., 2011; McMillen et al., 2011; Meier, 2000; Sherr & Dyer, 2010; Vazsonyi & Jenkins, 2010). Based on the results of extant research on this topic, it has been postulated that *intrinsic religiosity*, in particular, plays a role in decreasing at-risk sexual behaviours and promoting healthier attitudes toward sexuality. Hence, no matter how scholars seem to phrase it, *high* or *intrinsic* or *private* religiosity seems to delay and also decrease adolescent sexual behaviour. This is consistent with what was mentioned in one particular study under review. Burdette and Hill (2009) conducted their investigation regarding religious involvement and transition into adolescent sexual activities using the 2002 and 2005 waves of data from the National Survey of Youth and Religion. Their sample consisted of 3290 adolescents between the ages of 13 to 17 years old. Burdette and Hill's (2009) findings proposed that the link between religious involvement and adolescent sexual activity differs according to the measure of religious involvement and form of sexual activity under study. They found that religious salience is strongly associated with delayed adolescent sexual behaviour. Furthermore, Burdette and Hill (2009) found that it appeared that private religiosity is more strongly associated with sexual activity as teenagers move through adolescence. It may be, argues Burdette and Hill (2009) that intrinsic/private religious practices are notably effective in delaying sexual activity as youth move through adolescence. The reason for this, they argue, may be because prayer and Bible reading may reinforce doctrines about morality and sexual restraint.

It could be argued that the salience of one's religiosity should not only remain on a cognitive level, but it should translate into displaying the salience through involving oneself in religious activities. Muhammed et al. (2017) spoke to this point: "One of the ways in which

religion can be effective in assisting youth to adopt a healthier, safer lifestyle is by encouraging them to get involved in religious activities” (Muhammed et al., 2017 p. 1929). Religious practices (such as prayer, scriptural reading, etc.) and/or engagement in religious activities (such as praise and worship, getting involved in various ministries, etc.) seem to play an important role in enhancing one’s intrinsic religiosity (Chatters; 2000; Hatcher et al., 2008; Musgrave et al., 2002). As indicated in Chapter 2 in this monograph, the social control perspective assumes that social institutions such as family, school, and religion endorse values that are in line with conventional behaviour because they socialise members to adopt the norms and values of the group (Gyimah et al., 2013). Thus, the propensity to engage in deviant behaviour is diminished. Consequently, one could argue that intrinsic religiosity helps adolescents to develop appropriate sexual values and decreases sexual deviance.

High/intrinsic religiosity would appear to be more of a protective factor for female adolescents than male adolescents. To indicate, when analysing their data, Gold et al. (2010) found that the female adolescents with high religiosity were less likely to have had sexual intercourse. This finding supported the first hypothesis in the Gold et al. (2010) study which stated that high religiosity would be independently associated with lower odds of having had sexual intercourse. In comparison with those who were from the low religiosity group, those in the high religiosity group were less likely to have ever been pregnant, or to have ever had an STI, supporting hypotheses two and three in this study. It was also found that compared to the low religiosity group, those with high religiosity were less likely to have had less than four lifetime partners, supporting hypothesis four in this study.

It must be added that Muhammed et al.’s (2017) findings were not consistent with the findings of Gold et al. (2010), who pointed out that religiosity seems to be more protective with regard to females. In general, the aforementioned scholars found that sexually active young adolescent females with high/intrinsic religiosity were less likely to have fewer reported

pregnancies, fewer STIs, and fewer lifetime partners in accordance with Gold et al. (2010). Yet, Muhammed et al. (2017) found something to the contrary.

Muhammed et al. (2017) conducted a mixed method study on the role of religion in preventing youth sexual activity in Malaysia. A self-administered survey was conducted on 1 026 youth, while 15 participants took part in face-to-face interviews. Of the 15 students interviewed in the Muhammed et al. (2017), seven participants were sexually active, while eight were not. These scholars found that two major themes emerged from their study after thematic analysis was conducted, namely (1) having faith in religion prevents risky sexual activity; and (2) strong sexual desires and ignoring religion perpetuate sexual activity (Muhammed et al., 2017). Of the 1 026 youth who participated in the quantitative part of the study, 10.7% reported ever having sex in the past, 8.7% had been sexually active over the last 12 months, and 4.3% were sexually active at the time of data collection. In general, the adolescents scored high in intrinsic religiosity, however, data findings revealed that *male* adolescents showed significantly higher religiosity scores and religious activity, compared to the females in this study (Muhammed et al., 2017). This contradicts the findings of the Gold et al. (2010) study that religiosity seems to be more protective with regard to females than males.

Overall, the research findings underscored in these articles under review were consistent with the majority of antecedent research in the area which concludes that higher/intrinsic religiosity is associated with the delaying of sexual activity and the decrease of risky sexual behaviour (Bearman & Bruckner, 2001; Cooksey et al., 1996; Fehring et al., 1998; Hardy & Raffaelli, 2003; Lammers et al., 2000; Lefkowitz et al., 2004; Manlove et al., 2006; Meier, 2003; Scott et al., 2006; Rostosky et al., 2003).

5.3.2. Frequency of religious services attendance delays sexual activity and decreases risky sexual behaviour

Theme 2, the *frequency of religious services attendance delays sexual activity and decreases risky sexual behaviour*, was reflected in **7 of the 12 articles** under review (Burdette & Hill; 2009; Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011).

Hull et al. (2011) found that a major protective factor against adolescent sexual behaviour is the attendance of religious services. This is consistent with what Burdette and Hill (2009) found in their investigation i.e. higher levels of church attendance seemed to be associated with delays in both sexual touching and sexual debut. In their investigation, the authors reported on adolescents who routinely and who occasionally attended religious services; they found that even the periodic attendance provides benefits in terms of refraining from engaging in sexual behaviour (Hull et al., 2011). In Hull et al.'s (2011) study, many of the participants believed that sexual activity engagement does not result in much positive consequence. In fact, many teens in this study believed that the negative ramifications far outweighed the positive ramifications. Hull et al.'s (2011) study added to the current body of research regarding the protective effects of religiosity, placing special emphasis on church attendance.

Hawes and Berkley-Patton (2014) focussed on the relationship between religiosity and risky sexual behaviours among a sample of 225 African American church-based populations. It was found that participants in general were highly religious; this was demonstrated by their daily engagement reflecting on God, prayer, direct experiences with God, and reading of scripture. These participants underscored the importance of religious service attendance and also indicated that they attended church twice a week. Thus, the higher the frequency of

religious service attendance, the less likely the adolescents were to engage in risky sexual behaviour. This was consistent with the findings in yet another one of the articles under review. In terms of the frequency of religious service attendance in the Edwards et al. (2011) study, the attendance was similar to all three cohorts; 35% of Latinas attended regularly in 1995; 36% and 34% of the adolescents reported frequent service attendance in the other two cycles, respectively. In general, it was reported that those who regularly attended religious services were less likely to have had sex, as compared with the infrequent attendees.

When analysing these articles under review, the frequency of religious service attendance delaying adolescent sexual activity seemed to be a common theme. However, it must be noted that frequency of religious service attendance also had protective value in terms of whether or not adolescents would ever have sex during their teen years. The scholars in Edwards et al. (2011) study found that frequent service attendance was protective across all three-year cycles and across all three dependent variables namely, likelihood of having sex, number of partners, and survival to virgin rate. Based on the findings in the Edwards et al. (2011) study, it appeared that church attendance was a more influential variable with reference to sexual attitudes and behaviour, rather than simply valuing religion as important, as was highlighted by the first theme in this systematic review.

In pursuance with Gold et al. (2010), having a religious affiliation was not significantly associated with having had sexual intercourse. Interestingly though, the frequency of attendance at religious services was significantly associated with whether these adolescents ever had intercourse. With reference to religious services attendance, practically 32% of participants reported frequent attendance at religious services. The participants who attended religious services frequently were 46% less likely to ever had had sex compared to adolescents who attended services less frequently or not at all. It must be noted that frequency of religious services attendance does not automatically mean that all adolescents would not commence with

sexual intercourse at all. The participants in their study who attended religious services frequently had significantly fewer lifetime sexual partners than less frequent attenders, and in addition, Haglund and Fehring (2010) also found that frequent attenders had a 25% survival rate as virgins at the age of 21, compared to a 17% rate among those who attended infrequently.

Research demonstrates that frequent attenders who are sexually active have significantly fewer sexual partners, as indicated by the scholars Haglund and Fehring (2010). In general, Haglund and Fehring (2010) found that adolescents with high religiosity reported more frequent religious services attendance and were more likely to delay sexual intercourse and to have fewer sexual partners. Frequency of religious service attendance was found to be negatively associated with sexual activity. Furthermore, in their study, it was found that religiosity, parent and formal sexual education, and two-parent families were all associated with decreased risky sexual behaviours among adolescents.

5.3.3. Disconnect between being highly religious and using condoms

Theme 3, the *disconnect between being highly religious and using condoms*, was reflected in **4 of the 12 articles** under review (Amoako-Agyeman, 2012; Cobb-Leonard & Scott-Jones, 2010; Hawes & Berkley-Patton, 2014; Landor et al., 2011). A major obstacle to the protective effect of religiosity is that religious adolescents who are sexually active are *less* likely to report safe sex practices such as condom use (Bearman & Bruckner, 2001, as cited in Amoako-Agyeman, 2012). Landor et al., (2011) limns that high/intrinsic religiosity may act as an unintended risk factor for unprotected adolescent sexual behaviour. This is consistent with what is pointed out by Regnerus (2007), who stated that “religious adolescents who commit themselves to sexual abstinence before marriage may fail to protect themselves if they became sexually active. Planning contraception might suggest intent to engage in sexual intercourse

and an abandonment of the commitment to remain abstinent” (Regnerus, 2007, as cited in Cobb-Leonard & Scott-Jones, 2010, p. 581).

Former studies (not part of this review) have also found that religiosity is allied to a decreased likelihood of contraceptive use among sexually active adolescents (Bruckner & Bearman, 2005; Manlove et al., 2003, as cited in Cobb-Leonard & Scott-Jones, 2010; Zaleski & Schiaffino, 2000). The findings in these prior studies are consistent with what was discovered in the following article under review, that not only was there a decreased likelihood of using condoms, but also a negative attitude towards protection existed amongst the adolescents. To illustrate, Amoako-Agyeman (2012) focussed his study on 448 adolescents in a junior high school in Ghana. All respondents in this investigation specified that they were religious; the majority of the participants reported being Christian (93.1%). One important finding pertaining to this study was that amongst the sample group, some misconceptions regarding condoms and general contraceptive protection existed. For example, 50% of this sample believed that one could not get HIV if one has sex once or twice without a condom. Amoako-Agyeman (2012) states that “This seems to suggest a low perception of the risks of infection, a major worry which has the potential to endanger the sexually active, and make them more vulnerable to infections and other dangers” (p. 231). Research findings have demonstrated that learners who have intrinsic religiosity, i.e. has a daily spiritual experience and personal relationship with God, have positive attitudes toward teen abstinence, are tolerant of HIV infected individuals, but they have a negative attitude towards protection (i.e. condom usage in particular). It was noted that in the Amoako-Agyeman (2012) study, participants who were high in intrinsic religiosity were less likely to use condoms once they do become sexually active, which is a finding consistent with prior research studies. In essence, intrinsic religiosity acts as an unintended risk factor for unprotected sexual behaviour (Landor et al., 2011). Yet, other scholars have added that it is not merely that a link exists between high religiosity and

low condomising; it was found that the more committed a young person is to his/her religion *and* to his/her romantic partner, the lower the chances are that condoms would be used (Cobb-Leonard & Scott-Jones, 2010). Thus, a negative attitude seems to exist towards condoms as contraceptive measures. One dated author has found that religious adolescents who make use of contraception are more likely to use methods which provide protection against pregnancy, rather than against STIs and HIV (Brewster et al., 1988, as cited in Cobb-Leonard & Scott-Jones, 2010). Therefore, a preference may exist for using various hormonal-type contraceptive measures, rather than condoms. Yet, it can be argued that the aforementioned reason is not good enough.

Highly religious youth who do not condomise, or who use condoms inconsistently, may create circumstances, whereby their physical safety is at risk. To illustrate, in the Hawes and Berkley-Patton (2014) study, only 15% of a sample of 225 religious participants reported consistent condom use. The aforementioned scholars found that 25% had sex while intoxicated by drugs or inebriated by alcohol usage, and 11% of the participants had sex against their will. These are examples of risky behaviour which are oftentimes linked to inconsistent condom use.

It could be that one's age/maturity level could play a role in whether to condomise or not. Not all highly religious adolescents fail to adequately use protection. To exemplify this point, more than 94% of the sexually active seniors reported using condoms in the Cobb-Leonard and Scott-Jones (2010) study. Thus, it can be argued that the fact that the majority of seniors were using condoms indicates that they valued protecting themselves from STI transmission and unplanned pregnancy. Interestingly, the older adolescents did not view contraceptive use as antithetical to their religion.

Hawes and Berkley-Patton (2014) have remarked that discussing condom usage within a religious context is quite a sensitive matter. Yet, it must be mentioned that adolescents who

consider themselves to be highly religious but also sexually active do place themselves greatly at risk for STI or HIV-transmission or unwanted pregnancy, if they are not only using condoms, but also using these contraceptive measures consistently. To conclude this theme, it can be argued that adolescents can be high in intrinsic religiosity, be highly knowledgeable appertaining to sexuality, and *still* protect themselves from STIs and unwanted pregnancy through using condoms once sexual activity has commenced.

5.3.4. No/low/extrinsic religiosity and risky sexual health behaviours

Theme 4, *no/low/extrinsic religiosity and risky sexual health behaviours*, was reflected in **3 of the 12 articles** under review (Cobb-Leonard & Scott-Jones, 2010; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2019). To be frank, not many of the articles under review specifically discussed extrinsic religiosity.

The two patterns of religiosity which have been the focus of attention in this research project are intrinsic and extrinsic religiosity. Adolescents may fall under either of these aforementioned categories, or an alternative third option exists, whereby an adolescent may be completely non-religious. This is demonstrated by the absence of religious behaviour and by the insignificance of religiosity appertaining to one's own life.

Vasilenko and Espinosa-Hernandez (2019) were specifically interested in how different patterns of religiosity may predict sexual behaviours and romantic relationships. Latent class analysis was done on 10 149 adolescents from the National Longitudinal Study of Adolescent to Adult Health. While it was found that a large proportion of the adolescents attended religious services and youth activities and saw their religion as salient to them, i.e. they fell into the high/intrinsic religiosity classification, approximately one third of this sample fell under the 'non religious' category, which was categorised by a complete lack of religious behaviour and

importance of religion (Vasilenko & Espinosa-Hernandez, 2019). However, the focus in this systematic review is not to place a spotlight on the non-religious orientation. In this section, a brief discussion will be held on the risk factors associated with adolescents possessing an extrinsic religious orientation. As already mentioned, there has been extensive interest specifically into how extrinsic religiosity impacts the sexual choices of adolescents (Ashley et al., 2013; Espinosa, 2008; Hull et al., 2011; Landor et al., 2011; McMillen et al., 2011; Meier, 2000; Sherr & Dyer, 2010; Vazsonyi & Jenkins, 2010). Prior research has demonstrated that adolescents with an extrinsic orientation usually tend to display more permissive attitudes about sex and report more sexual activity than their intrinsically religious counterparts (Rostosky et al., 2004; Sinha et al., 2007).

The scholars, Vasilenko & Espinosa-Hernandez (2019), found a class of adolescents who displayed the features of extrinsic religiosity. These adolescents attended religious services and youth activities regularly, but did not view religion as important to them, neither did they pray often. This is consistent with what one author Donahue (as cited in Lyons, 2014) raised. He states that externally oriented adolescents do not internalise their religious beliefs in ways which provide meaning to them. Vasilenko and Espinosa-Hernandez (2019) uncovered that these groups of adolescents had the highest rates of past-year sex with a single partner and the highest rates of non-relationship sex in young adulthood, yet also the lowest rates of past-year sex, marriage, and cohabitation in adulthood. This, Vasilenko and Espinosa-Hernandez (2019), argue may imply a deviance from developmental norms at different ages. Pursuant to Vasilenko and Espinosa-Hernandez (2019), engaging in these behaviours at earlier ages may be seen as off-time and more problematic. The fact that when these same groups of adolescents reached young adulthood, being less likely to engage in sex and form marital or cohabiting relationships may signal issues in forming intimate relationships (Vasilenko & Espinosa-Hernandez, 2019). Thus, it could be argued then that having an extrinsic religious orientation

in adolescence could possibly set one up for having sexual and relationship complications in young adulthood.

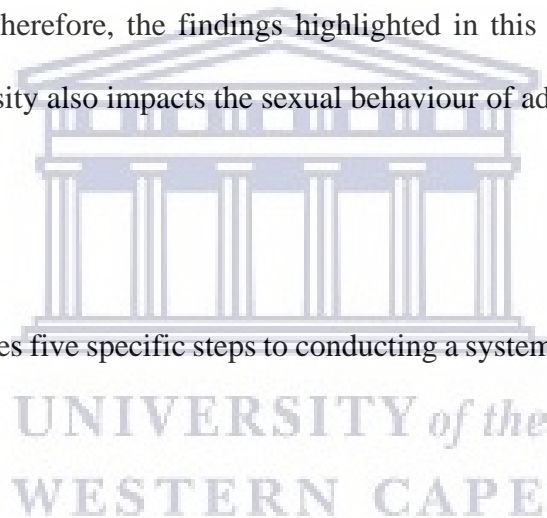
Religiosity does not seem to be a factor when some adolescents make sexual decisions; this seems to be quite evident in the older adolescent. Research regarding sexual decision-making has found that the salience of religiosity tends to *decrease* as the age of adolescence *increases*. This is consistent with the findings of two particular articles under review (Cobb-Leonard & Scott-Jones, 2010; Taggart et al., 2018). The older adolescents in the Cobb-Leonard and Scott-Jones (2010) study were asked what they consider before engaging in coitus, and very few adolescents mentioned religiosity. It was found that older adolescents did *not* point to their religiosity in relation to sexual activity or contraceptive use; rather these high school seniors pointed to their commitment in their sexual decision-making. Thus, in the investigation by Cobb-Leonard and Scott-Jones (2010), religiosity was *not* significantly related to whether older adolescents experienced sexual intercourse or age at coitarche. These findings are consistent with other findings in another article under review. Taggart et al. (2018) also found that the affiliation between religiosity and sexual initiation was weaker for *older* adolescents. One reason given for this by the authors was that older adolescents were more likely than younger adolescents to be exposed to situations and opportunities (such as dating and reduced parental monitoring) where there would be sexual activity exploration. Taggart et al. (2018) suggests that because dating and reduced parental monitoring is normative, premarital sexual activity would therefore be more socially permissive and normative in older adolescents.

Some studies have found a link between low religiosity in adolescence and high rates of sexual behaviour. This was consistent with the findings in one article under review. Gold et al.'s (2010) study focussed on the associations between religiosity and sexual and contraceptive behaviours amongst a sample of 572 female adolescents between the ages of 13 and 21 years old. In this investigation, 68% (n = 288) reported that they had been sexually active, with the

mean age at coitarche being 15 years old. It was found that among the 68% who had ever been sexually active, roughly 12% had ever been pregnant and 17% ever had an STI. Amongst the sexually active, the mean number of lifetime sexual partners was roughly 5 partners. Gold et al. (2010) found that amongst those sexually active participants, 60% used condoms with a steady partner; 36% used a dual method (i.e. condom plus either vaginal spermicide or a hormonal method); 28% used oral contraceptive; 27% used withdrawal; 19% used condoms with a non-steady partners; 18% were on a contraceptive injection; 10% used nothing at all; 9% made use of the transdermal patch, and 3% used vaginal spermicide. This study found that sexual activity was associated with low religiosity, older age, less maternal education, and living without parents. Therefore, the findings highlighted in this sub-section suggest that no/low or extrinsic religiosity also impacts the sexual behaviour of adolescents.

5.4. Summary

Khan et al. (2003) delineates five specific steps to conducting a systematic review as illustrated in *Figure 15*.



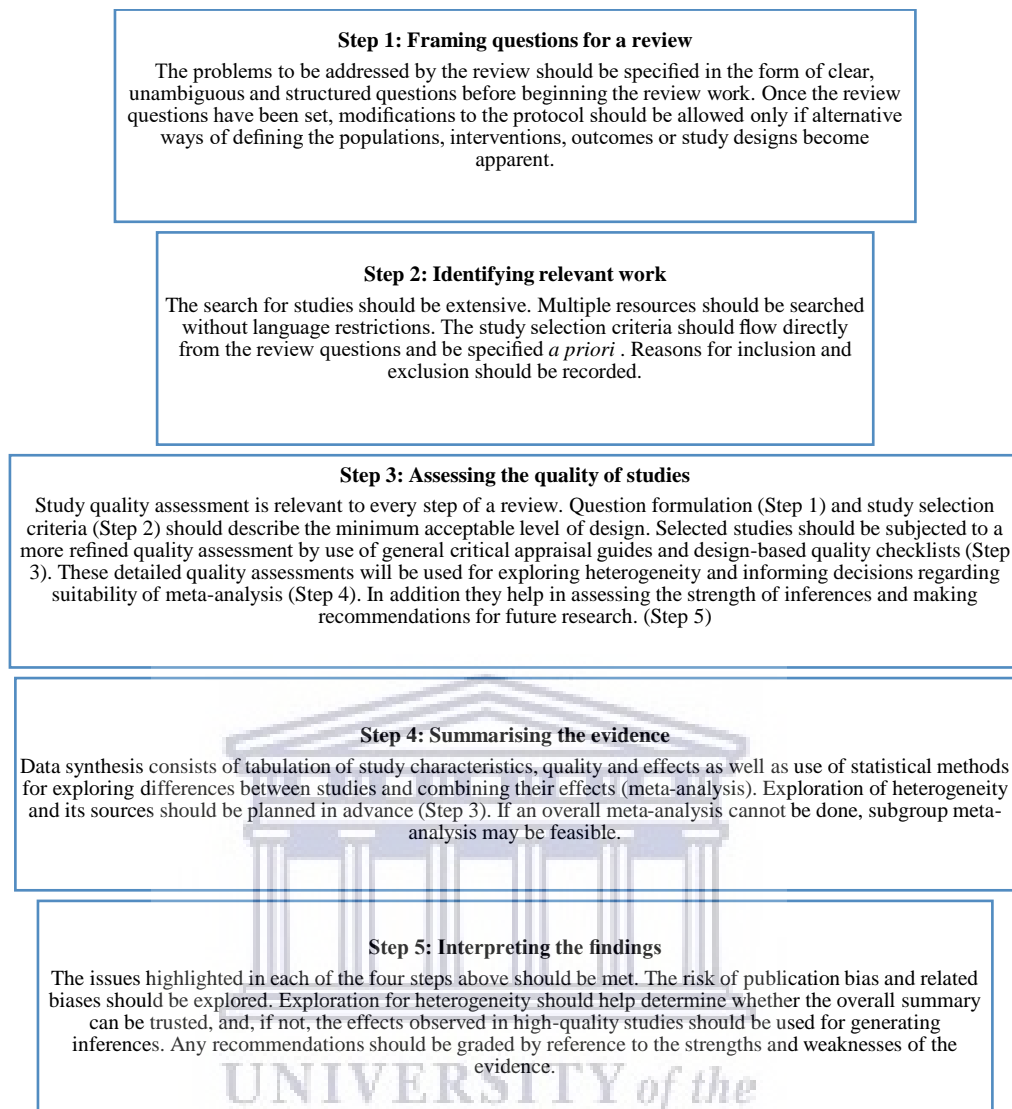


Figure 15. Steps to conducting a systematic literature review (Khan et al., 2003)

Step 1 entails framing questions for a review (Khan et al., 2003). This step was done, and is clearly specified in section 1.4. (p. 12 of this monograph) in Chapter 1. The first research question in this particular study asks: What are the risk and protective factors associated with intrinsic and extrinsic religiosity relating to sexual behaviour of adolescents from Christian faith-based schools? To answer this question, the researcher commenced a comprehensive review of the social science literature from 2009 to 2019, in order to capture the trends of the last ten years.

Step 2 entails identifying relevant work (Khan et al., 2003). The aforesaid author states that the search for studies should be extensive. This has been clearly reflected in the Methodology chapter. The researcher conducted an extensive literature search of published and unpublished studies was performed using the following descriptors: risk factors; protective factors; intrinsic religiosity; extrinsic religiosity; adolescents; sexual behaviour; and Christian faith-based schools. Inclusion criteria were: articles published or translated into English; articles published within the ten-year parameter of 2009 to 2019; studies involving adolescents as the sample; and studies which covered national and international literature. Exclusion criteria were: articles not published or translated into English; studies not published within the prescribed time period; studies which did not meet the criteria to answer the research question. The systematic review conducted by the researcher was double-checked by individuals with methodological expertise as well as expertise within the field of study. Appertaining to the retrieval strategy, the researcher conducted a computed search by means of the following databases: EBSCOhost, JSTOR, SAGE, Sabinet, PsycINFO, and PsycARTICLES. The detailed strategy has been discussed in the Methodology chapter. The researcher followed Moher et al.'s (2009) method of working through the systematic review process, i.e. she methodically worked through the four-fold stages of *identification, screening, appraisal, and summation*. In the first step of the PRISMA process, the researcher was required to identify the records through database and grey literature searching. The researcher initially started with identifying records through grey literature searching. Google Scholar yielded **550** records, and WorldCat yielded **5** records, for a total of **555**. Thereafter, she identified **3 410** records through database searching, all of which were generated through EBSCOhost. From the record list of 3 965, 61 duplicates were identified; this means that the article appeared in more than one of the databases. Duplications were found between EBSCOhost, Google Scholar, and WorldCat. After excluding these duplications, there were 3 904 records. A total of 3 832 records were

considered to be inappropriate based on face value (i.e. looking at the title alone). Therefore, these records were excluded from the review. Thus, the total number of records retained at the end of Step 1 equalled **3 904**, after the duplicates were removed. In the screening step, the researcher proceeded to examine the titles and abstracts of the articles, bearing the inclusion criteria in mind. After screening through the titles and abstracts of the database records, it was found that EBSCOhost yielded **32** results; Google Scholar yielded **36** results, and WorldCat yielded **four** results. Records excluded with reasons equalled **3 378**. Thus, the total number of records retained at the end of Step 2 equalled **72**.

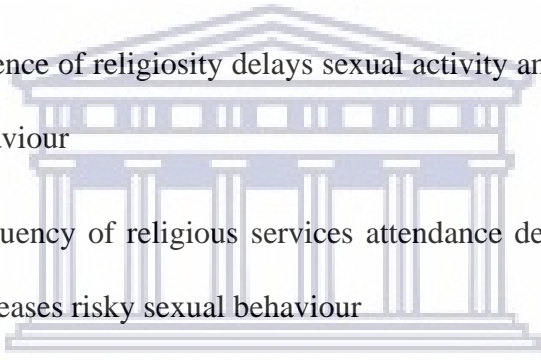
Step 3 assesses the quality of studies (Khan et al., 2003). Critical appraisal took place in this step. Methodological quality was evaluated using a critical appraisal tool, which evaluated sampling methods, response rates, reliability and validity, data sources, definitions of relevant constructs, and whether religiosity and sexual behaviour were explored. If a critical appraisal score of *satisfactory* (34%-66%) to *good* (67%-100%) was procured, the study was considered for inclusion for systematic review purposes. The studies that met the *satisfactory* to *good* category were reviewed by the supervisor of the research study. Thus, **22** records were eligible for review, after the critical appraisal process was completed. The data which were extracted included: title of study; author; year of publication; setting; research design; research method; description sample; sample size; response rate; religiosity measures; and sexual behaviour measures. Of the **22** articles which were methodologically appraised, **11** were suitable for usage in this systematic review, because they fell within the range of 67% to 100% (i.e. the *good* category). Reference mining was therefore conducted on the 11 records. Bearing the 2009 – 2019 parameter in mind, a further **12** records were yielded. Of the 12 records, **five** were excluded because these records were already part of the systematic review initial database search (i.e. duplicates). Of the remaining seven records, **3** articles were retained based on the title search alone. The other records did not meet the inclusion criteria nor cover what was

being asked in the research question. **Two** articles were included for abstract appraisal. Based on the abstract appraisal process, **one** article was retained.

Step 4 entails summarising the evidence (Khan et al., 2003). This step was accomplished in 5.2.2., whereby a comprehensive overview of the reviewed studies was outlined. Khan et al. (2003) reminds the reader that data tabulation is essential here, thus the researcher tabulated the following information which stemmed from the 12 studies under review: purpose/aims of studies; sample/participants; geographical location/setting; design of studies, and measurements / instruments used (i.e. religiosity and sexual behaviour measures) in Table 31. All of the aforementioned information was also summarised in accordance with the fourth step, as suggested by Khan et al. (2003). The final sample for this systematic review consisted of twelve articles, which were published between the years 2009 and 2019. With reference to the geographical location, ten studies were conducted in the USA (Burdette & Hill, 2009; Cobb Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Hull et al., 2011; Landor et al., 2011; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013). The other two studies were conducted in the countries of Ghana (Amoako-Agyeman, 2012) and Malaysia (Muhammed et al., 2017). The participants' ages ranged from 13 to 19 years old, with only three studies having participants as old as 21 years old (Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010) and one study having participants as old as 22 years old (Muhammed et al., 2017). Appertaining to research design, seven studies were quantitative in nature (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Gold et al., 2010; Edwards et al., 2011; Haglund & Fehring, 2010; Hawes & Berkley Patton, 2014; Hull et al., 2011; Vasilenko & Espinosa-Hernandez, 2013). Two were qualitative in nature (Landor et al., 2011; Vasilenko & Espinosa-Hernandez, 2013). The majority of the studies were cross-sectional in nature (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Cobb Leonard & Scott-Jones, 2010; Gold et al., 2010; Haglund & Fehring, 2010;

Hawes & Berkley Patton, 2014; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013), while one study fell into the longitudinal study category (Hull et al., 2011). One study was cross-sequential in nature, as it combined both the longitudinal design and the cross-sectional design (Edwards et al., 2011).

Step 5 entails interpreting the findings (Khan et al., 2003). This final step was accomplished in 5.3., whereby the key themes in the systematic review were meta-synthesised descriptively. The aim of the systematic review was to identify the risk and protective factors of intrinsic and extrinsic religiosity of adolescents in relation to sexual behaviour. Two particular **protective factors** were identified in the articles under review, namely:

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- Theme 1** Salience of religiosity delays sexual activity and decreases risky sexual behaviour
- Theme 2** Frequency of religious services attendance delays sexual activity and decreases risky sexual behaviour

Two particular **risk factors** were identified in the articles under review, namely:

- Theme 3** Disconnect between being highly religious and using condoms
- Theme 4** No/low/extrinsic religiosity and risky sexual health behaviours

Theme 1, the *salience of religiosity delays sexual activity and decreases risky sexual behaviour*, was reflected in **7 of the 12 articles** under review (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2009; Landor et al., 2011; Muhammed et al., 2017). Overall, the research findings underscored in these articles under review were consistent with the majority of antecedent research in the area which concludes that higher/intrinsic religiosity is associated with the delaying of sexual activity and the decrease of risky sexual behaviour (Bearman & Bruckner, 2001; Cooksey et

al., 1996; Fehring et al., 1998; Hardy & Raffaelli, 2003; Lammers et al., 2000; Lefkowitz et al., 2004; Manlove et al., 2006; Meier, 2003; Scott et al., 2006; Rostosky et al., 2003).

Theme 2, the *frequency of religious services attendance delays sexual activity and decreases risky sexual behaviour*, was reflected in **7 of the 12 articles** under review (Burdette & Hill; 2009; Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011). What emerged from the more the frequency of religious service attendance, the less likely the adolescents were to engage in risky sexual behaviour and/or to delay sexual activity.

Theme 3, the *disconnect between being highly religious and using condoms*, was reflected in **4 of the 12 articles** under review (Amoako-Agyeman, 2012; Cobb-Leonard & Scott-Jones, 2010; Hawes & Berkley-Patton, 2014; Landor et al., 2011). Thus, high/intrinsic religiosity may act as an unintended risk factor for unprotected adolescent sexual behaviour. With reference to this third theme, the researcher believes that adolescents can be high in intrinsic religiosity, be highly knowledgeable appertaining sexuality, and *still* protect oneself from STIs and unwanted pregnancy through using condoms once sexual activity has commenced.

Theme 4, *no/low/extrinsic religiosity and risky sexual health behaviours*, was reflected in **3 of the 12 articles** under review (Cobb-Leonard & Scott-Jones, 2010; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2019). It was pointed out that not many of the articles under review specifically discussed extrinsic religiosity. Yet from the information garnered from the three articles under review for this theme, it was evident that no/low or extrinsic religiosity impacts the sexual behaviour of adolescents.

This chapter is now followed by the qualitative data and analysis, which will be presented and discussed in detail.

CHAPTER 6

QUALITATIVE DATA PRESENTATION AND ANALYSIS

6.1. Introduction

In this chapter, the qualitative data are presented and thematically analysed. Although there were varied responses in the 11 interviews, certain common themes emerged. Five semantic themes and eight latent themes were identified. Concepts taken from the theory/research into adolescent sexuality were predominantly used to label the semantic themes, which were as follows: (1) First hearing about sex; (2) Reasons for adolescent sexual activity; (3) Reasons for sexual abstinence; (4) Knowledge regarding contraception; and (5) Knowledge regarding sexting. The eight latent themes were identified as follows: (1) Regarding parent/adolescent communication: “We don’t really talk about stuff like that”; (2) Sex “education” from friends and the media; (3) Ho/f-boy dichotomy; (4) Consequences of sex: Disappointment (5); Regarding oral sex: “It’s quicker. It brings pleasure”; (6) Religion is a powerful driving force; (7) Sexuality education from school/teachers summarised as “Just abstain.” and (8) Improving sexuality education at school: “Go into depth.”

To review, one of the objectives in this investigation was to understand the experiences of adolescents’ sexual attitudes and behaviours, and understanding their perceptions of their school’s sexuality education curricula. Regarding this objective, it was essentially two-fold, thus with reference to the first part of the objective – *understanding the experiences of adolescents’ sexual attitudes and behaviours* – five of the semantic themes and six of the latent themes addressed this part in the objective. The second part of the objective dealt with *understanding the adolescents’ perceptions of their schools’ curricula*, hence the final two latent themes addressed this issue.

6.2. Semantic themes

This next section encompasses adolescents' experiences with reference to: (1) First hearing about sex; (2) Reasons for adolescent sexual activity; (3) Reasons for sexual abstinence; (4) Knowledge regarding contraception; and (5) Knowledge regarding sexting. As depicted in Table 6.1, these listed themes are illustrated in the left column. The subthemes are shown in the right column. Both the themes and subthemes will be discussed in greater depth in the next section.

Table 6.1

Summary of semantic themes and subthemes

| <i>Themes</i> | <i>Subthemes</i> |
|--|---|
| First hearing about sex | School context: foundation / intermediate phase (Life Skills subject) |
| Reasons for adolescent sexual activity | Peer pressure Curiosity |
| Reasons for abstinence | Pressure from older boyfriends / men Religious reasons Fear of consequences (e.g. pregnancy) Parents' value system |
| Knowledge regarding contraception | Could list examples General lack of understanding |
| Knowledge regarding sexting | Nudes Sexual emoji |

6.2.1. First hearing about sex

According to the researcher's interview guide, two particular questions needed to be asked at the commencement of the interview, that being: (1) Where did you first learn about *sex*? and (2) How old were you when you first heard about *sex*? The majority of the participants answered these questions by making reference to their **grade**, which meant that they first heard about sex within the **school** context; others were obviously exposed to the word *sex* within the home context. The youngest participant reported that he first heard about sex in the first grade, which meant that he would have been approximately six or seven years old at the time.

Jabu: *Grade 1.*

As already stated in the Methodology chapter, Jabu was initially not very conversant at the start of the interview, and tended to provide brief answers. This was in stark contrast to all of the other participants, who elaborated on their answers:

Riley: *I was six years old and my daddy was, like, would just touch you in any place, and then, like, when I got my period, I think it's always been a thing because my daddy used to work on the sea, so I used to see him, like, maybe three times a year. So it was always my mom and my sister and I. So now because she's a midwife, then I'll always just hear things. So at first I was convinced because she's putting it in my throat like the whole time, because she works with those cases and all that, and she is all the time in the hospital.*

Riley was quite a loquacious participant; she shared that due to her mother being a midwife, she had the opportunity to be exposed to a number of issues pertaining to sexuality from a young age. Because of her mother's job within the medical context, she did not view sexuality as an awkward topic at all. She shared that she was quite prepared when her menarche commenced, because of all of the information that she had been exposed to from a young age.

Referring to sex,

Riley reported: *It's not strange to me, because I am familiar with it, and we have a lot of babies in our family. So it's like people always come to her (referring to her mother) and like there's always pregnant women, so it (referring to sex) wasn't awkward.*

While Riley communicated that she was quite comfortable with the topic of sex from a young age, she also expressed that to her, it seemed as though her mother was overemphasising the topic of sex all of the time i.e. *she's putting it in my throat like the whole time.*

From their earliest recollections, Ava and Seth seemed to have similar exposure to sex scenes on television within their home environments; Ava claimed that she always knew about *sex*, whereas Seth expressed that he was unsure with regard to what *sex* was. The excerpts below foreground the latter point:

Ava: *I'm thinking I always knew about it because when we were small, then my father would always, like, close your eyes and we all had to close our eyes.*

Seth: *Seven years old, yes. And I was surprised because I didn't know what it was. Then one night I was just watching a movie with my brother, and then a sex scene came on. This is like a PG thing...then the people just did stuff.*

Regardless of whether Ava or Seth actually had some kind of comprehension pertaining to what they saw on television, it seemed as though both participants were not too certain how to understand human behaviour e.g. in Ava's case, why was it necessary to close one's eyes during certain sex scenes? In Seth's case, what exactly were those *stuff* which the people did on the television?

The majority of the adolescent participants recalled first hearing about the word *sex* within a school context. Some of them would either make reference to their grade, school, or life skills/life orientation. The following excerpts are expository responses:

Lindelwa: *Yes, so I think the first time I was probably in like Grade 3. I was a very forward child, so nine. Ja, they started having talks at school about when you get your menstruation and talks like that, so I think I was well-prepared.*

Nyasha: *At school. I think I first heard about sex in like Grade 3 or 4, when we started learning about life skills and life orientation at school.*

Ava: *I think I like actually heard about it maybe in Grade 6. Twelve or eleven. I thought that it was like something that like naughty people do, that's why we had*

to close our eyes. But then I actually was taught in school...I think it was Grade 5 when we had this whole booklet, and we did, like, the reproduction and how babies are made.

Yondela: *At school. I was thirteen and I learnt about reproduction in Grade 8.*

Tinodashe: *I first knew about sex when I was about the age of 10 and 8; that was when I knew about it. I think it was the first time in Grade 7. When we were introduced to LO, it was puberty and how sex is involved in puberty.*

To review, as already mentioned in an earlier chapter, CSE was launched in South Africa in the year 2000 (DBE, 2019). The subjects *Life Skills* and *Life Orientation* were woven into the primary and high school's curricula, respectively. The WCED (2020) stipulates that all learners should commence Grade 1 in the year in which they turn seven years old. Within the Foundation, Intermediate Phase, and Senior Phases of Primary School (i.e. Grades R – 7 in South Africa), the subject *Life Skills* is taught to all learners. *Life Skills* encompasses four major areas, specifically: Beginning knowledge; Personal and Social wellbeing; Creative Arts; and Physical Education (Dixon et al., 2018). Social issues such as sexuality education, health education, violence and abuse are all addressed in the Personal and Social Well-being (PSW) section of *Life Skills*. In pursuance with the DBE (2019), **sexuality education** in *Life Skills* formally begins from **Grade 4** onwards. CSE learner and educator books are available online for Grades 4 to 12 (DBE, 2019). Thus, the majority of the participants reported hearing about *sex* sometime during either the foundation or intermediate phases of primary school. One participant, Yondela, reported only hearing about *sex* when she was thirteen years old; she did not elaborate as to why this was the case. In Tinodashe's case, he seemed confused as to when he first heard the word (*10 and 8*). Neither of these ages correspond to Grade 7, which was when he additionally claimed to first have heard about *sex*. Generally, the excerpts are

congruous with when most primary school children are supposed to be formally taught about sexuality within the school context.

It is the researcher's view that of all the participants, Riley seemed to be the only adolescent who received some form of sexuality education from her mother, and this was primarily due to her mother's medical background. As will be discussed under one of the latent themes, parents and children would usually have little, if any, form of dialogue with reference to sexuality issues.

6.2.2. Reasons for adolescent sexual activity

The researcher was interested in finding out what contributes to Christian teenagers having sex for the first time, and what contributes to them continuing to have sex. **Peer pressure** and **curiosity** were the two key reasons given appertaining to sexual activity amongst Christian adolescents. The following are illustrative responses:

Yondela: *Pressure...hearing the others speak about it.*

Dylan: *I think it's a mixture of lust, curiosity and peer pressure. I think a mixture of those three.*

Seth: *Curiosity maybe, because like religious parents are so strict that they actually create children to be more sneaky, to be more curious about things.*

Nyasha: *I think it's like mainly peer pressure because, like, if you're a virgin, people are like, they think you are crazy or something.*

Lindelwa: *I think it could be pressure; I think that would be one of them, within the relationship itself. Some might be also outside of the relationship, trying to fit in with the crowd, so sex is now a usual thing.*

The views expressed in the excerpts above mirror what was underscored in the literature. For example, some scholars state that some adolescents are motivated by **curiosity** (Crooks et al.,

2021; Papalia et al., 2015; National Center on the Sexual Behaviour of Youth, 2013; Steinberg, 2008). In addition, **peer pressure** is oftentimes mentioned as one of the most influential factors driving adolescent sexual behaviours (Carroll, 2019; Eriksson et al., 2014; Lammers et al., 2000; Rosenthal et al., 1999; Runhare et al., 2016; Widman et al., 2016).

It would appear that not only would peer pressure be a primary reason which motivates Christian teenagers to have sex; it seems as though another form of pressure exists – that being **pressure from older boyfriends or older men**. The aforementioned is exemplified by the following quotes:

Riley: *I think the most shocking one is when my friend said she was having sex in Grade 8. And then I was like what do you even mean? Like I was still awkward in Grade 8. I think the one thing is them just having older boyfriends.*

Ava: *She did it because her boyfriend was older than her and because she just wanted to get it over and done with.*

Nyasha: *They bunk schools with the transport drivers; they get drunk and have sex with the drivers....I didn't think of doing the things that they do (referring to Grade 8 female learners), like bunking school and having sex with drivers, I did not.*

Riley and Nyasha both spoke specifically about Grade 8 girls who have sex with older males. The excerpts by these participants may be explained by empirical research. Carroll (2019) explains that certain psychological factors may possibly predispose adolescents to engaging in early coital behaviour. These could include poverty, family or marital conflict, adolescents living with single parents, parents' lack of education, parents' lack of supervision, substance abuse, low self-esteem, dislike of school, a sense of hopelessness, poor academic performance and low educational expectations, tolerance for antisocial behaviour, association with delinquent peers, exposure to a diet of television high in sexual content, adolescent females

who have markedly older intimate partners, and having been sexually victimised (Carroll, 2019). As confirmed with current literature, having older sexual partners places adolescent girls at risk for pregnancy or contracting STIs. To illustrate, having an older male sexual partner puts adolescent girls at risk to contract STIs (O’Leary et al., 2015; Papalia et al., 2015), contracting HIV (Department of Education, 2002; Shisana et al., 2014), or experiencing early pregnancy (Panday et al., 2009).

Interestingly, Nyasha brought up the topic of young high school girls who have sex with transport drivers. Not only is the latter activity risky in nature, but the added element of the young females becoming inebriated furthermore puts them at risk for various negative consequences (Hawes & Berkley-Patton, 2014). Earlier in the literature review, the issue of taxi queens within the South African context was discussed (Maughan-Brown, 2016). Although these participants did not share their views as to *why* they think this phenomenon sometimes happens, their views could possibly place a spotlight on the transactional nature of intergenerational sex (Dellar et al., 2015). Panday et al. (2009) state that girls who offer sex to older men tend to trade their health for economic security. Having sex with older boyfriends or men may place a female adolescent at a higher risk for contracting HIV/STIs or falling pregnant because of issues relating to contraception. Oftentimes, young girls are unable to negotiate safer sex due to older men’s greater relationship/economic power (Dunkle et al., 2004). Some may experience physical violence as a result of condom use insistence (Dellar et al., 2015). Poverty could be a driving factor as to why these transactional relationships exist; it must be mentioned that at Nyasha’s school, the majority of the learners come from communities of lower socio-economic status. Within the public transport industry, certain young girls from poor communities may, due to their circumstances, choose to exchange sex for material benefits from taxi drivers – material possessions being cell phones, clothing items, money, cigarettes, alcohol, and drugs especially crystal methamphetamine. Poverty is of course

one strong motivating force which drives some girls towards these kinds of relationships. However, other factors could be girls being attracted to the status of the relationship, and also having their emotional needs met (Strebel et al., 2013).

6.2.3. Reasons for sexual abstinence

The participants were asked to expound on why Christian adolescents may choose to be celibate, and they were also asked and required to voice their opinions regarding their personal feelings about abstinence. The three most reported grounds for adolescent celibacy were **religious reasons, fear of the consequences (particularly pregnancy)**, and the impact of the **parental value system on the adolescent.**

Religious reasons were uppermost in the participants' minds. The following excerpts are indicative of the latter point:

Madison: *I think it's the Christian side of it. My friends, my outside friends, they aren't really religious, and all of them, I don't think one of my outside friends are virgins.*

Lindelwa: *So I think my friends, some of my friends, we're abstaining because of religion wise; the Bible says abstinence.*

Micah: *Okay for me personally I don't feel it's right to have sex before marriage. I also feel that it's an intimate thing. Like God created it for us to create children, not just do it because we want to do it. It was there for our sake to produce more children of God.*

Dylan: *. Abstain because, well, biblically the Lord did not really make you or your sexual organs to go and sleep around with many girls. I think He made sex to become one with your wife.*

Jabu: *I think it's safer and because the Bible says so, and I think it should be a special thing that should be shared with one person and that's what God has planned for.*

The ramifications of adolescent sexual intercourse were underscored by some of the participants. Based on what was elicited in the interviews, it is evident that the fear of pregnancy is an important motivating factor in relation to abstinence.

Lindelwa: *I think it's because some of the consequences that you can face afterwards is kind of a big thing.*

Yondela: *I am all for abstinence. Yoh. Because there's so many elements that come with it. Like babies.*

Nyasha: *I say like you don't know what might happen, like if you have sex one time and then you just fall pregnant. It's a scary thing to think about.*

Dylan: *I think people are just scared... Pregnancy is the main thing that comes to mind. But then they forget about the other stuff as well, like STDs, STIs all those things. But pregnancy is the main thing.*

A third reason which was reported related to the impact of the **parental value system** on the adolescent.

Yondela: *I would come home my parents would know and they'd be disappointed in me.*

Nyasha: *I think some people are afraid of their parents, what their parents will think actually if they have sex.*

Tinodashe: *The reason why some abstain is because they have been taught by their parents, so they know better.*

Thus, in this investigation, the three-fold rationale for adolescent celibacy were **religious reasons, fear of the consequences (particularly pregnancy)**, and the impact of the **parental value system on the adolescent**. The excerpts regarding religious reasons and the parental value system indicates a dissention from one particular research study. Heywood et al. (2015) have conducted an empirical investigation regarding feelings, reasons, pressures, and intentions reported by adolescents who have not had sexual intercourse. Within the latter study, the *least* recognised reasons for both adolescent boys and girls included fear of parental disapproval and premarital sex being against their religious value system. One common reason was discovered between this investigation and that of Heywood et al.'s (2015) study. It was that fear of pregnancy was a strong motivator for abstinence.

Of the five participants who highlighted **religious reasons** as deterrents to adolescent activity, four of the participants considered themselves to be highly religious self-professed Christians. This is confirmed in the current literature, for example: More religious adolescents are more likely to abstain from or delay the onset of intercourse, and have more conservative sexual attitudes than less religious individuals (Aitken, 2005; Amoako-Agyeman, 2012; Cochran et al., 2004; Haglund & Fehring, 2009; Hull et al., 2011; Lefkowitz et al., 2004; McMillen et al., 2011; Rostosky et al., 2003).

It was interesting to note that Madison did not consider herself to be a Christian. In her interview with the researcher, she shared how she used to be sexually active, however since she started attending that particular Christian faith-based high-school, she saw a dramatic change within herself, and started making different decisions with regard to sex.

Some of the participants expressed that **fear of the ramifications of sex, particularly pregnancy**, were reasons why Christian adolescents remained abstinent. These findings were

confirmed by the findings in the qualitative investigation by South African researchers, Eriksson et al. (2011), who did a study into faith, premarital sex, and relationships amongst youth in KwaZulu-Natal. In this aforementioned study, adolescents were more fearful of unintended pregnancy than possibly becoming infected with HIV. As shown in the citations, Lindelwa, Yondela, Nyasha, and Dylan clearly were afraid of pregnancy which could result from adolescent sexual activity. As mentioned in the literature review, the Western Cape Government (2018) maintains that adolescent pregnancy may profoundly affect the life of a teenager. Similarly, the Mayo Clinic (2019) uses the identical adjective (i.e. *profoundly*) to describe how teenage pregnancy changes a young *girl's* life in particular.

Finally, a last reason for celibacy underscored by some of the participants was that adolescents seemed cognisant of their **parents' value system**. Yondela expressed that her parents might be disappointed in her if she would become sexually active; Nyasha expressed that teens could possibly be afraid of their parents – perhaps what they would say or do; and Tinodashe expressed that Christian teenagers are taught to abstain by their parents, so they should *know better*. From a *social control perspective*, parents may endorse values that are in line with conventional behaviour because they socialise adolescents to adopt the appropriate sexual norms and values (Gyimah et al., 2013). Thus, as was highlighted in the theoretical foundations chapter, the propensity to engage in deviant behaviour – in this case sexual activity – is diminished. Within the social control context, Landor et al. (2011) indicated that individuals will naturally abide by the norms and values of particular social organisations, by virtue of not jeopardising their bonds to these institutions. Therefore, it can be argued that adolescents in this investigation may choose to naturally abide by their parents' value system appertaining to sex, so as not to jeopardise their bonds with their parents.

6.2.4. Knowledge regarding contraception

A common thread which seemed evident regarding this theme was that participants were able to provide mostly-correct, *yet poorly-worded answers*, as to what contraception refers to. Most of them listed that they knew about condoms and the pill. Few listed contraceptive implants and hormonal injections. However, the collective nature of their answers seemed as though learners were able to **quickly list examples of contraception**, yet their sketchy answers revealed a **general lack of understanding regarding how contraceptive methods work**.

Micah: *Okay, well, I know there's condoms; you get the morning-after pill which is, ja, and then you get just the pill. I mean it just basically prevents you from having children when you do have sex.*

Jabu: *There are many contraceptives, some of which include condoms, and then there's the pill.*

Madison: *I know there are a few. I'm on Yasmin, but that's because I got polycysts.*

Nyasha: *I know there's birth control, there's condoms, there's, what else is there? There's those implants you get there too...they go for shots.*

Dylan: *Ja, the thing under the skin. I don't know about it, but I've heard of it. Isn't it that something under the skin that prevents pregnancy?*

Ava: *I know contraception is the stuff that stops you from getting pregnant. So I know condoms for boys.*

Tinodashe: *I know that there are pills they make, and there are also some, what do they call it? Loops and stuff. Birth control pills; condoms; injection.*

Riley: *That one with the injection that lasts like three months. Ja, I think that the girls are using that...she (referring to a friend) got it like in town; it's like R300...*

Lindelwa: *So we actually started a sexual topic in LO this term, but I know what contraceptives are; I know people who take contraceptives. I know a contraceptive is a pill to prevent you from falling pregnant. I don't know if it helps with diseases or whatever?*

Seth: *Birth control in my perspective, it's what I've been told that birth control is for married couples; it's for people who are having sex for married couples only. But that's very dangerous, because like I think some say the whole birth control happens in your intestines or something and you won't feel the same when you're 50 or 40 something. I'm not sure.*

As was accentuated in the literature review, proponents of the CSE programmes believe that sexual abstinence is actually best, however, if adolescents make the decision to become sexually active, contraception should be utilised at all times (Eisenberg et al., 2008). The researcher explained in the literature review that CSE programme have been in existence in South Africa since the year 2000. In line with the DBE (2019), hormonal contraception and condoms are covered comprehensively in the **Grade 9 CSE Learner Books**. Regarding hormonal contraception, South African learners are supposed to be taught about ovulation and fertilisation. In addition, they are to be taught about the implant, emergency contraception, the patch, the ring, the pill, the intrauterine device, and the injection. Learners are also supposed to be taught how these methods work, in conjunction with details regarding efficacy. They are also expected to be knowledgeable about the side effects of various hormonal contraception; that these methods don't protect against HIV/STIs, and that contraceptive methods must not be seen as means of abortion (DBE, 2019). The Grade 9 learners are also expected to be enlightened concerning how to use the male and female condoms correctly. Additionally, they should be educated regarding assertiveness within the context of using protection (DBE, 2019).

In light of all of the aforementioned information, one could argue that the collective knowledge regarding contraception seemed to be seriously lacking amongst these participants. Of all the participants, Seth seemed the most confused (*some say the whole birth control happens in your intestines or something*).

The participants seemed to have consensus with regard to both adolescent boys and girls needing to take responsibility for contraception, if they choose to be sexually active. The extracts below foreground the latter point:

Ava: *Like, I hate that when girls like no, he's a guy; he should have it, like, they should take responsibility.*

Jabu: *I am not sure. I think it should be an agreement between the two of them; they should agree who should.*

Riley: *I think it's both of them. Because what if his condom breaks and then she's not on the pill? And then I know one friend that doesn't even use a condom at all. She just says that a guy can feel better that way.*

Tinodashe: *I think it actually falls on both.*

Lindelwa: *I think it should take both of you. If you're going to sleep with each other, I think that just to be safe either she needs to be on the pill, or she needs to have a condom with her in case he, like for example if you had a party, and now you guys are both wasted, at least have some sense in your head to take out a condom and put it on.*

6.2.5. Knowledge regarding sexting

Reflecting back to the literature review, sexting can be described as the “sending, receiving, or forwarding of sexually explicit messages, images, or photos to others through electronic means, primarily between cellular phones” (Klettke et al. 2014, p. 45). However, as can be seen by the aforementioned definition, this is limited to explicit messages, nonetheless other definitions delineate sexting in a more defined manner, as shown in the ensuing definition. In accordance with Crofts and Less (2013) and DeMar (2015), sexting is characterised as digitally taping sexually suggestive or explicit images, followed by the distribution of these images via the internet or mobile phone applications. Lenhart (2009, as cited in Buren and Lunde, 2018) limns sexting as the generating, distributing and forwarding of sexually suggestive nude or nearly nude images through the internet. Another author depicts sexting as the interpersonal exchange of self-produced sexualised texts, and above all, images, photos, and videos via cell phone or the internet (Walrave et al., 2015). The two major forms of sexting which were described by the participants were primarily the **dissemination of nude photos** and the **use of sexual emoji**.

The following are elucidative responses:

Ava: *Well I know a year ago like nude pictures were leaked. So I'm thinking it has to be common.*

Yondela: *Big at school. My one friend received a picture. A dick pic.*

Dylan: *I heard, when I came to the school I heard. One of the guys was speaking over WhatsApp, speaking, speaking and then it went to the sexting. It went to that. Yoh. It started with “you have a nice body”, “well thank you”, ja, “I would do this to you”, and it's like “oh wow”, and then “I do this and then that and that”, and then it ended up with him sending a picture of his genitals to her.*

Lindelwa: *There was one incident I remember where this girl sent a nude to a guy, so he just sent it all, or no, he put it on his Instagram. A nude picture, he put it on his Instagram, and ja, everyone just saw it, and I think she was so embarrassed. And then after a while his friends like told him to take it off and then he took it off. But pictures kind of go viral I think.*

Riley: *I don't think people will put their face there, but with the body type you can see. I just think it's wrong because most of the time it's just the boys exposing the girls.*

Two common threads which emerged from the data were the sending of **photos of male genitalia** (i.e. dick pics), and **adolescent boys exploiting girls through the transmission of nude images**.

Dick pics (DPs) would fall under the categorisation of self-made sexually explicit photographs (Klettke et al., 2014). As mentioned by Waling and Pym (2019), the dick pic has become a growing cultural phenomenon in the digital realm. Stated differently, DPs are self-taken pictures of penises sent by males via electronic devices (Mandau, 2020). Mandau (2020) conducted a study exploring the receiving and sending of unsolicited DPs. From his data collected from seven focus group interviews, it was found that girls experience unbidden dick pics as invasive. The aforesaid author explains that girls view the sending of DPs as misguided attempts at flirting, while boys regard this as a way of showing off, complimenting, hooking up with, or getting nude pictures in return from girls (Mandau, 2020). It is interesting to note how quickly an online conversation via WhatsApp can accelerate from a casual discourse for the boy to him sending a DP to the girl, as was mentioned in Dylan's citation. Perhaps the teenage boy in this case was showing off, or wanting to hook up with the girl. Alternatively, he may have wanted her to reciprocate his gesture, by sending a nude to him. Perhaps his motive could be to titillate the recipient (Walrave et al., 2015).

Scholars are not in agreement regarding whether this type of sexting may be innocuous or harmful for the adolescent (Schloms-Madlener, 2013). The researcher believes that one should not be too overly critical of young boys who engage in this form of sexting. Congruous to some authors, the sharing of self-made sexually explicit photographs via mobile/internet applications may assist in helping teenagers explore their sexuality and their sexual identities (Karain, 2012; Karaian & Van Meyl, 2015; Smahel & Subrahmanyam, 2014; Walrave et al., 2015). However, it must be added that while this behaviour may possibly be considered as normative, it does not mean that this phenomenon does not have consequences.

The spontaneous sending of DPs is without a doubt a form of sexual harassment and violence against women claims Waling et al. (2019). Regardless of whether or not the reader concurs with the latter view, what is evident is that DPs do not tend to go viral as the nudes of females. Lindelwa and Riley both expressed opinions regarding boys who exploit girls through the transmission of their nudes. This view was echoed in studies by Lippman and Campbell (2014) and Yeung et al. (2014), who believe that adolescent boys collect nudes of girls and consequently view the nudes as their trophies to possibly show off to others. It is true that sexting does not result in physical ramifications such as pregnancy or HIV/STI transmission (Chalfen 2009) yet the emotional repercussions are quite real. Lindelwa explained how a nude image of an adolescent female was uploaded onto Instagram, and that she felt embarrassed upon making this discovery. A number of scholars discussed the emotional consequences as a result of sexting, embarrassment being one of them (Brown & L'Engle, 2009; Chalfen, 2009; O'Keeffe & Clark-Pearson, 2011). One of the major obstacles associated with sexting is the power that the receiver of the sext has, in that he or she may freely distribute the image or text to others, thereby intensifying the probability of social shaming, cyberbullying, and revenge pornography (Dake et al., 2012; Wilkinson et al., 2016; as cited in Buren & Lunde, 2018; Walrave et al., 2018). It is the researcher's view that adolescent males may exploit the nudes

of girls, thereby placing them in very disempowering positions, hence, unfortunately it is oftentimes adolescent females who bear the brunt of social shaming online. On the one hand, nudes may play a role in objectifying females (Walker et al., 2011). On the other hand, as was exemplified in the literature review, girls can also become part of their own objectification when they self-generate sexualised pictures (Brown & L'Engle; 2009), as in the example which Lindelwa highlighted. Consequently, they learn to treat themselves as objects of desire to be valued solely for their appearance. In pursuance with Walrave et al. (2018), girls in particular are oftentimes seen as the victims of sexualisation with popular media content. In light of this, Spooner and Vaughn (2016) claim that much effort needs to be made to convince girls (i.e. potential sexters) not to engage in sexting because this may lead to two possible problems: (1) girls therefore being the authors of sexualised content; and (2) sexting could eventually be used against them.

In the literature review chapter, reference was made to adolescent code words, acronyms, and decoy words (Takeda, 2011). However, these examples were not mentioned at all by the participants; instead some underscored the topic of the sexual emoji. The following excerpts are illustrative responses:

Nyasha: *...people send each other sex emojis and stuff.*

Seth: *The most common one would be the eggplant, that represents the penis, and then the peach represents the ass.*

Lindelwa: *Well, mostly now you use like emojis, because you've got like the eggplant emoji. The peach emoji symbolises a vagina, and then raindrops emoji symbolises you're wet or whatever. So I think it will mostly be like conversations of like with emojis.*

The information shared by the participants are in line with current literature appertaining to emoji sexting. To review, sexual emoji refers to icons, images, or symbols which are generally

accepted as having sexual connotations (Thompson, 2018). Woodward et al. (2017) explicates that certain icons connote visual sexual metaphors. The eggplant, peach, and raindrops were made reference to by the participants, and their points of view were generally congruent to what was highlighted by Bond (2016), who explained the sexual meanings behind each emoji.

Several of the teenagers focussed more on **sexting not being appropriate for Christian teenagers** in particular. Tinodashe said that sexting leads to teenage males engaging in masturbation. Riley voiced her opinion about sexting being stupid because of the permanence of sexts in cyberspace. Madison added to this by sharing that sexting is not only *not ok* but it is also dangerous, as sexts can easily go viral:

Tinodashe: *Sexting is definitely not okay, and phone sex is definitely not okay, basing on the fact that when you are sexting, the man is aroused and then he obviously goes down to his pants and starts touching his genitals.*

Riley: *I think sexting is stupid, because, first of all, like that stuff is recorded. Screen shots are a thing; your name is there, like it's not something like you can still hide quickly.*

Madison: *Because I feel like sexting is very dangerous and I feel like if you, like you can trust someone with all your heart and then something goes bad, you don't know how that person is going to feel when that actually happens. I know a lot of people whose pictures and videos that have been leaked.*

When reflecting on the above extracts, it is interesting to note that the male in the citation focussed on sexting causing males to sexually stimulate themselves. This, one could argue, is an interpersonal result of sexting. The two females thought more broadly in terms of how sexting may impact the individual on a short-term basis; they thought about possible long-term ramifications. Both made reference to the possibility of sexts going viral. The participants

in the focus groups in the Van Ouytsel et al.'s (2017) study showed that consequences of sexting behaviours include forwarding the photograph or publishing it on a social networking site; showing the photograph to others; exposing the photograph as revenge after a break up; and blackmailing the sender of the photograph. Madison spoke about the dangers associated with sexting, and reflected on *what if* the relationship turns sour? In cases like this, the sexual photos or videos may be used as actual weapons against the other person. One of the major obstacles associated with sexting is the power that the receiver of the sext has, in that he or she may freely distribute the image or text to others, thereby intensifying the probability of social shaming, cyberbullying, and revenge pornography (Dake et al., 2012; Wilkinson et al., 2016; as cited in Buren & Lunde, 2018; Walrave et al., 2018).

To summarise, the previous section discussed the five semantic themes and subthemes. The researcher will now briefly examine these themes in relation to one of the research questions, which asks: *Are sexuality education curricula within Christian faith-based schools in the Western Cape Province of South Africa sufficient in terms of imparting relevant information?* The data revealed that most of the participants first heard about sex within the school context, specifically in the Life Skills subject in the foundation or intermediate phases. The first theme does not outrightly answer the research question. All of the adolescents in this study were attending either one of the two Christian faith-based schools specifically. The primary schools are located on the same premises as the high schools in this study, which means that oftentimes, there is a natural succession from the Christian faith-based primary school to the high-school. There were only two interviewees who did not have their entire schooling within this context. Hence, it could be argued that the majority of the participants were exposed to basic sexuality education within the foundation or intermediate phases of their primary school education. The reasons provided for adolescent sexual activity included peer pressure, curiosity, and pressure from older boyfriends or men. The reasons provided for abstinence

included religious reasons, fear of the consequences of sex, and the parents' value system. These two semantic themes do not explicitly answer the research question, however these two semantic themes give the reader insight as to why some adolescents attending Christian faith-based schools either choose to engage in sexual activity, or choose to abstain. In terms of their knowledge of contraception, most of the adolescents in this investigation could list examples thereof, but they had a general lack of understanding pertaining to contraceptive protection. As previously mentioned, according to the CSE learner books, all forms of contraception are supposed to be discussed in depth in Grade 9 already. However, the adolescents in this study clearly were receiving insufficient information regarding this vital sexuality topic.

Sexting was another semantic theme which was also highlighted by the interviewees. Nudes and sexual emoji, in particular, were mentioned. According to the CSE learner books, sexting is not dealt with. While sexting is an imperative topic to be addressed at schools, the researcher believes that teaching general digital safety is of paramount importance in today's time. In this study, some participants made reference to the dissemination of nude pictures and the use of sexual emoji, yet having a basic knowledge of what these entails is insufficient. It is essential that adolescents are formally educated about the potential risk factors, emotional and legal ramifications pertaining to sexting. Sexting is currently not a topic which is addressed within these two Christian faith-based schools, and as will be seen in the latent themes, educators generally have a very myopic view concerning sexuality education, whereby the focus is very much on abstinence, focussing on issues regarding heteronormativity, and not taking sexuality education seriously enough. Taking a proactive approach to discussing digital safety (where topics such as sexting and cyberbullying can be addressed) could not only empower and safeguard adolescents, but also assist them in making more informed decisions regarding their own sexuality. Next, the latent themes will be addressed.

6.3. Latent themes

This following section underscores the eight latent themes. As depicted in Table 6.2, these listed themes are illustrated in the left column. The subthemes are shown in the right column. Both the themes and subthemes will be discussed comprehensively in the next section.

Table 6.2

Summary of latent themes and subthemes

| <i>Themes</i> | <i>Subthemes</i> |
|--|--|
| “We don’t really talk about stuff like that.” | Sex is an unspoken topic Sex is uncomfortable to speak about Sexuality education is reduced to warning messages from parents |
| Sexuality education from friends and the media | Peers serve as <i>‘fill-in-the-blanks’</i> authorities on sex The media takes on the role as a <i>super-peer</i> regarding sex, thereby influencing sexual attitudes and behaviours |
| Ho/f-boy dichotomy Disappointment | Sexual double standard Disappointing parents Self-directed disappointment |
| “It’s quicker. You don’t get attached.” Religion is a powerful driving force “Just abstain.” | Fellatio is normative Internalisation of Christian values Abstain, abstain, abstain Old teachers |
| “Go into depth.” | Non-heterosexual orientations Depth of knowledge Take sexuality education more seriously |

6.3.1. “We don’t really talk about stuff like that.”

The common subthemes which manifested themselves under this theme were: **sex is an unspoken topic; sex is uncomfortable to speak about; and sexuality education is reduced to warning messages from parents.**

Yondela: No. We don’t speak about it so that I’ve never tried to actually speak about it, I don’t know what their reaction would be. Both of my parents they are not teaching me at all, so we also started knowing from the ones that are actually sexually active about what goes on.

Madison: *Oh no, my parents have nothing to do with that. My mom still doesn't talk about it; she still hasn't had the talk about stuff like that.... My mom is someone that she doesn't like thinking about us growing up, she's very, "I'm a mommy's girl", my brother is a mommy's boy, so we're very close to my mom.*

Jabu: *I think I would say that everything in the black communities is just weird and out of this world to openly speak to your parents about sex and things like that.*

Nyasha: *I'm not trying to be a racist, but I feel like just like black persons don't like speaking about those things to their children.*

The excerpts above highlight the subtheme that **sex is something that is just not spoken about between parent and child**. Yondela revealed that her parents do not engage in actively educating her regarding sex. In fact, she furthermore adds that she and her friends end up sourcing their information from sexually-active peers. Madison's mother seemed to be in denial regarding her children growing up, and it would appear that her wanting to continually view her adolescent children as small children would be reason enough *not* to impart valuable sexuality education to them. Madison's remark may be in line with what one scholar shared: adults, including parents, are uncomfortable with the notion of adolescent sexuality, and would choose to remain in a state of denial or ignorance (Ashcraft & Murray, 2017). Both Jabu and Nyasha expressed views that within the typical black culture, sex is a taboo topic which is not brought up between parent and child.

Perhaps the primary reason as to why sex is generally an unspoken topic in many households would be that it elicits feelings of **discomfort**, whether it be on the part of the parents, children, or both.

Jabu: *It's awkward..*

Seth: *The birds and the bees. It was a very uncomfortable situation. My parents, they're very humbled and cautious and religious people.*

Micah: *I mean a lot of people are afraid of talking about it to their kids. It's a really uncomfortable situation sort of.*

As mentioned in the first chapter, some researchers have found that parents (regardless of their religious affiliation) generally report high levels of embarrassment, anxiety, and uncertainty regarding their capacity to discuss sexual health issues with their children (Goldman, 2008; Kirkman et al., 2005; Ogle et al., 2008; Walker, 2001). One could therefore say that these sentiments expressed in the excerpts are in line with the aforementioned author's views.

Seth raised the issue that he perceived his parents to be humble, cautious, and religious individuals. One of the theoretical perspectives mentioned in chapter two undergirding religiosity and adolescent sexuality is the *Sexual Socialisation Theory*. Sexual socialisation should ideally begin at home, where parents have the unique opportunity to impart important values to their children (Shtarkshall et al., 2007). Concealing oneself behind the veil of being humble, cautious, religious parents in fact puts the child in a disempowering position. Within this family set up, not only is sex an uncomfortable topic to speak about, but it is even euphemistically referred to as the *birds and the bees*. Judging from many of the answers which Seth provided in his interview, he seemed to possess extremely erroneous, misguided information in relation to sexuality.

If the topic of sex is raised within the home environment though, messages concerning this topic are communicated to adolescents in the form of **warnings**. The following are expository responses:

Jabu: *My parents would just warn me if I have sex you will have a baby before your time. They would advise you to wait for marriage.*

Nyasha: *The only thing that they will probably just tell you is do not fall pregnant.*

Having an unplanned teenage pregnancy seemed to be uppermost in the minds of some of the parents, according to some of the views shared. As was already shared in the literature review, teenage pregnancy is common amongst South African adolescent girls; the prevalence being 47 births per 1000 girls between the ages of 15-19 per annum (Reddy et al., 2016). World Bank (2015) demonstrates that this shockingly high statistic far surpasses that of high-income countries, such as the UK (15 births per 1000 girls) and the USA (24 births per 1000 girls). It is apparent that this warning-like mindset does not empower adolescents to make informed choices pertaining to sexuality. According to the researcher, this type of parental mindset solely warns adolescent not to impregnate or not to fall pregnant, but this ideology doesn't empower adolescents with relevant knowing – for example, how to make decisions to avoid having a resultant unplanned teenage pregnancy. Again, this is an example where the teenager seems to be in a very disempowered position.

6.3.2. Sex “education” from friends and the media

With reference to what the participants shared, two common subthemes which were highlighted were **friends and the media being sources of sexuality education** for adolescents. Adolescents not only turn to their peers but also to media to sexually inform them (Sutton et al. 2002). The extracts below foreground the latter point:

Madison: *I would say friends, because a lot of my information came from friends.*

Maybe the internet not so much for me, personally it was my friends.

Dylan: *Eish, I think from each other I guess. I think so, because when I was in high school, I didn't even know what a blow job is. I didn't even know. They (referring to his school friends) were speaking about that. I was like what is that?*

Yondela: *We also started knowing from the ones that are actually sexually active about what goes on.*

The researcher mentioned in the abstract that numerous adolescents are not adequately guided in terms of sexuality education by parents, educators, and church leaders. What became apparent amongst these group of teenagers is that, for the most part, parents and adolescents are not dialoguing about sex; rather adolescents are sourcing their information about sex from their peers. While friends can play a role in imparting sexual information to their friends, they may not always be the best individuals to provide correct values-based information to one another. Mamacos (2019) accentuates the reality that friends may oftentimes provide false information to one another. Yet, the Department of Education (2002) points out that friends do play a role in the way adolescents learn about sexuality, however, the researcher firmly believes that friends should ideally *not* occupy the primary position as sources of sexuality education. Despite the researcher's opinion expressed in the latter statement, she is also cognisant of what one particular scholar has shared. In consonance with Mirande (1968), the family serves as a primary referent point for the child during the infancy and early childhood periods. However, during adolescence, peers become increasingly more significant in terms of the formation of adolescents' attitudes and behaviour. Hence, even though parents may generally not be the primary reference points for the child during the adolescent period, it does not mean that parents should take a "back-seat" approach to sexuality education, and simply allow their children to be sexually informed by their friends, who now serve the role of primary referents during adolescence.

The **media** seems to be another primary source of sex information for adolescents. A few sentiments regarding this topic were expressed by several participants:

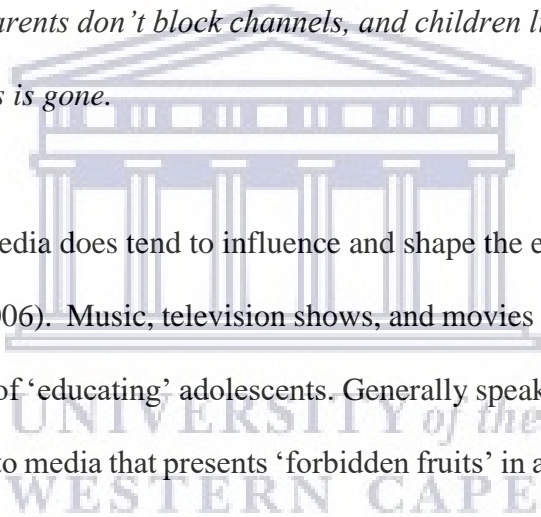
Tinodashe: *We mostly get the information from the media.*

Ava: *Media, I think. In rap music, it's all about like they make it seem like such an animal kind of thing. Okay, so there's this one song, Gucci Gang. I don't know, the guy that sings it, the rapper is called 69. And then in the song Gucci Gang, it just*

speaks about liking to “f” girls and it’s just about wanting to put like my parts in you hard, and that’s the lyrics basically. And then these boys they walk around school and they’re singing these lyrics!

Micah: *They speak about it very in a way that you know they get it from the media. Like that movie that came out – Something Grey? Fifty Shades of Grey. So like a lot of people when they come to me, they say is that real? Do people actually get treated like that? Like to me it’s the wrong way of treating a woman when it comes to sex. So I think they mostly get it from what they watch.*

Seth: *Mainly from TV and social media, but primarily from TV, because there’s a lot of shows. Some parents don’t block channels, and children like to explore what is on, and the parents is gone.*



It is well-known that the media does tend to influence and shape the emerging sexuality of the adolescent (Giami et al., 2006). Music, television shows, and movies were all listed as playing some kind of role in terms of ‘educating’ adolescents. Generally speaking, adolescents seem to prefer to turn more readily to media that presents ‘forbidden fruits’ in a far more overt, detailed, and appealing way than most parents or educators can offer (Sutton et al. 2002). Bogt et al. (2010) states that youth-oriented entertainment media, which includes movies, television, magazines, pop music, and music videos are targeted at an adolescent audience, and provide a vast array of messages on falling in love, relationships, and sexual desires. Other authors are in agreement with Bogt et al. (2010); they state that the media has been identified as an important source of knowledge for the physical, social, and emotional aspects of sex (Brown et al. 2005; Christenson et al. 2004). Therefore, one can safely assume that movies, television, music videos etc. undoubtedly shape the sexual attitudes, values, and practices of teenagers (Bogt et al., 2010).

Adolescents may be listening to music which may be non-degrading or degrading in nature. Pursuant to Hall et al. (2012), degrading music is identifiable by lyrics where one individual has an insatiable sexual appetite; the other individual is sexually objectified; and sexual value is placed solely on the physical attributes of the human body. Hall et al. (2012) limns that listening to music whereby a sex-driven male is in pursuit of an objectified female reinforces and perpetuates deleterious stereotypes related to gender and sexuality. Papadaki (2001) delineates that degrading sexualised music can teach both adolescent males and females that women are sexual objects, which exist for the exclusive purpose of bringing erotic pleasure to males. To illustrate, Ava made reference to one particular rap song. In this specific song, the ‘artist’ sings about how he has an excessive amount of money to spend on jewellery and Balmain fashion, yet he refuses to buy a woman – whom he refers to as a *bitch* – a wedding ring. In the lyrics, he shares how his *bitch* loves to do cocaine. He continues rapping about how he would *f*** a bitch* and that he is not even able to recall her name. Thus, sex simply becomes a dehumanising act for the male. The rap song continues by highlighting taking crystal methamphetamine, having sex with a teacher, and describing what the rapper would do to the woman’s vagina in *exceedingly obscene* terms. While the rap song places a lot of emphasis on money and a luxury lifestyle, the lyrics undoubtedly objectifies and denigrates women. Ava shared with the researcher that she and her friend, Dylan, would have conversations and be intensely shocked at some of the adolescent boys walking around at a Christian high school, singing the lyrics to songs such as these. The researcher believes that whatever one continually exposes oneself to on a cognitive level will eventually become engrained in one’s thinking, and therefore spill over into how one behaves. Hence, bearing Ava’s sentiments in mind, the boys who walk around the school singing those degrading lyrics may ultimately develop certain inappropriate perceptions with regard to females, example thinking of women as nothing more than nameless *bitches*, or thinking that it is appropriate to use cocaine or crystal

methamphetamine. Furthermore, those kinds of negative messages may not only stay engrained in one's mindset, but an individual may in due course act on what he has chosen to fill his mind with. "In the absence of reliable and accurate information related to normative and responsible sexual behaviour, media becomes a super-peer capable of teaching and encouraging risky sexual behaviours" (Hall et al., 2012, p. 105).

Micah raised the issue of movies, and made special reference to a movie which received tremendous media attention several years ago, *Fifty Shades of Grey*. The male protagonist in the movie is Christian Grey, a confident, aggressive, domineering young man, who is used to always being in control sexually. The female protagonist, Anastasia Steele is an insecure, yet beautifully pale young woman, who becomes the object of Christian's sexual desires. It would seem as though some teenagers within Micah's peer group were confused by what they saw on *Fifty Shades of Grey*. It seemed as though they wondered if women were supposed to be treated like that in reality. Several researchers have shared that the more adolescents consume sexualised displays and portrayals in the media, the more they will perceive such content as normative (Gerber et al., 1994; Shrum, 1999). The researcher came across a particular perspective which is quite interesting: *Cultivation Theory* particularly asserts that as individuals are increasingly exposed to a specific media message on perspective, the greater the likelihood that the message or perspective would be adopted or accepted as reality (Gerber et al., 1994). Therefore, what results from this theory is a *mediated reality*, whereby that which is seen or heard most becomes that which is most believed (Hall et al., 2012). This could certainly be in line with the degrading rap music lyrics like *Gucci Gang* and movies such as *Fifty Shades of Grey*. Thus, exposure to movies such as the aforementioned or to music which contain sexually degrading lyrics may teach young women in particular to sexually objectify themselves by voluntarily presenting their bodies as sex objects for others (Hall et al., 2012). This type of self-imposed sexual objectification has been referred to as self-sexualisation, and

is by and large differentiated from healthy sexual expression and empowerment, as the woman largely neglects her own desires and pleasure for that of the male's (APA Task Force, 2007, as cited in Hall et al., 2012).

Finally, the issue of television needs to be addressed. Television remains the most consumed media platform among children and adolescents (Roberts et al., 2010). Seth mentioned that television would be quite informative regarding sex. What is common practice in his view is for parents *not* to block certain channels, and when they are not around, teens are then given free reign as to what content they may choose to watch. Sex is an enticing topic for adolescents, thus, if they find themselves in a situation like Seth's whereby sex is an unspoken topic within the family, many teens may then turn to the television to educate them about sex.

A number of authors have expounded on the topic of parenting practices. These practices comprise a constellation of dynamically interrelated factors including but not limited to parental supervision, affect, communication, and involvement (Dishion et al., 1998; Dishion & McMahon, 1998). How many youth may find themselves in Seth's position, where there is a lack of parental television supervision as well as a silence regarding sexuality issues? Adolescents may be exposing their minds to all sorts of sexual content on television, and they may be taught values through television, which may be contrary to the values taught by their parents. Consequently, if their cognitive perceptions and their value systems are heavily influenced by how sex is presented in the media, inevitably their attitudes and behaviours may be affected as well. An abundance of research exists regarding the relationship between adolescent exposure to sexual content in the media and sexual activity (Hall et al., 2012). For example, in Bleakley et al.'s (2008) study with 501 adolescents, it was discovered that the more sexual activity which the adolescents engaged in, the more likely they were exposed to sexual content in the media. Todd et al. (2008) found that parental attitudes towards sex and also television supervision can delay risky adolescent sexual behaviours. These intellectuals declare

that the overall quality of parental communication regarding sex serves as a protective factor for adolescents. In other investigations, it was found that adolescents who reported more positive communications with their parents were more likely to delay the initiation of vaginal intercourse than those who reported more negative communication with their parents (Karofsky et al., 2000). Effective communication styles and positive parental relationships also allied with a lower number of pregnancies (Markham et al., 2003).

Under this subtheme, the researcher reflected on the views of the participants who have reported that they generate information about sex primarily from their **friends and the media**. It must be poignantly pointed out that adolescents are not simply passive hearers or spectators of sexual content in the media; what pervades their minds becomes *reality* to them and as a result, their sexual attitudes and behaviours may be influenced.

6.3.3. Ho/F-boy dichotomy

This particular latent subtheme focusses on the ho/f-boy dichotomy, and the strong expressions revealed were in line with the sexual double standard. The sexual double standard is operationalised as a social construct dictating different treatment of males and females for participating in similar sexual acts. In general, boys and men usually receive praise and positive attributes from others for non-marital sexual contacts; on the other hand, girls and women continue to be derogated and stigmatised for similar sexual behaviours (Kreager & Staff, 2009).

Most of the participants were sickened by boys (even purportedly *Christian* boys) who sleep around, and referred to them as f-boys, the “man”, players, or assholes. The following are a few sampled responses:

Yondela: *I am disgusted by them. Those f*** boys.*

Nyasha: *They say that they are f*** boys.*

Ava: *They are called f*** boys. And they are not even embarrassed about being called that. I hate it if boys treat girls as if they're objects.*

Riley: *They are disgusting. All I've ever hear is "You're the man!"*

Dylan: *He is a player. The majority see him as a cool guy. He's got skills.*

Micah: *Typical players. Yes, and I mean the way they speak about it; it's like they won the lottery or something. The way they talk about it; they put the girls down. Like one of them said oh, she was so stupid to do it. Maybe it took a lot of her to do it. I don't know how much it took of them to do it. And the way they are speaking about it; it doesn't seem like it really took that much, except the fact that maybe their ego might be bruised if they don't.*

Seth: *A player or a boy or a man. But like the majority of them will say he's actually the main person. We should take his hand; we should greet him every day because he does that.*

Lindelwa: *They kind of get praised for sleeping around. But in my perspective, I'll just be like he's an asshole.*

The researcher was interested in the names which females are given to teenaged girls who sleep around. Once again, the participants were remarkably vocal appertaining to their opinions. The researcher paid attention to the nuanced changes in the participants' intonation and facial expressions as they described these types of girls:

Riley: *The girls are lower, like the scum of the earth!*

Yondela: *They are hos.*

Dylan: *She's cheap; she's cheap...she's a ho. She's a slut.*

Jabu: *Slut, ho, whore! I don't know why that is, but that's how it is. I mean if the guy sleeps around, it's one thing, but if a girl sleeps around, she will be called a slut.*

Ava: *Whore, slut, skank, dirty. When girls sleep around, then they're like super bad, but when guys do it, apparently it's okay. I don't think it's okay that people think it's bad when girls sleep around but it's okay for boys to do that.*

Tinodashe: *Someone who is loose; someone who is not morally upright; someone who is displaying a prostitute-like character.*

Seth: *The current term would be a thot. Like as a boy, if I find out she sleeps around with a lot of boys, I won't go with her because like she could have a disease. It's better to play safe than to go for her. It's much better and it's tighter. Like the vagina is tighter. If it's loose, it's not pleasurable. But, I feel like that's unfair though because like why can't girls do the same thing as guys?*

From these brief snippets, it is evident that these girls are labelled as scum, whores (colloquial term is *ho*), sluts, skanks, or thots. Furthermore, these participants used descriptive terms to characterise them, such as *lower, cheap, dirty, loose, not morally upright, and displaying a prostitute-like character*. It was interesting to focus on the word *loose*, which both Tinodashe and Seth used. Tinodashe, a highly religious teenager referred to such girls as *loose* in relation to their characters. Seth, an equally highly religious teenager, would not even consider pursuing a *thot*, because he rationalised that her vagina may be *loose* (i.e. some kind of *physical looseness* was at play here). This is yet another example of Seth having complete misinformation regarding the basics regarding sexuality issues.

The designations *f-boys* and *thots* may be unfamiliar to the reader; therefore, an explanation will be provided shortly. However, before the researcher launches into those

elucidations, she does want to elaborate on the ho/f-boy dichotomy in relation to the sexual double standard.

Going back to the perception of boys who sleep around, a gender difference was evident. Dylan and Seth, for example, saw these boys in a positive light – they were perceived as cool players who have skills, and who needed to receive special greetings and handshakes. On the other hand, the female participants were actually overtly disgusted by those kinds of boys. These findings are congruous with former literature findings: males and females are held to different standards of sexual conduct (Ashley et al., 2013). While males are typically rewarded for their number of sexual partners, women are oftentimes criticised for engaging in similar behaviours (Milhausen & Herold, 1999). Kreager and Staff (2009) are in agreement with the aforesaid authors, asserting that boys and men are rewarded and praised for heterosexual exploits; conversely, girls and women are derogated and stigmatised for displaying similar sexual behaviours. The latter statement is evidenced by the participants' opinions.

Before proceeding, in the spirit of transparency, the researcher would like to mention that she had never heard of the terms f*** boys and thots. HuffPost journalist, Sara Boboltz (2015) shared that the term f*** boy refers to a heterosexual male who is essentially a *man whore*. However, because it is an amalgamation of an expletive as well as the noun *boy*, in essence the underlying sentiment is that this is, in fact, not a man (Boboltz, 2015). Zachary Zane (2020), a writer in Men's Health explains that f*** boy originated in African-American vernacular, and it became popularised through black hip-hop music. The researcher was surprised to discover that this term rightfully appears in dictionary.com (2020). This online dictionary notes that this word is slang. It describes a f*** boy as one that does not respect women, but relies heavily upon them. He is someone who does not care about other individual's time. He will not commit; he is self-absorbed; he does stupid things; and finally he messes with

other individual's emotions (paraphrased from dictionary.com, 2020). Furthermore, the red squiggly line will not appear under f*** boy on Google Docs or Microsoft Word, which is generally alerting the reader to run a spell-check. This word is apparently an authentic word. The researcher was equally surprised at how quickly and effortlessly the full term *f*** boys* rolled off the tongues of some of the participants in this study.

Seth made reference to the term *thot*. Essentially, this abbreviated word stands for *that ho over there*. It first became popularised in hip hop culture and rap music several years ago. One could argue that it is a misogynistic acronym, which denigrates females, especially women who are perceived to be promiscuous (Tyree & Kirby, 2016). Parenthetically, the aforesaid scholars mention that there is much to be concerned about regarding the appearance of new words within the hip hop culture, especially since hip hop music impacts global society so profoundly (Tyree & Kirby, 2016). Acronyms such as *thot* are more than simply letters placed together. They are essentially acts or practices (MacKinnon, 1993). In consonance with Richardson (1991), language has the ability to develop a particular view of reality. Words can become exceedingly harmful to those who are thereby described or categorised in a particular offensive manner. Acronyms such as these may actually allow teenagers to consciously or unconsciously perpetuate the sexual double standard. Yet, it is not just the use of these acronyms, but also other terms such as *player*, the *man*, the *f*** boy*, the *ho*, the *skank*, the *slut*, which also sustains the sexual double standard.

6.3.4. Disappointment

The researcher wanted to find out how the participants would feel if they either fell pregnant or impregnated someone, or contracted HIV or STIs as a result of unprotected sexual activity. At this point of the interview, the emphasis for most of the participants seemed to be on a **possible unplanned pregnancy during the high school period** and the resultant emotion of

disappointment. Not much reflection or sharing was done regarding possibly contracting HIV or STIs. Seth, however, quizzically asked:

Can virgins get HIV? If I was sexually active, and she gives me HIV, then it's a whole different story. I won't ever forgive. I will obviously treat myself, try every which way I can to make myself healthy again. Can I get rid of it?

Just to remind the reader, Seth was a learner in Grade 9. According to the Department of Education (2019), HIV/AIDS, STIs, and teenage pregnancy are all topics which should be comprehensively dealt with in *Grade 8* already in accordance with the CSE Learner Books. The fact that a 16-year old ninth grader was asking whether he could get rid of HIV is truly remarkable. He was not even aware that virgins are also at risk for contracting HIV. Based on much of what Seth shared, his general way of thinking came across as immature and uninformed regarding sexuality. Going back to the literature review, Elkind (1967) developed a six-fold model, elucidating on particular characteristics relating to immature aspects of adolescent thought, one being: illusion of invulnerability, whereby adolescents think that misfortune only happens to others and not to themselves (Papalia et al., 2015). This illusion of invulnerability is compatible with Seth wondering whether virgins such as himself could contract HIV.

As already mentioned, hypothetically having an unexpected pregnancy while still being a high school learner was found to be particularly distressing for the participants. Yondela, Madison, Lindelwa, and Nyasha raised the point that they would be **disappointment in themselves and that their parents would be disappointed in them.** The snippets below are illustrative responses:

Yondela: *It will be so difficult; like I'd disappoint myself, my parents, my grandmother, and everybody that is there.*

Madison: *I would be really disappointed in myself and then scared for my life because of my parents.*

Lindelwa: *I'd feel very dumb at the time probably. Probably very sad as well, like disappointed and stuff like that. I would not tell my mom first actually. I would probably go to my aunt and tell my aunt just to ask her how I can approach it to my mom.*

Nyasha: *I feel like we always think of our parents, like what our parents would say. I would be disappointed in myself as well, but I also think like about my mom and how my family is going to take it. Because my mom always tells me if you fall pregnant, I'm taking care of the baby, you're not getting nothing. I would be scared.*

Ava: *I'd probably cry like a lot, and I'd be so scared.*

Thus, not only did some of them express that they would be disappointed in themselves and they would disappoint their parents, but some also explicitly stated that they would be scared of their parents. Most of the participants would choose to keep their babies; abortion was not an option for them. Only Riley mentioned the option of adoption.

Micah: *I would definitely make it clear that I want to keep the baby because I love children and thinking of abortion to me is just completely wrong. So I would really want to keep the baby if I was in that situation.*

Dylan: *Me personally I will keep the baby. I don't think I will, or I can put myself or her through that dark abortion thing, ja, it's a very messy... but as guys nowadays, well, as humans we've become very selfish. So the majority of the guys will force the girl, no, you must go for an abortion. But me personally I won't react like that. It's against my morals.*

Tindashe: *So I would think gosh, how am I going to deal with this, what is going to happen to me? How am I even going to take care of a baby?*

Seth: *I'm like, I mean, I'm still a child though, but I will try my best. I'll ask my parents for help, even though they will shout at me. They won't forgive me, but they will still see me as a child who made a mistake. And I'm not saying forgive and forget. They will forgive, but they won't forget. No.*

Riley: *I'm pro-abortion, but I don't think I will have the heart to do it because I like children. I'll probably just give the child up for adoption.*

While Micah and Dylan expressed that they would like to keep their babies, Tinodashe and Seth thought further than the reality of an unplanned pregnancy during high school. Both of these youngsters were cognisant of the fact that they were still *children* in high school who were dependent on their parents. They recognised that they would be limited within themselves to take care of a baby, and that they would need to be reliant on other individuals, most likely their parents to assist with the needs of the baby.

A number of ramifications pertaining to adolescent sexual activity was highlighted in the literature review. Having induced or illegal abortions, having gynaecological problems, contracting HIV or STIs or suffering from psychosocial issues such as depression, suicidal ideation, anxiety disorders, sleep difficulties, eating disorders, and suicide attempts are examples of various repercussions associated with adolescent sexual activity (Mpani & Nsibande, 2015; WHO, 2019). At the forefront of some of the participants' minds, feeling the disappointment from the parents, and also disappointment directed at themselves seemed to be a dominant subtheme relating to possibly having an unwanted pregnancy during adolescence.

6.3.5. “It’s quicker. It brings pleasure.”

The researcher would like to remind the reader of the first aim of this research project: to determine the larger patterns of sexual activity among adolescents attending Christian-faith based schools. Some of the participants spoke about kissing and touching. To a lesser degree, a few mentioned vaginal sex, fingering and anal sex. A number of students accented the behaviour of **oral sex** though. It has been reported that more youth engage in oral sex than in vaginal sex (Lindberg et al., 2008). The excerpts below place a spotlight on the behaviour of oral sex:

Lindelwa: *Oral sex. Blow jobs, sorry for my term. You see how guys get pleasure, so we call that head. Girls give head...You’d be surprised on the school grounds even.*

Seth: *Blow jobs....Blow jobs are the second best thing, but’s more for the boy. I think many would prefer a blow job. I don’t think a girl would like it to have a penis in her mouth. I think they do it because it makes the boy happy.*

Nyasha: *I think that oral sex is the most popular, quicker, because people, when you have oral sex with someone, I think people they don’t get attached, than when you have penetration sex.*

Riley: *And like it’s (referring to oral sex) quicker; safer, I guess. I know that is like definitely the most common one.*

Lindelwa and Seth made reference to this type of sexual behaviour being particularly **pleasurable for males**. Nyasha and Riley both used the word **quicker** to describe oral sex, which they viewed as the **most common sexual activity** amongst adolescents. Oral sex is definitely considered to be a common sexual activity among adolescents (Lindberg et al.,

2008). Other scholars would agree with the latter statement, by stating that an enormous number of adolescents engage in oral sex (Conard & Blythe, 2003; Prinstein et al., 2003).

In general, the participants in this investigation did not really elaborate on the reasons as to why teens engage in this activity, however, Lindelwa and Seth spoke about the pleasure which males receive when fellatio is performed on them. From the perspective of Prinstein et al. (2003) adolescents engage in oral sex to achieve sexual pleasure. Cornell and Halpern-Felsher (2006) would agree that pleasure is the number one reason pertaining to why adolescents engage in oral sex. Parenthetically, the aforementioned researchers were quite interested in discovering all of the reasons as to why adolescents engage in oral sex. In order of importance, adolescents shared the following reasons: pleasure; it improves the relationship; curiosity; it is less risky than vaginal sex; peer pressure; it is fun; they are bored; they have family problems; and finally, teens have oral sex because they are rebellious (Cornell & Halpern-Felsher, 2006). Barrett's (2004) data findings on the reasons for oral sex are in line with the aforementioned scholars. Hence, what Lindelwa and Seth highlighted is congruous with what the aforementioned scholars mentioned with regard to **pleasure**. What is interesting to note is that these participants spoke about male-focussed pleasure. (*You see how guys get pleasure / I don't think a girl would like it to have a penis in her mouth. I think they do it because it makes the boy happy*). McKay (2004) also mentions that according to the research which is available, a number of scholars tend to support the notion that it is more common for adolescent females to fellate adolescent males, and as already cited, male pleasure is the primary reason as to why this behaviour occurs.

Many of the teenagers in this investigation seemed very fearful of the potentiality of falling pregnant as a female or the male impregnating the girl, and this can only happen through vaginal sex. One could argue that there is a lot of risk involved pertaining to vaginal sex, the common risks being having an unplanned pregnancy, or contracting HIV or STIs.

Oral sex seems to be viewed as a behaviour among teenagers which would be more prevalent because it oftentimes is **quicker to perform**, and in the minds of the teenagers, it seems to carry **less risk**. This would be in harmony with what Halpern-Felsher et al. (2005) raised, when they mention that adolescents tend to view oral sex as being more admissible, less risky, and more widespread among their peers than vaginal sex. Oral sex is perceived by many to be quite acceptable, and teens definitely view this behaviour as having fewer health-related, emotional, or social consequences which are oftentimes affiliated with vaginal intercourse (Halpern-Felsher, 2005).

Nyasha raised an interesting point which the researcher would like to reflect on. In her view, one does not get attached to the other person as you would through penile-vaginal penetration. Wilson (2004) says that oral sex is not considered to be *real sex*, hence in Nyasha's thinking perhaps, how can it be possible to get emotionally attached if the behaviour engaged in is not actually real? As a case in point, researchers Gates and Sonenstein (2000) conducted a large scale investigation with the United States of America, and in this study, it was reported that adolescents do not consider oral sex to be the *real thing*. They furthermore did not view oral sex as an especially intimate behaviour. Nyasha's reasoning that one does not become emotionally attached is therefore in line with what Gates and Sonenstein (2000) found in their research study.

Not only did Riley also speak about oral sex being prevalent and quicker to engage in, she also made reference to oral sex being safer. This comment was actually surprising coming from Riley, because her mother works within the medical profession, and Riley had already shared that she would consider herself to be quite knowledgeable with respect to sexuality issues. Barrett (2004) states that part of the attraction to oral sex among adolescents is that they can engage in this behaviour with no risk of pregnancy. Yet McKay (2004) shares that there are varying degrees of risk of STI/HIV transmission which adolescents need to be mindful of.

In a nutshell, when asked to comment on the patterns of sexual activity which would be prevalent amongst teenagers attending Christian faith-based schools, not a lot of emphasis was placed on vaginal sex, anal sex, or cunnilingus. However, what was considered to be quite common was fellatio.

6.3.6. Religion is a powerful driving force

The participants in this investigation were asked whether they think that religion impacts an adolescent's sexual attitudes and behaviour. Note that of all the 11 participants, only two respondents stated at the commencement of their interviews that they did not consider themselves to be Christian. Yondela and Madison shared that they had transferred from a government school context to their respective Christian faith-based high schools, which they both had been attending for the past couple of years. Judging from the general sentiments expressed in their respective interviews, neither viewed themselves as Christians, yet they seemed quite influenced by what they were exposed to at school. These extracts are elucidative responses:

Yondela: *Here at this Christian school, they teach kids how girls are supposed to behave and how she's supposed to treat herself, so I've learnt to adhere to what they told me.*

Madison: *I think religion has a very, very big impact. So like when I lost my virginity, it was like a big deal, but my friends all did it and then my best friend was like it doesn't mean anything, so I was like okay. And then I came here and my friends are very Christian and the teachers are very Christian and my teacher said something that still, I hear it every single time in my head: you, a non-virgin and a virgin can be talking, and a virgin can be like, I can be like you any day that I want*

to, but you can never be like me again. And it just really stuck by me. Stuff like that has really connected with me.

Yondela's excerpt reveals an **internalisation of the Christian values** which she receives via her school. She makes reference to *they* teaching *kids* how *girls* are supposed to behave – this points to the Christian values imparted to the larger group of learners – but then in the latter part of her statement, she shares that *I've learnt to adhere*.

Madison had shared in her interview that she came from a non-Christian background where she and her non-Christian friends perceived it as normative to be sexually active during adolescence. It was profound to note that Madison – a self-professed non-Christian saw religion as being highly influential in terms of one's sexual values and behaviour. Madison's sentiments made the researcher reflect upon *Reference Group Theory*. From the perspective of Saxena (1971), a reference group is defined as an assemblage of individuals which impact how they think, feel, and see things (as cited in Cislighi & Shakya, 2018). This theory proposes that attitudes and behaviours are decisively shaped by groups in which individuals participate (Cislighi & Shakya, 2018; Cochran et al., 2004). The American Psychological Association Dictionary of Psychology (2020) describes Reference Group Theory as a general conceptual framework that assumes that individuals' attitudes, values, and self-appraisals are shaped, in part, by their identification with, and comparison to reference groups. As reported by Cochran and Beeghley (1991), individuals' behaviours and attitudes are categorically crystallised by the groups in which they participate. As claimed by Bock et al. (1983), individuals may use these groups in two ways: firstly, to evaluate their past behaviour (comparative reference groups), and secondly, for directives for current or future behaviour (normative referent groups).

There was a distinct shift in Madison's way of thinking, where she was highly influenced by her sexually active peer referents, to internalising the values within the Christian

faith-based context. In Madison's extracts, the researcher had the sense that she was also internalising the Christian values which she was exposed to at school.

Yondela and Madison's sentiments reminded the researcher of a view expressed by prominent researchers within the field of religiosity and adolescent sexuality: McMillen et al. (2011) believe that faith-based communities (such as schools) can and do play significant roles in the sexual morality of adolescents.

Religion was found to be very influential pertaining to adolescents' sexual attitudes and behaviours:

Lindelwa: *I would actually say so. I would rely on what my religion would say more than anything else. Sex is a big thing. Like for me, it's a big thing. I think my religion mostly impacts.*

Ava: *I mean I definitely think so, because in our church, they always speak about how holy marriage is and how holy that relationship is... And relationships are really encouraged in our church.*

Jabu: *We have stuff drilled into our minds. It will always be there and if you do that (referring to sexual activities) then you will know that you are contradicting what you've been taught, so it will always have an effect on you. You will probably know that you are doing wrong.*

These extracts demonstrate an internalisation of values taking place among the respondents. The citations above made the researcher reflect back upon the *Social Control Theory*, where internalisation of values occurs. To explain once again, The social control perspective assumes that social institutions such as family, school, and religion endorse values that are in line with conventional behaviour because they socialise members to adopt the norms and values of the group (Gyimah et al., 2013). Thus, the propensity to engage in deviant behaviour is diminished. Conforming to pioneering social control theorists, human beings are

inherently driven towards deviance, however this anomaly may be restrained by bonds to social organisations (Durkheim 1897/1951; Hirschi, 1969, as cited in Hardy & Raffaelli, 2003). Landor et al. (2011) indicates that individuals will naturally abide by the norms and values of particular social organisations, by virtue of not jeopardising their bonds to these institutions. The author goes on to note that eventually the norms and values are internalised, and consequently the likelihood of deviant behaviour is reduced. It is common knowledge that religion is a primary socialisation agent for adolescents. Adolescents who are strongly bonded to a religious body will be less inclined to engage in deviant behaviour than those unaffiliated, especially as it relates to premarital sexual behaviour (Gyimah et al., 2013). Accordant with Amoateng (2017), the Social Control Theory avers that religion functions to embolden adolescents to avoid actions that they might contrarily have taken. Furthermore, the aforesaid author points out that religion is viewed as a powerful force, contributing to the postponement, reduction or even restriction of such behaviours, such as adolescent sexual activity.

Jabu made a particularly profound remark, when he referred to the Christians values being engrained into one's minds, and if adolescents choose to engage in behaviour which they know is wrong, they have an awareness that they would be contravening what they have been taught. Jabu's comment is in harmony with cognitive dissonance. If religious adolescents decide to deviate from the norms of their religion, they may experience what Festinger (1962) terms cognitive dissonance – psychological distress brought on by the contradiction between what the adolescent believes in and how the adolescent behaves. Hence, it is likely that religious adolescents who engage in premarital sexual activity may experience cognitive dissonance as a result of their sexual choices.

All of the participants in this investigation shared that religion definitely impacts one's sexual attitudes and behaviours, with the exception of Micah, Nyasha, and Seth. Thus, the

majority of the adolescents – including the two non-Christians – reported that religion plays a prominent role in relation to teenagers’ sexual values and attitudes.

6.3.7. “Just abstain.”

Participants were asked whether they felt that their school provided them with adequate sexuality education. Regarding the actual content of their LO curriculum, what became apparent was that **sexuality issues were not adequately addressed**. Firstly, Seth pointed out that the LO curriculum is ineffective because of the repetition of basic sexuality issues which had already been covered in Grade 7.

Seth: *No. Not at all. The only time we talk about sex is LO. But it’s just repeating the same things all the time. About puberty, changing of bodies the whole time, what is a vagina, name the stuff, parts of the body... For us we just talk about Grade 7 stuff the whole time. It’s not so effective and they’re wondering why there’s children becoming pregnant in their school.*

Micah, Nyasha, Dylan and Lindelwa expressed that the LO curriculum is not detailed enough.

Micah: *I feel like we breeze over it. Like we talk about the different STDS but we don’t go into it.*

Nyasha: *No, they don’t. I don’t think they do. Because like when were talking about gonorrhoea and stuff, I only knew the names. I do not know, like when you have gonorrhoea do you have pimples, what happens to your body?*

Dylan: *They don’t teach us, but they inform us of the contraceptives, but they don’t really go into detail.*

Lindelwa: *I don't think it does enough, I think... Sexuality education is given in Life Orientation, but at some point it just becomes like, ag, it's just another job. It's just a syllabus that we have to complete before the end of the term, so whatever.*

Madison: *They don't educate you on, you just know that you can get AIDS and HIV, and that is it. They don't show you pictures, they don't... and if I mean you can't, you can tell, educate someone but you can't really stop them from doing anything. So they don't show you how any birth control methods, they don't show you anything. You kind of just have to figure it out by yourself, and I think that's why a lot of people are doing things.*

Of the 11 participants, not one learner expressed that they thought that they were receiving sufficient and relevant sexuality education at school. Learners expressed themselves differently, but what commonly emerged was the feeling that not enough was being done with regard to sexuality education. Another issue which the participants raised was how they felt towards their current LO teachers. Most respondents reported that they felt that their **teachers underscored abstinence**; two participants felt that their teachers were **too old**; and two felt that their teachers were **afraid to talk about non-heterosexual orientations**. The following are illustrative responses:

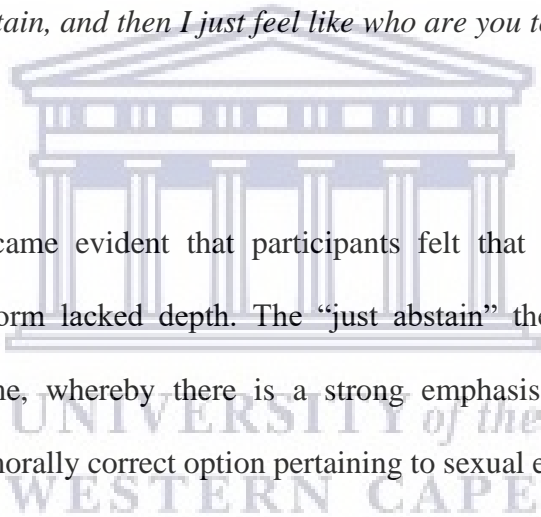
Yondela: *No Ma'am. They don't tell you about the risks an everything; they just tell you about abstaining.*

Dylan: *Ja, I think they focus more, in my opinion, they focus more on you need to abstain because you need to save yourself for your husband and wife, but they don't focus on the consequences. We know we need to abstain, but okay, we're not*

abstaining, so tell us what we are doing wrong and the consequences in detail, you understand?

Ava: *No. They don't really speak about sex as like specifically. But they speak about like the importance of staying faithful to one person.*

Nyasha: *You know what, I just feel like you know when somebody tells you something all the time and they preach to you about it all the time, you just get tired of hearing the same thing all the time, you just feel like they've been telling you not to do it, so I'm just going to do it. Because you know, instead of focusing on other aspects of life and things like you can learn from them, you just focus on abstain, abstain, abstain, abstain, and then I just feel like who are you to give us a sermon about abstain?*



From the excerpts, it became evident that participants felt that their school's sexuality education in its current form lacked depth. The "just abstain" theme is in line with the abstinence-only programme, whereby there is a strong emphasis on celibacy, which is considered to be the only morally correct option pertaining to sexual expression in adolescents (Advocates for Youth, 2009). Kim and Rector (2008) explain that AOE programmes should provide adolescents with valuable life skills and decision-making skills, which are meant to form the basis of being a responsible person – one that will be ready for future relationships, including marriage. However, judging from what the participants shared, it would appear as though they were not adequately empowered with valuable life skills as well as decision-making skills. Furthermore, if the emphasis is mainly on "just abstain", sexuality education at Christian faith-based schools is then essentially taught mainly through moral injunctions, thereby silencing adolescents on deeper discussions regarding sexuality, which is consistent with what Pattman and Chege (2003) argued.

Two participants seemed put off by the **old age** of the LO teachers. Pseudonyms have been used in the next two extracts:

Nyasha: *And I feel like Mr Roman is like, he's an open person, but I just feel like, it's just like you can't speak to him because he's so old. It's like it's instilled in us that no man, you can't ask, even if you have a question, just keep quiet because like he's older than you.*

Ava: *I think so, but there are some teachers that talk about it, but like Mr van Schalkwyk, he will touch on it now and then. But I don't think it's as effective when he speaks about it, because he's so old. And like people think like no, you're just like ancient. Because if some old person comes up and says don't have sex, it's bad, you're going to go to hell. Like sex is associated with sin and hell. Sex is like seen as, when they talk about it they make it seem like such a dirty thing, like "don't do it, it's bad, you're going to die."*

Not only was Ava put off by the old age of her LO teacher, but she was also averse to the manner in which sexuality education was conveyed. This made the researcher reflect on what Francis and Depalma (2013) shared in their studies on this topic, where many LO teachers limit their lessons to a medical discourse, whereby firm emphasis was placed on exaggerated negative health risks. Sex would also be framed as something which is scary, and which would definitely lead to disease and death (Francis & Depalma, 2014). This is an example of one of the weaknesses of a typical AOE programme, where strong emphasis is placed on the *badness* / *sinfulness* of sex, rather than on logical and comprehensive sexuality education. Sexuality education should ideally be presented in a neutrally informative manner, instead of employing scare tactics, for example, saying that teens will go to hell, as Ava expressed.

Two participants felt as though the teachers were afraid to move beyond what is conventional, by addressing non-heterosexual orientations.

Nyasha: *I feel like they are afraid to talk about homosexuality, because that's such a sensitive thing in society now. Because if you touch on something, people will attack you. Even if it's like your opinion, people shoot you for your own opinion.*

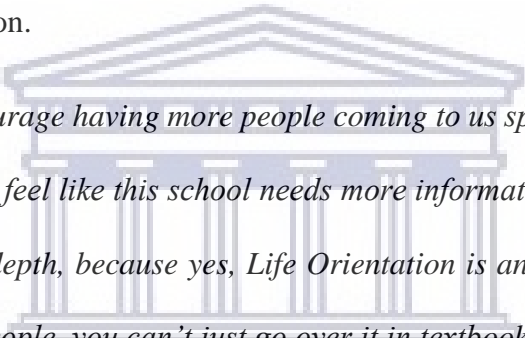
Riley: *They think that everybody here is just heterosexual or in love. And I don't think that's the case because I at least have, like, ten friends who are part of the LGBTQ. It's even more awkward for us as girls now because we have a male as a preacher. He is like sex is nice, but not for you.*

As was already discussed in the Literature Review, the two major advantages of utilising the AOE approach is that it is (1) values-based, in that there is a strong promotion of religious values; (2) it is goal-directed, in that character-building skills assist in preparing adolescents for future-orientated goals. However, when reflecting on the excerpts shared by the participants, the emphasis was *not* placed on the advantages of the AOE approach. Rather, the learners articulated the weaknesses of this kind of approach. Much of what was shared by the participants were in line with the weaknesses associated with the AOE approach, as illustrated in Figure 8 in Chapter 3. The participants' answers indicated that their sexuality education curricula were restrictive, in that essential sexuality topics are excluded from the curriculum. The teacher's/school's approach seemed to be myopic, in that the programmes do not prepare youth for possible negative ramifications associated with having sex during adolescence. Some of the participants also felt that sexuality education at their schools was taught through moral injunctions; this manner of teaching silences adolescents. From an AOE approach, "good" sexuality education is associated

with negativity, scare tactics, and pathologisation – none of which are beneficial to an adolescent.

6.3.8. “Go into more depth.”

Finally, when the respondents were asked what they would personally do to improve the sexual curriculum at their school, all of them articulated that the curriculum needs more comprehensive coverage. Some respondents spoke about not always having the LO teachers leading out in every lesson. Some suggested making use of other professionals, whether in-person or the use of video materials. Learners want their teachers to be more open and serious regarding sexuality education.



Micah: *I would encourage having more people coming to us speaking about STI's or STD's and I really feel like this school needs more information. I feel like they need to really go in depth, because yes, Life Orientation is an important subject, but where do some people, you can't just go over it in textbook form. You have to go into depth with it, and I feel like we should have experienced people like yourself or a doctor or a nurse or someone coming to us and telling us about that, and how to be safe, how to behave afterwards or even before the time. And a lot of people doing it, or a lot of girls especially don't know that guys just say things to get into their pants. But because of the way I've been brought up, I know that, but a lot of them don't. That's why they also have sex. So I feel like we should really have the education, honestly if it were up to me I would say we should have a sexual education class where everything is explained in depth. Because you can't just do it in one class or in two classes.*

Madison: *I would make LO more serious about, because if you look at the textbook, there's a lot about sex. I know at “School X” (name omitted*

purposefully) *they do it, they show you pictures. They do a whole project on it, so at this school there's nothing, because it's a Christian school okay. They don't want to go into it but I would, I would take videos, I would show videos. I would show the pictures, I would probably, I would even get people that are willing to come and educate and speak about their experiences maybe about everything. And then there is this video that I saw online and it it's about a teacher in America and he's talking, it's for girls, and then he speaks about the importance of actually just saving yourself. And for me that was like really empowering, and he would show videos like that instead of just like saying abstain. And you can't just give one side of the message, because not everyone is going to listen to that.*

Yondela: *Well I'd be more open. Like I wouldn't shut down all the kids that are sexually active. I'd focus more on them, but on the one side who are sexually active, but I think we're focusing on the wrong. They berate them and somehow make the ones that are sexually active devalue themselves.*

Nyasha: *Don't be afraid to ask, because teachers don't say that. They just like, they don't even ask any questions, just like okay we're done, next thing. I would cover like the STIs, I would cover like they don't talk about emotional attachment that you get when you have sex with someone*

Seth: *I would say I will bring in condoms and stuff and like practising how to put it on because some guys don't know how to put it on and all that stuff.*

As was already mentioned in the literature review, many LO teachers in South African remain silent regarding various sexuality topics, and they also feel quite uncomfortable teaching certain content to their learners (Francis, 2010). Naturally, it would appear easier for educators at Christian-based schools to default to focus on the negative aspects of sexuality,

and also teaching sexuality solely through a very magnified religious lens. The data findings reveal that this type of teaching is not adequate. Adolescents are asking for more depth of knowledge pertaining to sexuality education. If educators choose to remain silent, youth are therefore condemned to make their own choices and navigate the complex journey through adolescence without adequate information, without the wise counsel from older individuals, and without having access to role models, who will not only speak about sexuality in the affirmative, but will also caution teens against risks associated with sexuality (Department of Education, 2002).

To summarise, the previous section discussed the eight themes and subthemes. The researcher will now briefly examine these themes in relation to one of the research questions, which asks: *Are sexuality education curricula within Christian faith-based schools in the Western Cape Province of South Africa sufficient in terms of imparting relevant information?* The first few latent themes do not explicitly answer the research question, but the information shared in this section is eye-opening, and it paints a picture regarding adolescents' general attitudes with reference to sexuality issues.

Based on what was shared through the data, parents and adolescents' friends are not really providing adolescents with adequate and factual sexuality education, yet parents and friends are primary socialising agents for teenagers. They play pivotal roles in shaping adolescents' attitudes, including sexual attitudes. Regarding parents and teenagers, sexuality is for the most part an unspoken topic within many households. Many parents and adolescents find that sex is uncomfortable to speak about. If sexuality education is brought up as a topic in households, it is generally reduced to warning messages from parents. The data revealed that peers serve as 'fill-in-the-blanks' authorities on sex. Hence, many adolescents gain their sexuality 'education' from their friends. Furthermore, they also receive a tremendous amount

of sexuality ‘education’ from the media. As mentioned in this chapter, the media therefore takes on the role of *super-peer* regarding sex, thereby influencing sexual attitudes and behaviour. The data also revealed that the sexual double standard still seems to exist, where females are denigrated, yet males are generally praised if both sexes engage in the same kind of sexual behaviour. When considering possible consequences pertaining to sex, such as possible pregnancy or contracting HIV or an STI, most adolescents expressed that their parents would be disappointed in them. However, self-directed disappointment was another sub-theme which was raised. The data also revealed that of all forms of sexual expression, fellatio is perceived as normative in the minds of teenagers. Additionally, the data showed that religion seems to be a powerful driving force amongst adolescents from Christian faith-based high schools, in that the internalisation of Christian values is quite apparent.

Finally, to answer the question: *Are sexuality education curricula within Christian faith-based schools in the Western Cape Province of South Africa sufficient in terms of imparting relevant information?* – the answer, according to what was revealed through the data is no. Sufficient information is not provided at either of the Christian faith-based schools, where the eleven learners were attending. Many of the respondents felt that their teachers placed too much emphasis on abstinence. Some were put off by old teachers. Others mentioned that when sexuality education does take place, it is done so through the lens of heteronormativity, hence LGBTQ+ issues are not necessarily addressed or discussed in LO classes. To summarise, all of the respondents in this investigation felt that they require more in-depth knowledge regarding sexuality education, and that their LO teachers need to take it much more seriously than they currently do.

6.4. Conclusion

One of the objectives in this investigation was to understand the experiences of adolescents' sexual attitudes and behaviours, and grasp their perceptions of their school's sexuality education curricula. With reference to the first part of the objective – *understanding the experiences of adolescents' sexual attitudes and behaviours* – five of the semantic themes and six of the latent themes addressed this part in the objective, namely: first hearing about sex; reasons for adolescent sexual activity; reasons for sexual abstinence; knowledge regarding contraception; and knowledge regarding sexting; regarding parent/adolescent communication: “We don't really talk about stuff like that”; sex “education” from friends and the media; ho/f-boy dichotomy; consequences of sex: disappointment; regarding oral sex: “It's quicker. It brings pleasure”; religion is a powerful driving force. The second part of the objective dealt with understanding the adolescents' perceptions of their schools' curricula, hence the final two latent themes addressed this issue, namely, sexuality education from school/teachers summarised as “Just abstain” and improving sexuality education at school: “Go into depth.” In the next chapter, the quantitative results will be presented, analysed, and discussed.

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CHAPTER 7

QUANTITATIVE DATA AND ANALYSIS

7.1. Introduction

Guided by the one theoretical foundation in this study, *Reference Group Theory*, two independent variables and four dependent variables were identified. Two of the independent variables were incorporated within the concept of religiosity. As already defined in Chapter 3, religiosity is delineated as the strength of one's religious beliefs or convictions, and it is made up of two particular components, which affect general attitudes and behaviour i.e. the intrinsic and the extrinsic elements. Specifically, Ashley et al. (2013) explain that intrinsic and extrinsic religiosity operate in an *opposite manner pertaining to sexual attitudes and behaviour*. Using Hendrick et al.'s (2006) BSAS as a guideline, the sexual attitudes variable was divided into four particular categories i.e. permissiveness (i.e. attitudes towards casual sex), birth control (i.e. attitudes towards birth control responsibility), communion (i.e. attitudes towards the emotional meaning of sex), and instrumentality (i.e. attitudes towards the physical pleasure of sex).

Therefore, the two independent variables for this study were: intrinsic and extrinsic religiosity. The four dependent variables were attitudes towards casual sex, attitudes towards birth control responsibility, attitudes towards the emotional meaning of sex, and attitudes towards the physical pleasure of sex. For each sub-concept of religiosity, the researcher proposed eight separate hypotheses:

-
- **Hypothesis 1** – High levels of intrinsic religiosity of learners are associated with negative attitudes towards casual sex.
 - **Hypothesis 2** – High levels of intrinsic religiosity of learners are associated with positive attitudes towards birth control.
 - **Hypothesis 3** – High levels of intrinsic religiosity of learners are associated with positive attitudes towards emotional meaning of sex.
 - **Hypothesis 4** – High levels of intrinsic religiosity of learners are associated with negative attitudes towards the physical pleasure of sex.
 - **Hypothesis 5** – High levels of extrinsic religiosity of learners are associated with positive attitudes towards casual sex.
 - **Hypothesis 6** – High levels of extrinsic religiosity of learners are associated with negative attitudes towards birth control.
 - **Hypothesis 7** – High levels of extrinsic religiosity of learners are associated with negative attitudes towards emotional meaning of sex.
 - **Hypothesis 8** – High levels of extrinsic religiosity of learners are associated with positive attitudes towards the physical pleasure of sex.

A quantitative methodology was applied to the collected 900 questionnaires in order to determine the relationship between intrinsic and extrinsic religiosity and adolescents' sexual attitudes. Structural equation modelling (SEM) was the primary statistical method used to analyse the interrelationships between the variables.

This chapter includes the theoretical model, the presentation of the results of the AUIE-12 and the BSAS, reliability assessment, and finally, estimates of parameters representing the relationships between variables as formulated in the hypotheses above. The demographic representation of the overall sample has already been presented and discussed in Chapter 4.

7.2. Theoretical model

SEM allowed the researcher to test the theoretical model, which is a visual representation of the interrelationships between the manifest and latent variables. Manifest variables, as described by Morrison et al. (2017) refer to those variables which can be directly observed/measured, and in this investigation, the manifest variables were intrinsic and extrinsic religiosity. Latent variables are those which cannot be observed/measured directly due to their abstract nature (Thakkar, 2020). In this study, the latent variables were attitudes towards casual sex, attitudes towards birth control, attitudes towards the emotional meaning of sex, and attitudes towards the physical pleasure of sex.

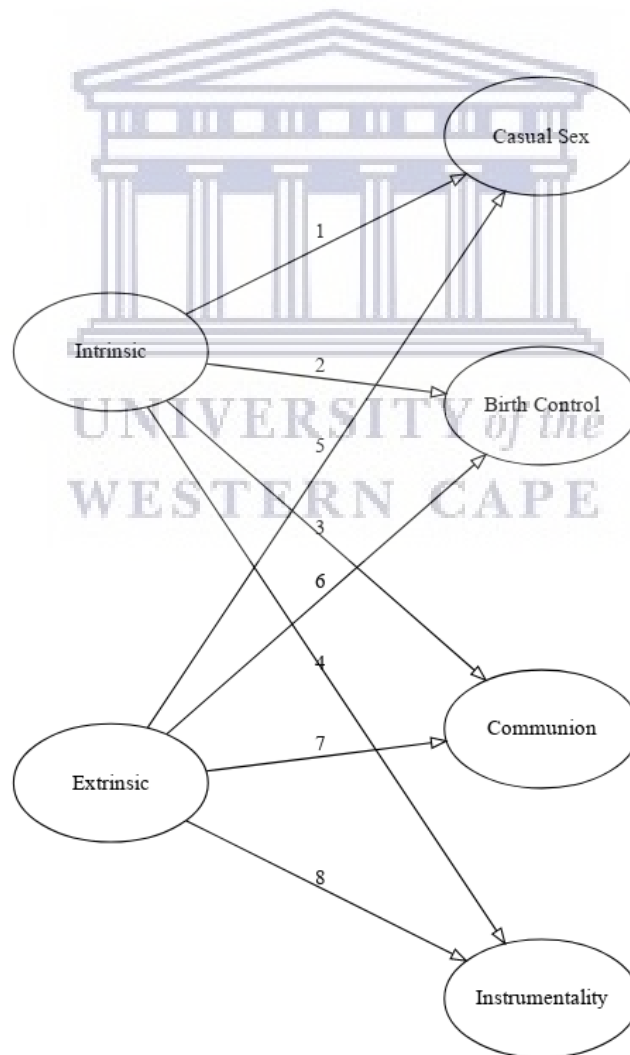


Figure 17. Theoretical model

7.3. Presentation of data results

What follows in the next section are data results of the two surveys used in this investigation. As a reminder, the AUIE-12 measures religiosity, and the BSAS measures sexual attitudes.

7.3.1. The Age Universal I-E Scale-12 (Maltby, 1999)

As may be recalled, the AUIE-12 scale is a refinement of an existing, lengthier scale, i.e. the *Religious Orientation Scale* created by Allport and Ross (1967). The format of the AUIE-12 is a bipolar 3-point Likert type questionnaire, calibrated as follows: -1 = no, 0 = not certain, and 1 = yes. The instrument consists of 12 items; six items make up the intrinsic subscale; three items make up the extrinsic-personal scale, and three items make up the extrinsic-social scale. The extrinsic-personal dimension measures religion as a source of comfort to the individual, while the extrinsic-social measures religion, for the purpose of social participation and gain (Kirkpatrick, 1989; Leong & Zachar, 1990).

Figure 18 illustrates the distribution of responses on the AUIE-12. The items are ordered according to positive and negative responses, therefore, item “ERP8” had the highest proportion of “Yes” responses (i.e. “Prayer is for peace and happiness”), whereas “ERS12” had the highest proportion of “No” responses (i.e. “I go to church mostly to spend time with my friends”).

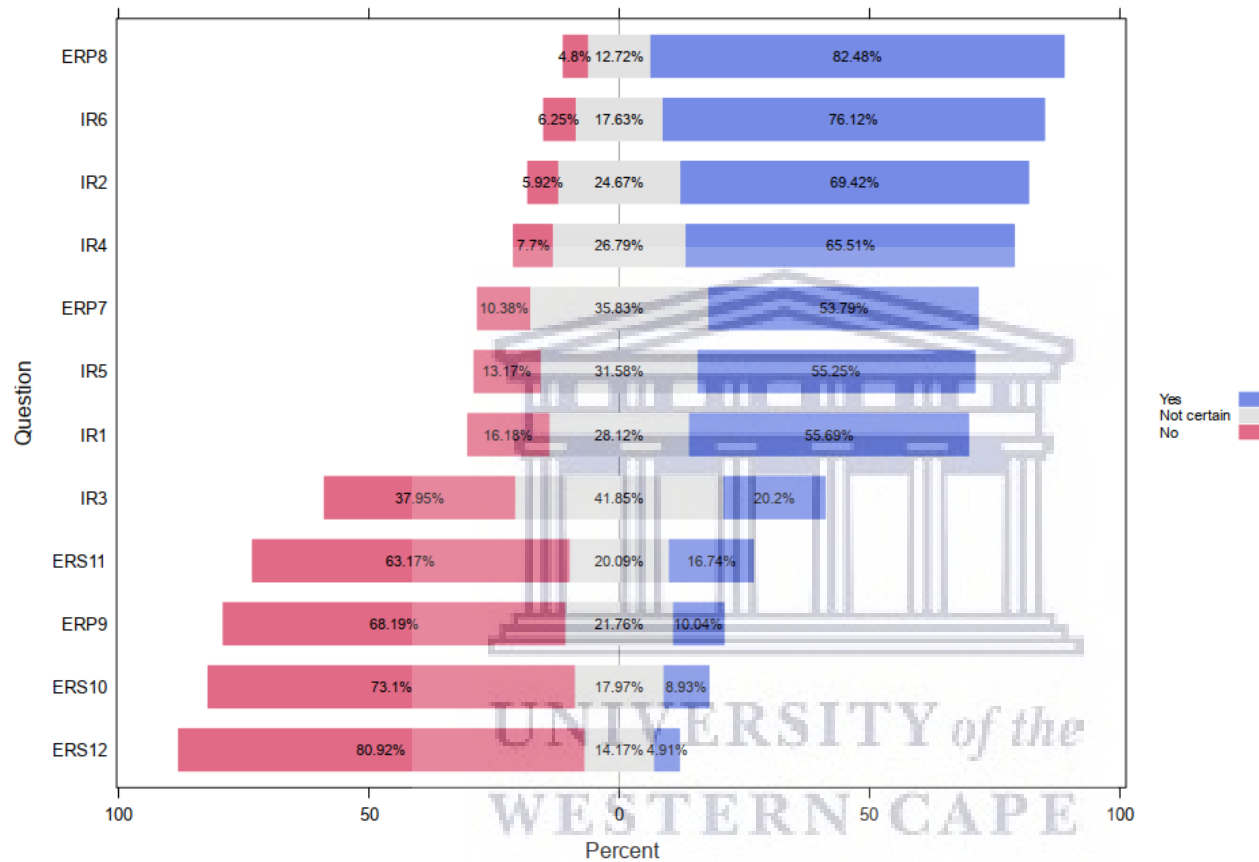


Figure 18: Distribution of responses on the Age Universal IE Scale-12

The data findings for the various subscales are now presented in tabular format, and brief analyses of the tables and Figure 18 follows.

Table 7.1*Intrinsic religiosity of the AUIE-12*

| INTRINSIC RELIOSITY SUBSCALE | | |
|--|----------------------|-----------------------|
| | Frequency (f) | Percentage (%) |
| Item 1 - I try hard to live my life according to my religious beliefs | | |
| Yes | 501 | 55.69 |
| Not certain | 253 | 28.12 |
| No | 145 | 16.18 |
| Missing | 1 | 0.01 |
| Total | 900 | 100 |
| Item 2 - I often have a strong sense of God's presence in my life | | |
| Yes | 624 | 69.42 |
| Not certain | 223 | 24.67 |
| No | 53 | 5.92 |
| Total | 900 | 100 |
| Item 3 - My whole approach to life is based on my religion | | |
| Yes | 182 | 20.2 |
| Not certain | 377 | 41.85 |
| No | 341 | 37.95 |
| Total | 900 | 100 |
| Item 4 - My religion is important because it answers many questions about the meaning of life | | |
| Yes | 588 | 65.51 |
| Not certain | 243 | 26.79 |
| No | 69 | 7.7 |
| Total | 900 | 100 |
| Item 5 - I enjoy reading about my religion | | |
| Yes | 496 | 55.25 |
| Not certain | 285 | 31.58 |
| No | 119 | 13.17 |
| Total | 900 | 100 |
| Item 6 - It is important to me to spend time in prayer | | |
| Yes | 685 | 76.12 |
| Not certain | 159 | 17.63 |
| No | 56 | 6.25 |
| Total | 900 | 100 |
| RESPONDENTS RESPONDED ON A 3-POINT LIKERT SCALE WITH 1 = YES; 2 = NOT CERTAIN; AND 3 = NO | | |

As illustrated in the Table 7.1, the majority of the respondents (76.12%) stated that it is important for them to spend time in prayer. Only 6.25% stated that it was not vital for them to spend time in prayer, and 17.63% were not certain regarding this item. Further, 69.42% acknowledged that they often have a strong sense of God's presence in their lives. This relatively high percentage is in stark contrast to the 5.92% of respondents who felt that they do not have a strong sense of God's presence in their lives, while 24.67% were uncertain. Furthermore, 65.51% of the respondents stated that their religion is important because it answers many questions about the meaning of life. While 26.79% were uncertain, 7.7% indicated that their religion was not important with regard to answering questions about the meaning of life. Of this sample, 55.25% reported that they enjoyed reading about their religion. As shown in the table, 31.58% were uncertain, while 13.17% reported not enjoying reading about their religion. Moreover, 55.69% revealed that they try hard to live their lives according to their religious beliefs. While 28.12% were uncertain, 16.18% reported that they do not try hard to live their lives according to their religious beliefs. On the statement of whether everything they do in life is based on their religion, 41.85% were not certain. Of the respondents, 37.95% felt that everything that they do in their lives was not based on their religion, while only 20.2% answered this item affirmatively.

Table 7.2

Extrinsic personal religiosity of the AUIE-12

| EXTRINSIC PERSONAL RELIGIOSITY | | |
|--|----------------------|-----------------------|
| | Frequency (f) | Percentage (%) |
| Item 7 -What religion offers me most is comfort in times of trouble and sorrow | | |
| Yes | 484 | 53.79 |
| Not certain | 323 | 35.83 |
| No | 93 | 10.38 |
| Total | 900 | 100 |
| Item 8 - Prayer is for peace and happiness | | |
| Yes | 742 | 82.48 |
| Not certain | 115 | 12.72 |
| No | 43 | 4.8 |
| Total | 900 | 100 |
| Item 9 - I pray mainly to gain relief and protection | | |
| Yes | 90 | 10.04 |
| Not certain | 197 | 21.76 |
| No | 613 | 68.19 |
| Total | 900 | 100 |
| RESPONDENTS RESPONDED ON A 3-POINT LIKERT SCALE WITH 1 = YES; 2 = NOT CERTAIN; AND 3 = NO | | |

The results in the previous table indicate that the majority of the respondents stated that prayer is for peace and happiness (82.48%), whereas 12.72% were uncertain, and 4.8% did not agree with the statement. Moreover, 53.79% confirmed that what religion offers them most is comfort in times of trouble and sorrow; 35.83% were uncertain, and 10.3% disagreed with the statement. The data results also indicate that 68.19% of the respondents do not pray mainly to gain relief and protection. This relatively high statistic is in stark contrast to the 10.04% of respondents who pray primarily to gain relief and protection.

Table 7.3

Extrinsic social religiosity of the AUIE-12

| EXTRINSIC SOCIAL RELIGIOSITY | | |
|--|----------------------|-----------------------|
| | Frequency (f) | Percentage (%) |
| Item 10 - I go to church because it helps me make friends | | |
| Yes | 80 | 8.93 |
| Not certain | 162 | 17.97 |
| No | 658 | 73.1 |
| Total | 900 | 100 |
| Item 11 - I go to church mainly because I enjoy seeing people I know there | | |
| Yes | 150 | 16.74 |
| Not certain | 182 | 20.09 |
| No | 568 | 63.17 |
| Total | 900 | 100 |
| Item 12 - I go to church mostly to spend time with my friends | | |
| Yes | 44 | 4.91 |
| Not certain | 130 | 14.17 |
| No | 726 | 80.92 |
| Total | 900 | 100 |
| RESPONDENTS RESPONDED ON A 3-POINT LIKERT SCALE WITH 1 = YES; 2 = NOT CERTAIN; AND 3 = NO | | |

As indicated in the table above, the majority of respondents do not go to church mostly to spend time with their friends (80.92%); they also do not go to church because it helps them make friends (73.1%). Hence, spending time with friends or attending church because this assists with making friends are both not primary motivating factors as to why these adolescents attend church. In fact, only 4.91% reported that they attend church in order to spend time with their friends. Furthermore, the results indicate that 63.17% do not go to church mainly because they enjoy seeing people that they know there. Only 16.74% stated that this was the primary reason as to why they attend church.

The central tendency measure (mean) and variability (standard deviation) were used to assess the distribution of the constructs involved in the study. For the AUIE-12, scores were coded so that negative scores indicated disagreement, and positive scores indicated agreement, with zero being neutral.

Based on the mean scores in the table, most of the respondents were in agreement with the statements on the AUIE-12. Looking at the mean scores in Table 7.4, most respondents indicated disagreement on particular items. These were: “I go to church because it helps me make friends”; “I go to church mainly because I enjoy seeing people I know there”; and “I go to church mostly to spend time with my friends.”

To assess significance, the researcher looked at the p values. McCleod (2019) states that a p value less than 0.05 is statistically significant, while a p value higher than 0.05 is not statistically significant. The Pearson correlation in the table is presented, whereby * indicates $p < .05$ and ** indicate $p < .01$. All data findings on the AUIE-12 were statistically significant, with the exception of ERP11 (“I go to church mainly because I enjoy seeing people I know there”).



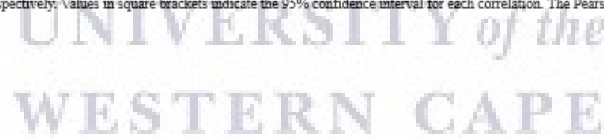
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Table 7.4

Descriptive statistics and correlations with confidence intervals for the Age-Universal I-E scale

| Variable | <i>M</i> | <i>SD</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-----------|----------|-----------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------|
| 1. IR1 | 0.40 | 0.75 | | .25** [.15, .34] | .41** [.34, .50] | .45** [.38, .54] | .23** [.14, .30] | .34** [.24, .43] | .33** [.26, .39] | .34** [.26, .44] | .13** [.05, .21] | .11* [.02, .19] | .05 [-.04, .15] | .11* [.03, .22] |
| 2. IR2 | 0.64 | 0.59 | .19** [.13, .25] | | | | | | | | | | | |
| 3. IR3 | -0.18 | 0.74 | .31** [.25, .37] | .21** [.14, .27] | | | | | | | | | | |
| 4. IR4 | 0.58 | 0.63 | .34** [.28, .39] | .22** [.16, .28] | .27** [.21, .33] | | | | | | | | | |
| 5. IR5 | 0.42 | 0.71 | .18** [.11, .24] | .15** [.09, .21] | .20** [.14, .26] | .34** [.28, .40] | | | | | | | | |
| 6. IR6 | 0.70 | 0.58 | .23** [.16, .29] | .32** [.26, .38] | .18** [.12, .25] | .31** [.25, .36] | .30** [.24, .36] | | | | | | | |
| 7. ERP7 | 0.43 | 0.67 | .24** [.18, .30] | .18** [.12, .24] | .14** [.07, .20] | .31** [.24, .36] | .17** [.10, .23] | .25** [.18, .31] | | | | | | |
| 8. ERP8 | 0.78 | 0.52 | .21** [.15, .27] | .27** [.21, .33] | .17** [.11, .23] | .24** [.18, .30] | .16** [.10, .23] | .31** [.25, .37] | .24** [.17, .30] | | | | | |
| 9. ERP9 | -0.58 | 0.67 | .09** [.02, .15] | .09** [.03, .16] | .17** [.11, .24] | .07* [.00, .13] | .06 [-.01, .12] | .05 [-.01, .12] | .05 [-.02, .11] | .08* [.01, .14] | | | | |
| 10. ERS10 | -0.64 | 0.64 | .07* [.01, .14] | .10** [.04, .17] | .10** [.04, .17] | .04 [-.03, .11] | .04 [-.02, .11] | .06 [-.00, .13] | .05 [-.01, .12] | .04 [-.03, .10] | .53** [.49, .58] | | | |
| 11. ERS11 | -0.46 | 0.76 | .04 [-.03, .10] | .06 [-.00, .13] | .11** [.05, .17] | .07* [.00, .13] | .06 [-.01, .12] | .05 [-.01, .12] | .04 [-.02, .11] | .05 [-.01, .12] | .30** [.24, .36] | .47** [.42, .52] | | |
| 12. ERS12 | -0.76 | 0.53 | .07* [.00, .14] | -.02 [-.09, .05] | .12** [.05, .18] | .03 [-.04, .09] | .02 [-.05, .08] | .02 [-.04, .09] | .06 [-.00, .13] | .02 [-.05, .08] | .27** [.20, .33] | .41** [.35, .46] | .44** [.38, .49] | |

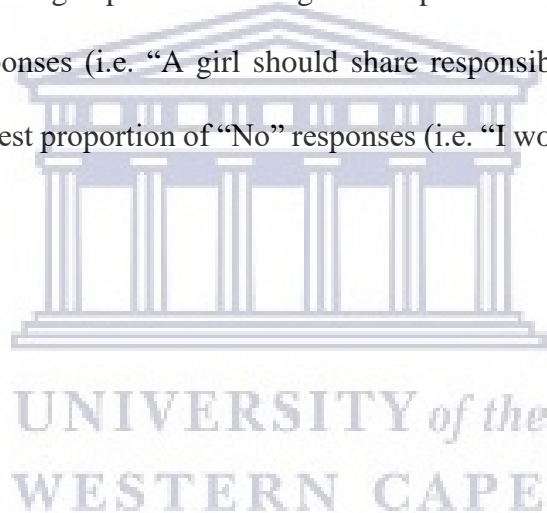
Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The Pearson correlation is presented below the diagonal
 * indicates $p < .05$. ** indicates $p < .01$.



7.3.2. The Brief Sexual Attitudes Scale (Hendrick et al., 2006)

Authors Hendrick and Hendrick (1987) developed the *Sexual Attitudes Scale*, in order to assess multidimensional attitudes towards sex. However, this scale was subsequently modified to create the 23-itemed Brief Sexual Attitudes Scale/BSAS, an instrument which has been shown to be more efficient and easier to administer. The format is a bipolar 5-point Likert-type questionnaire, calibrated from A = strongly agree with statement, to E = strongly disagree with statement.

Figure 19 illustrates the distribution of responses on the Brief Sexual Attitudes Scale. The items are ordered according to positive and negative responses. Item “S12” had the highest proportions of “Yes” responses (i.e. “A girl should share responsibility for birth control”), whereas “S3” had the highest proportion of “No” responses (i.e. “I would like to have sex with many partners”).



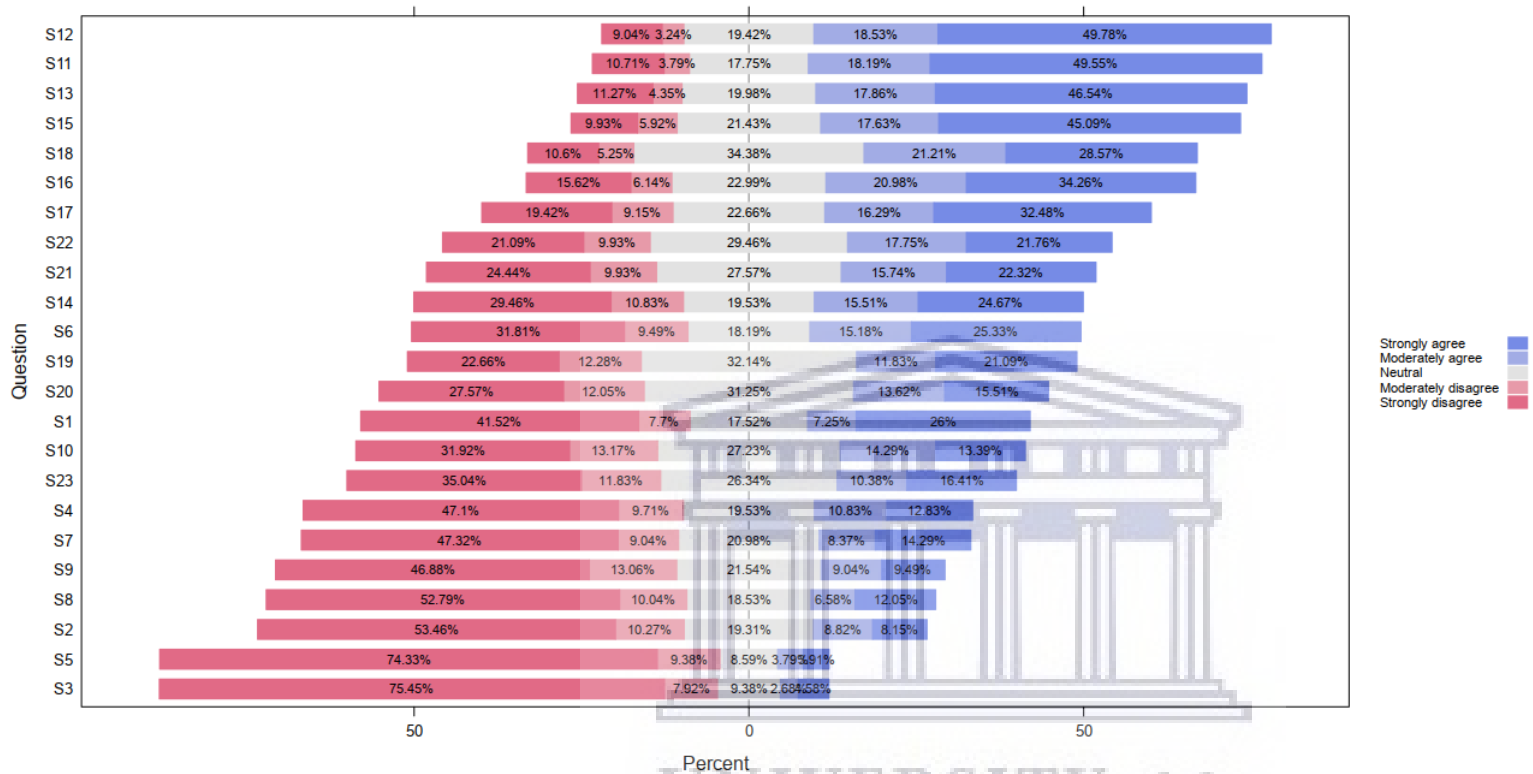


Figure 19: Distribution of responses on the Brief Sexual Attitudes Scale

The data findings for the various subscales are now presented in tabular format, and brief analyses of the tables and Figure 19 follows.

The next table provides a detailed summary of the frequency distribution of adolescents' sexual attitudes:

Table 7.5

Frequency distribution regarding adolescents' sexual attitudes

| FREQUENCY DISTRIBUTION REGARDING ADOLESCENTS' SEXUAL ATTITUDES | | |
|--|---------------|----------------|
| | Frequency (f) | Percentage (%) |
| Item 1 - I do not need to be committed to a person to have sex with him/her | | |
| Strongly disagree | 369 | 26 |
| Moderately disagree | 74 | 7.25 |
| Neutral - neither agree nor disagree | 161 | 17.52 |
| Moderately agree | 68 | 7.7 |
| Strongly agree | 228 | 41.52 |
| Total | 900 | 100 |
| Item 2 - Casual sex is acceptable | | |
| Strongly disagree | 472 | 8.15 |
| Moderately disagree | 102 | 8.82 |
| Neutral - neither agree nor disagree | 178 | 19.31 |
| Moderately agree | 78 | 10.27 |
| Strongly agree | 70 | 53.46 |
| Total | 900 | 100 |
| Item 3 - I would like to have sex with many partners | | |
| Strongly disagree | 679 | 4.57 |
| Moderately disagree | 73 | 2.68 |
| Neutral - neither agree nor disagree | 84 | 9.38 |
| Moderately agree | 23 | 7.92 |
| Strongly agree | 41 | 75.45 |
| Total | 900 | 100 |
| Item 4 - One-night stands are sometimes very enjoyable | | |

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 418 | 12.83 |
| Moderately disagree | 92 | 10.83 |
| Neutral - neither agree nor disagree | 179 | 19.53 |
| Moderately agree | 96 | 9.71 |
| Strongly agree | 115 | 47.1 |
| Total | 900 | 100 |

Item 5 - It is okay to have ongoing sexual relationships with more than one person at a time

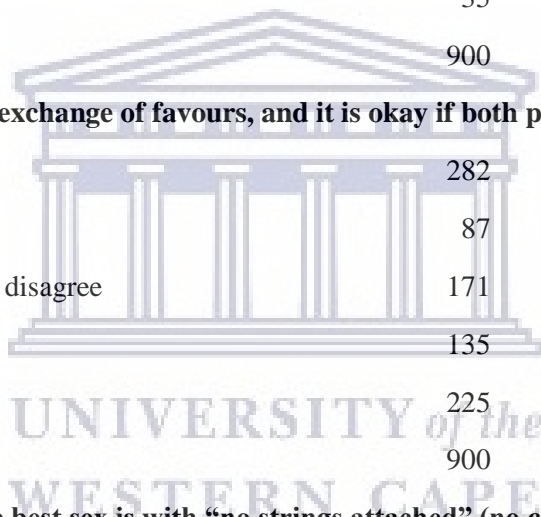
| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 668 | 3.91 |
| Moderately disagree | 85 | 3.79 |
| Neutral - neither agree nor disagree | 78 | 8.59 |
| Moderately agree | 34 | 9.38 |
| Strongly agree | 35 | 74.33 |
| Total | 900 | 100 |

Item 6 - Sex is an exchange of favours, and it is okay if both people agree to it

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 282 | 25.33 |
| Moderately disagree | 87 | 15.18 |
| Neutral - neither agree nor disagree | 171 | 18.19 |
| Moderately agree | 135 | 9.49 |
| Strongly agree | 225 | 31.81 |
| Total | 900 | 100 |

Item 7 - The best sex is with “no strings attached” (no conditions)

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 423 | 14.29 |
| Moderately disagree | 85 | 8.37 |
| Neutral - neither agree nor disagree | 190 | 20.98 |
| Moderately agree | 74 | 9.04 |
| Strongly agree | 128 | 47.32 |
| Total | 900 | 100 |



Item 8 - Life would have fewer problems if people could have sex more freely

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 469 | 12.05 |
| Moderately disagree | 97 | 6.58 |
| Neutral - neither agree nor disagree | 168 | 18.53 |
| Moderately agree | 59 | 10.04 |
| Strongly agree | 107 | 52.79 |
| Total | 900 | 100 |

Item 9 - It is possible to enjoy sex with a person and not like that person very much

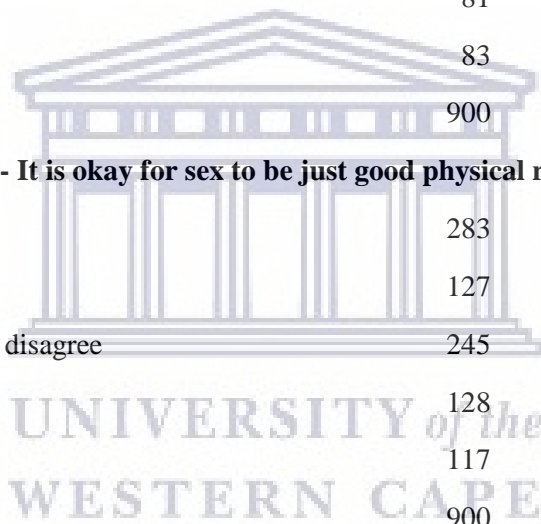
| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 419 | 9.49 |
| Moderately disagree | 123 | 9.04 |
| Neutral - neither agree nor disagree | 194 | 21.54 |
| Moderately agree | 81 | 13.06 |
| Strongly agree | 83 | 46.88 |
| Total | 900 | 100 |

Item 10 - It is okay for sex to be just good physical release

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 283 | 13.39 |
| Moderately disagree | 127 | 14.29 |
| Neutral - neither agree nor disagree | 245 | 27.23 |
| Moderately agree | 128 | 13.17 |
| Strongly agree | 117 | 31.92 |
| Total | 900 | 100 |

Item 11 - Birth control is part of responsible sexuality

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 96 | 49.55 |
| Moderately disagree | 34 | 18.19 |
| Neutral - neither agree nor disagree | 162 | 17.75 |
| Moderately agree | 170 | 3.79 |
| Strongly agree | 438 | 10.71 |
| Total | 900 | 100 |



Item 12 - A girl should share responsibility for birth control

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 83 | 49.78 |
| Moderately disagree | 172 | 18.53 |
| Neutral - neither agree nor disagree | 176 | 19.42 |
| Moderately agree | 30 | 3.24 |
| Strongly agree | 439 | 9.04 |
| Total | 900 | 100 |

Item 13 - A boy should share responsibility for birth control

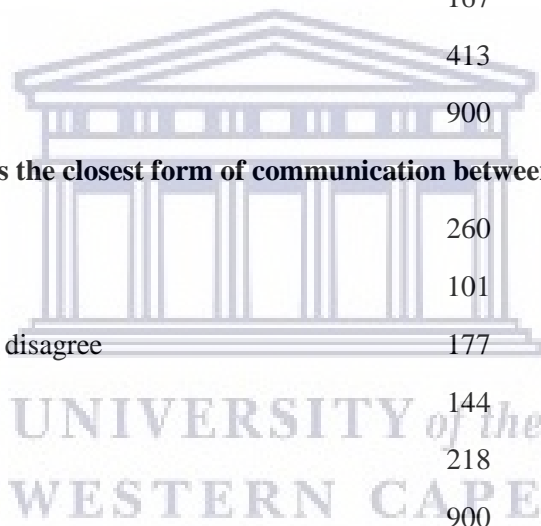
| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 101 | 46.54 |
| Moderately disagree | 39 | 17.86 |
| Neutral - neither agree nor disagree | 180 | 19.98 |
| Moderately agree | 167 | 4.35 |
| Strongly agree | 413 | 11.27 |
| Total | 900 | 100 |

Item 14 - Sex is the closest form of communication between two people

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 260 | 24.67 |
| Moderately disagree | 101 | 15.51 |
| Neutral - neither agree nor disagree | 177 | 19.53 |
| Moderately agree | 144 | 10.8 |
| Strongly agree | 218 | 29.46 |
| Total | 900 | 100 |

Item 15 - A sexual encounter between two people deeply in love is the ultimate human interaction

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 88 | 45.09 |
| Moderately disagree | 53 | 17.63 |
| Neutral - neither agree nor disagree | 193 | 21.43 |
| Moderately agree | 164 | 5.92 |
| Strongly agree | 402 | 9.93 |
| Total | 900 | 100 |



Item 16 - Sex seems to be the “coming together” of two souls

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 135 | 34.26 |
| Moderately disagree | 56 | 20.98 |
| Neutral - neither agree nor disagree | 208 | 22.99 |
| Moderately agree | 193 | 6.14 |
| Strongly agree | 308 | 15.62 |
| Total | 900 | 100 |

Item 17 - Sex is a very important part of life

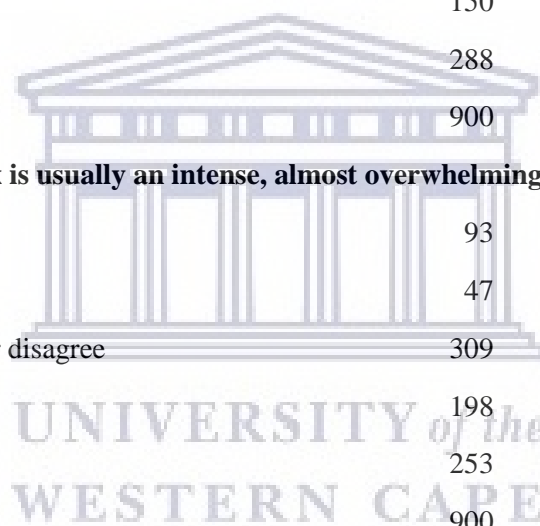
| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 172 | 32.48 |
| Moderately disagree | 82 | 16.29 |
| Neutral - neither agree nor disagree | 208 | 22.66 |
| Moderately agree | 150 | 9.15 |
| Strongly agree | 288 | 19.42 |
| Total | 900 | 100 |

Item 18 - Sex is usually an intense, almost overwhelming experience

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 93 | 28.57 |
| Moderately disagree | 47 | 21.21 |
| Neutral - neither agree nor disagree | 309 | 34.38 |
| Moderately agree | 198 | 5.25 |
| Strongly agree | 253 | 10.6 |
| Total | 900 | 100 |

Item 19 - Sex is best when you let yourself go and focus on your own pleasure

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 201 | 21.09 |
| Moderately disagree | 112 | 11.83 |
| Neutral - neither agree nor disagree | 290 | 32.14 |
| Moderately agree | 109 | 12.28 |
| Strongly agree | 188 | 22.66 |
| Total | 900 | 100 |



Item 20 - Sex is primarily the taking of pleasure from another person

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 241 | 15.51 |
| Moderately disagree | 117 | 13.62 |
| Neutral - neither agree nor disagree | 282 | 31.25 |
| Moderately agree | 121 | 12.05 |
| Strongly agree | 139 | 27.57 |
| Total | 900 | 100 |

Item 21 - The main purpose of sex is to enjoy oneself

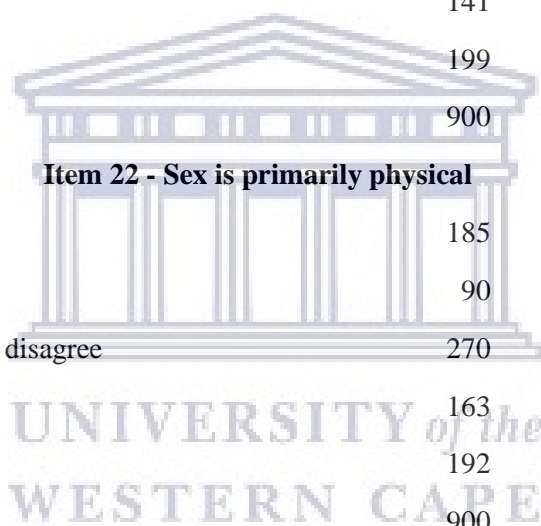
| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 213 | 22.32 |
| Moderately disagree | 95 | 15.74 |
| Neutral - neither agree nor disagree | 252 | 27.57 |
| Moderately agree | 141 | 9.93 |
| Strongly agree | 199 | 24.44 |
| Total | 900 | 100 |

Item 22 - Sex is primarily physical

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 185 | 21.76 |
| Moderately disagree | 90 | 17.75 |
| Neutral - neither agree nor disagree | 270 | 29.46 |
| Moderately agree | 163 | 9.93 |
| Strongly agree | 192 | 21.09 |
| Total | 900 | 100 |

Item 23 - Sex is primarily a bodily function, like eating

| | | |
|--------------------------------------|-----|-------|
| Strongly disagree | 312 | 16.41 |
| Moderately disagree | 108 | 10.38 |
| Neutral - neither agree nor disagree | 243 | 26.34 |
| Moderately agree | 92 | 11.83 |
| Strongly agree | 145 | 35.04 |
| Total | 900 | 100 |



7.3.2.1. Attitudes towards casual sex

Items 1 to 10 on the BSAS assesses sexual attitudes towards casual sex. Of the 900 respondents, 26% agreed that they did not need to be committed to a person to have sex with him or her, whereas the majority (41.52%) strongly disagreed with this statement. Only 8.15% strongly agreed that casual sex is acceptable, as opposed to the majority (53.46%) who strongly disagreed with this statement. A mere 4.57.% strongly agreed that they would like to have sex with many partners. In contrast, 75.45% strongly disagreed with this statement. A small portion of the participants (12.83%) strongly agreed that one-night stands are sometimes very enjoyable, however the majority (47.1%) strongly disagreed with this statement. Concerning the next item on the BSAS, a small percentage (3.91%) strongly agreed that it is okay to have ongoing sexual relationships with more than one person at a time. With regard to the statement: sex is an exchange of favours, and it is okay if both people agree to it, 31.81% strongly disagreed while 25.33% strongly agreed. Of the participants, 14.2% strongly agreed that the best sex is when there are no conditions provided by the individuals, but 47.32% strongly disagreed that the best sex is sex without “strings” attached. The majority of the respondents (52.79%) disagreed that life would have fewer problems if people could have sex more freely, as opposed to 12.05% who strongly agreed with this statement. The majority of the respondents (46.88%) strongly disagreed that it is possible to enjoy sex with a person and not like the person very much, as opposed to 9.49% who strongly agreed with this statement. The table also indicates that 31.92% strongly disagreed that it is okay for sex to be just good physical release, compared with the 13.39% who agreed with the statement. Hence in all 10 items, the majority of the participants strongly disagreed with the statements, and this is indicative of generally negative attitudes towards casual sex. Thus, it can be argued that the data findings reveal an overall general negative attitude towards casual sex.

7.3.2.2. Attitudes towards birth control responsibility

Items 11 to 13 on the BSAS assesses attitudes toward birth control responsibility. Interestingly, 49.55% strongly agreed that birth control is part of responsible sexuality, as opposed to 3.79% who moderately disagreed and 10.71% who strongly disagreed with this statement. One of the items on the BSAS reads as follows: *A girl should share responsibility for birth control*. A range of responses existed – from 49.78% who strongly agreed, 19.42% who were neutral, and 9.04% who strongly disagreed with this statement. These data findings were quite similar appertaining to the boy who should share responsibility for birth control: 46.54% of the participants were in strong agreement; 19.98% were neutral, and 11.27% strongly agreed with the statement. The data findings revealed that the respondents generally had positive sexual attitudes towards birth control, with the majority of the participants strongly agreeing with the statements. There was a slight difference based on gender, with more respondents (49.78%) believing that a girl should share the responsibility for birth control versus slightly fewer participants (46.54%) believing that a boy should share her responsibility for birth control.

7.3.2.3. Attitudes towards the emotional meaning of sex

Items 14 to 18 on the BSAS assess attitudes towards the emotional meaning of sex. Detailed analysis reveals that the majority of the participants strongly agreed with the statements within the communion subscale. With regard to sex being the closest form of communication between two people, 24.67% were in strong agreement, and 29.46% were in strong disagreement. The table shows that 45.09% in strong agreement that a sexual encounter between two people deeply in love is the ultimate human interaction, as opposed to 9.93% who strongly disagreed with this statement. Concerning the item: sex seems to be the “coming together” of two souls, 34.26% strongly agreed with this statement, in contrast to 15.62% who strongly disagreed with the latter. With respect to the statement: Sex is a very important part of life, 32.48% strongly

agreed and 19.42% strongly disagreed. The final item within this subscale states that sex is usually an intensive, almost overwhelming experience; of the respondents, 28.57% were within strong agreement, while 10.6% were within strong disagreement. There was only one item under this subscale, whereby the frequency and percentage were both higher under the strongly disagreed category: of the respondents, 29.49% strongly disagreed that sex is the closest form of communication between two people, as opposed to 24.67% who strongly agreed with this statement.

7.3.2.4. Attitudes towards the physical pleasure of sex

Items 19 to 23 on the BSAS assesses attitudes towards the physical pleasure of sex. As also depicted in the former table, respondents generally displayed neutral attitudes towards the physical pleasure of sex; 32.14% were neutral appertaining that the best sex is whereby one lets go of all inhibitions, and focusses on one's own pleasure; 31.25% were neutral regarding sex being primarily the taking of pleasure from another; 27.57% were neutral regarding the main purpose of sex is to enjoy oneself; and 29.46% were neutral regarding sex primarily being physical. There was only one item where the strongly disagreement percentage was higher than the neutral category: the final item on the BSAS reads as follows: sex is primarily a bodily function, like eating; 35.04% strongly disagreed with this statement. Hence, to sum up this subscale, most of the respondents had neutral attitudes towards the physical pleasure of sex. The next section discusses the central tendency measures. For the BSAS, scores were coded so that negative scores indicated disagreement, and positive scores indicated agreement, with zero being neutral. Table 7.6 shows the descriptive statistics and correlations with confidence intervals for the Casual Sex sub-scale of the Brief Sexual Attitudes Scale.

Table 7.6*Descriptive statistics and correlations with confidence intervals for the Casual Sex sub-scale of the Brief Sexual Attitudes Scale*

| Variable | <i>M</i> | <i>SD</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------|----------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|----|
| 1. S1 | -0.31 | 1.66 | | | | | | | | | | |
| 2. S2 | -0.92 | 1.35 | .32** | | | | | | | | | |
| | | | [.26, .37] | | | | | | | | | |
| 3. S3 | -1.47 | 1.07 | .26** | .47** | | | | | | | | |
| | | | [.19, .32] | [.42, .52] | | | | | | | | |
| 4. S4 | -0.67 | 1.47 | .25** | .49** | .51** | | | | | | | |
| | | | [.19, .31] | [.44, .54] | [.46, .56] | | | | | | | |
| 5. S5 | -1.46 | 1.06 | .27** | .44** | .54** | .44** | | | | | | |
| | | | [.21, .33] | [.39, .49] | [.49, .58] | [.38, .49] | | | | | | |
| 6. S6 | -0.07 | 1.59 | .22** | .31** | .22** | .36** | .28** | | | | | |
| | | | [.15, .28] | [.25, .37] | [.16, .28] | [.30, .41] | [.22, .34] | | | | | |
| 7. S7 | -0.67 | 1.48 | .27** | .42** | .38** | .47** | .39** | .38** | | | | |
| | | | [.20, .33] | [.37, .47] | [.32, .43] | [.42, .52] | [.33, .44] | [.32, .43] | | | | |
| 8. S8 | -0.85 | 1.43 | .23** | .32** | .31** | .38** | .35** | .32** | .38** | | | |
| | | | [.16, .29] | [.26, .38] | [.25, .37] | [.32, .43] | [.29, .40] | [.26, .38] | [.33, .44] | | | |
| 9. S9 | -0.79 | 1.36 | .19** | .38** | .32** | .38** | .28** | .24** | .34** | .27** | | |
| | | | [.13, .26] | [.32, .44] | [.26, .38] | [.32, .43] | [.22, .34] | [.17, .30] | [.28, .40] | [.21, .33] | | |
| 10. S10 | -0.36 | 1.40 | .22** | .43** | .36** | .42** | .32** | .32** | .37** | .36** | .40** | |
| | | | [.16, .29] | [.37, .48] | [.30, .42] | [.36, .47] | [.26, .38] | [.26, .38] | [.31, .42] | [.30, .41] | [.35, .46] | |

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The Pearson correlation is presented below the diagonal
 * indicates $p < .05$. ** indicates $p < .01$.

On the basis of the mean scores in the table, the majority of the respondents disagreed with items on the BSAS pertaining to casual sex. All data findings on the BSAS (items 1 to 10) were statistically significant. Table 7.7 indicates that the majority of respondents were in agreement regarding the three items relating to birth control on the BSAS. The data findings for the items S11 and S13 were statistically significant (i.e. S11: Birth control is part of responsible sexuality; S13: A boy should share responsibility for birth control).

Table 7.7*Descriptive statistics and correlations with confidence intervals for the Birth Control sub-scale of the Brief Sexual Attitudes Scale*

| Variable | <i>M</i> | <i>SD</i> | 11 | 12 | 13 |
|----------|----------|-----------|---------------------|--------------------|---------------------|
| 1. S11 | 0.92 | 1.34 | | -.02 [-.1, .05] | .49** [.41, .56] |
| 2. S12 | 0.97 | 1.28 | -.03 [-.09, .04] | | .03 [-.04, .10] |
| 3. S13 | 0.84 | 1.35 | .38** [.32, .44] | .01 [-.06, .07] | |

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The Pearson correlation is presented below the diagonal
 * indicates $p < .05$. ** indicates $p < .01$.

Table 7.8*Descriptive statistics and correlations with confidence intervals for the Communion sub-scale of the Brief Sexual Attitudes Scale*

| Variable | <i>M</i> | <i>SD</i> | 1 | 2 | 3 | 4 |
|----------|----------|-----------|---------------------|---------------------|---------------------|---------------------|
| 1. S14 | -0.05 | 1.56 | | | | |
| 2. S15 | 0.82 | 1.33 | .38** [.33, .44] | | | |
| 3. S16 | 0.52 | 1.41 | .43** [.38, .49] | .46** [.41, .51] | | |
| 4. S17 | 0.33 | 1.49 | .42** [.36, .47] | .35** [.29, .41] | .42** [.37, .47] | |
| 5. S18 | 0.52 | 1.25 | .26** [.20, .32] | .36** [.30, .42] | .30** [.24, .36] | .39** [.33, .44] |

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The Pearson correlation is presented below the diagonal
 * indicates $p < .05$. ** indicates $p < .01$.

According to the mean scores in Table 7.8, the majority of the respondents demonstrated disagreement regarding S14, yet the majority displayed agreement for items S15, S16, S17, and S18.

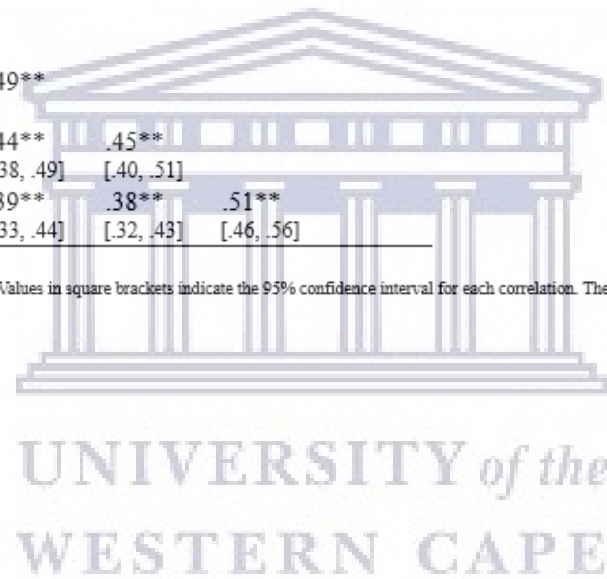
Finally, based on the mean score illustrated in Table 7.9, the majority of the respondents were in agreement regarding S12 and S22, and in disagreement regarding S19, S22, and S23. Data findings for S20 to S23 were statistically significant, but not for S19.



Table 7.9*Descriptive statistics and correlations with confidence intervals for the Instrumentality sub-scale of the Brief Sexual Attitudes Scale*

| Variable | <i>M</i> | <i>SD</i> | 19 | 20 | 21 | 22 | 23 |
|----------|----------|-----------|---------------------|---------------------|---------------------|---------------------|----|
| 1. S19 | -0.04 | 1.41 | | | | | |
| 2. S20 | -0.23 | 1.39 | .49** [.44, .54] | | | | |
| 3. S21 | 0.02 | 1.46 | .51** | .49** | | | |
| 4. S22 | 0.09 | 1.41 | .38** [.32, .43] | .44** [.38, .49] | .45** [.40, .51] | | |
| 5. S23 | -0.39 | 1.46 | .38** [.32, .44] | .39** [.33, .44] | .38** [.32, .43] | .51** [.46, .56] | |

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The Pearson correlation is presented below the diagonal
* indicates $p < .05$. ** indicates $p < .01$.



7.4. Reliability assessment

Internal consistency reliability refers to a method to gauge how well a survey is measuring what it is supposed to measure (Glen, 2016). In line with the research design, the reliability analysis was conducted on the following constructs: intrinsic religiosity, extrinsic religiosity, and adolescents' sexual attitudes to assess their internal consistency. The following table shows the internal consistency reliability coefficients for intrinsic and extrinsic subscales of the AUIE-12, treating the items as ordinal data, as specified in the model used for analysis.

Table 7.10

Reliability assessment of the AUIE-12

| <i>Constructs</i> | <i>Ordinal omega (total)</i> | <i>Ordinal omega (hierarch.)</i> | <i>Ordinal Cronbach's alpha</i> | <i>Confidence intervals</i> |
|----------------------------------|--------------------------------------|--|---|--|
| Intrinsic religiosity | 0.80 | 0.80 | 0.80 | Ordinal Omega (total): [0.78, 0.82] Ordinal Coefficient alpha: [0.78, 0.82] |
| Extrinsic religiosity | 0.85 | 0.85 | 0.85 | Ordinal Omega (total): [0.84, 0.87] Ordinal Coefficient alpha: [0.83, 0.87] |
| Overall AUIE-12 | 0.78 | 0.72 | 0.79 | Ordinal Omega (total): [0.75, 0.8] Ordinal Coefficient alpha: [0.77, 0.81] |

These estimates of internal consistency shown in the previous table are quite good according to general guidelines that standardised scales should have reliability coefficients of 0.80 or higher. The next table illustrates the internal consistency reliability coefficients for each of the sub-scales of the BSAS.

Table 7.11

Reliability assessment of the BSAS

| Constructs | Ordinal omega (total): | Ordinal omega (hierarch.): | Ordinal Cronbach's alpha: | Confidence intervals: |
|------------------------|--|---|--|--|
| Casual sex | 0.89 | 0.89 | 0.89 | Ordinal Omega (total): [0.88, 0.9] Ordinal Coefficient alpha: [0.88, 0.9] |
| Birth control | Spearman Brown coefficient: 0.55; Coefficient alpha: 0.55; Pearson Correlation: 0.38 | | | |
| Communion | 0.8 | 0.8 | 0.8 | Ordinal Omega (total): [0.78, 0.82] Ordinal Coefficient alpha: [0.78, 0.82] |
| Instrumentality | 0.84 | 0.84 | 0.84 | Ordinal Omega (total): [0.83, 0.86] Ordinal Coefficient alpha: [0.83, 0.86] |
| Overall BSAS | 0.91 | 0.91 | 0.91 | Ordinal Omega (total): [0.9, 0.92] Ordinal Coefficient alpha: [0.9, 0.91] |

Note: There were only 2 items for Birth Control, hence it was not possible to calculate omega.

As can be seen from Table 7.6, the reliability coefficients are quite good for the BSAS, however, it is clear that the reliability coefficients of the birth control sub-scale are not very good. This would suggest a caution when making interpretations regarding birth control.

7.5. Hypothesis testing

The researcher's aim was to determine how intrinsic and extrinsic religiosity impacted adolescent sexual attitudes. Structured equation modelling was appropriate to use, in order to test multiple paths between independent and dependent variables.

The results in the following table present the impact of intrinsic and extrinsic religiosity on adolescents' sexual attitudes. The centre columns shown the beta and p value coefficients. According to Glen (2016), a standardised beta coefficient refers to the strength of the effect of each individual variable to the dependent variable, thus the higher the value, the stronger the

effect. To assess significance, the researcher looked at the p values. McCleod (2019) states that a p value less than 0.05 is statistically significant, while a p value higher than 0.05 is not statistically significant.

Table 7.12

Hypotheses and coefficients

| <i>Coefficients</i> | | | |
|--|------------------|----------------|--------------------------------------|
| Variables | Beta | p value | Conclusion |
| $\hat{\text{IR}} - \text{casual sex}$ | $\beta = -0.29$ | $p < 0.001$ | Hypothesis supported by the data |
| $\hat{\text{IR}} + \text{birth control}$ | $\beta = -0.012$ | $p = 0.681$ | Hypothesis not supported by the data |
| $\hat{\text{IR}} + \text{communion}$ | $\beta = 0.035$ | $p = 0.071$ | Hypothesis supported by the data |
| $\hat{\text{IR}}$ instrumentality | $\beta = -0.000$ | $p = 0.981$ | Hypothesis supported by the data |
| $\hat{\text{ER}} - \text{casual sex}$ | $\beta = 0.287$ | $p < 0.001$ | Hypothesis supported by the data |
| $\hat{\text{ER}} + \text{birth control}$ | $\beta = -0.08$ | $p = 0.012^*$ | Hypothesis supported by the data |
| $\hat{\text{ER}} - \text{communion}$ | $\beta = 0.113$ | $p < 0.001$ | Hypothesis not supported by the data |
| $\hat{\text{ER}}$ instrumentality | $\beta = 0.181$ | $p < 0.001$ | Hypothesis supported by the data |

High levels of intrinsic religiosity have a negative effect ($\beta = -0.29$) on adolescents' attitudes towards casual sex, therefore H1 is supported by the data. This demonstrated the strongest coefficient of all of the hypotheses tested. High levels of intrinsic religiosity have a negative effect ($\beta = -0.012$) on adolescents' attitudes towards birth control, therefore H2 is not supported by the data. High levels of intrinsic religiosity have a positive effect ($\beta = 0.035$) on adolescents' emotional meaning of sex, therefore H3 is supported by the data. High levels of

intrinsic religiosity have a negative effect ($\beta = -0.000$) on adolescents' attitudes towards the physical pleasure of sex, therefore H4 is supported by the data. High levels of extrinsic religiosity have a relatively strong positive effect ($\beta = 0.287$) on adolescents' attitudes towards casual sex, therefore H5 is supported by the data. High levels of extrinsic religiosity have a significantly negative effect ($\beta = -0.08$, $p = 0.012^*$) on adolescents' attitudes towards birth control, therefore H6 is supported by the data. High levels of extrinsic religiosity have a relatively strong ($\beta = 0.113$) effect on adolescents' emotional meaning of sex, therefore H7 is not supported by the data. High levels of extrinsic religiosity have a relatively strong positive ($\beta = 0.181$) effect on attitudes toward the physical pleasure of sex, therefore H8 is supported by the data. Therefore, the theoretical model shown in Figure 17 displayed earlier in Chapter 7 had a good overall fit to the data. Only two of the eight hypotheses were not supported by the data.

7.6. Abridgement of the main findings

To summarise, 900 adolescents participated in the quantitative element of this study. Of this sample, 387 were male (43%) and 513 were female (57%), ranging from ages 12 to 19 years old. In relation to racial distribution, 34.4% identified as Black, 59.6% as Coloured, and 4.9% as White. The majority (83.5%) of the respondents self-identified as Christian.

According to Maltby (1999), intrinsic religiosity encompasses six vital elements, namely living one's life according to one's religious beliefs, having a strong sense of God's presence in one's life, approaching everything in one's life through the lens of one's religion, going to one's religion to make sense of the meaning of life, and also spending time in prayer. Within this category of intrinsic religiosity, spending time in prayer generated the highest percentage, indicating its importance. As illustrated in the Table 7.1, the majority of the respondents (76.12%) stated that it is vital for them to spend time in prayer, which is an

essential element in one's personal religiosity, according to Holder et al. (2000). Walesa (2005) has put forth an interesting model regarding the stages which human beings go through when establishing a positive relationship with God. Firstly, human beings progress from the pre-religious period (up to about 15 months of age), through the period of first manifestations of religiousness (2–3 years of age). This is followed by the period of magical religiousness (from 3.5 to 6.5 years of age), authoritarian/legal religiousness (from about 7 to 11 years of age), autonomic religiousness (from 12 to 17 years), authentic religiousness (from 18 to 25 years of age), stable religiousness (from 25 to 40 years of age), mature religiousness (from 40 to 65 years of age), and finally, up to the period of eschatological religiousness (from about 65 years of age) (Walesa, 2005). As can be seen from this model, autonomous religiousness/religiosity generally takes place between the ages of 12 to 17 years old. At this stage, most adolescents generally have accepted or internalised what they have been taught regarding their religion, however some elements may be rejected. During this stage of autonomous religiosity, prayer assumes the form of an internal dialogue with God (Walesa, 2008). In early adolescence, individuals oftentimes may pray mindless, formulae-like recitations of texts which they have memorised during childhood. However, during late adolescence, many may now reject these automatic ways of praying (Tatala, 2009). Tatala (2009) has written about the development of prayer in adolescence and youth, and in his article, he suggests that adults should encourage adolescents to engage in casual, personal praying, both verbal and in mind. The results in this investigation reveal that since adolescents reported that personal prayer is very important to them, adults (such as educators and parents) could play their role in encouraging adolescents to engage in personal praying, as this is a strong building block of intrinsic religiosity.

As mentioned in Chapter 3, the extrinsically motivated individual uses his or her religion in order to attain personal security and/social status (Carson, 2017). The results in this investigation reveal that the adolescents generally scored very high on intrinsic religiosity and

very low on extrinsic religiosity. To illustrate the latter statement, as indicated in Table 7.3, the majority of respondents do not go to church mostly to spend time primarily with their friends (80.92%); they also do not go to church because it helps them make friends (73.1%). Hence, spending time with friends or attending church because this assists with making friends are both not fundamental motivating factors as to why these adolescents attend church. Thus, one could argue that there seems to be less focus for adolescents to outwardly use their religion to meet their social needs. Rather, it could be argued that their main reason for attending religious services stems from a sincere practice of their religion (Allport & Ross, 1967; Ashley et al., 2013).

On the basis of the mean scores in the Table 7.6, the majority of the respondents disagreed with items on the BSAS pertaining to casual sex. All data findings on the BSAS (items 1 to 10) were statistically significant. In all of these items, the majority of the participants strongly disagreed with the statements, and this is indicative of generally negative attitudes towards casual sex. Thus, it can be argued that the data findings reveal an overall general negative attitude towards casual sex. This could be explained by the majority of adolescents having high levels of intrinsic religiosity and low levels of extrinsic religiosity. As was highlighted in the first chapter, intrinsically religious adolescents tend to display less permissive attitudes with regard to sex (Rostosky et al., 2004; Sinha et al., 2007). Within the casual sex category for the BSAS, the strongest disagreement existed for the item: “I would like to have sex with many partners.” (75.45%)

Table 7.7 indicates that the majority of respondents were in agreement regarding the three items relating to birth control on the BSAS. The data findings for the items S11 and S13 were statistically significant, but not for item S12. Data findings revealed that the respondents generally had positive sexual attitudes towards birth control, with the majority of the participants strongly agreeing with the statements. There was a slight difference based on

gender, with more respondents (49.78%) believing that a girl should share the responsibility for birth control (S12) versus slightly fewer participants (46.54%) believing that a boy should share her responsibility for birth control (S13). In this investigation, the findings were only statistically significant regarding the boys needing to share responsibility though. Many of the adolescents in this study scored high on intrinsic religiosity, and in the literature review chapter, being highly religious tends to place teenagers at risk for not using birth control measures. A major obstacle to the protective effect of religiosity is that religious adolescents who are sexually active are *less* likely to report safe sex practices such as condom use (Bearman & Bruckner, 2001, as cited in Amoako-Agyeman, 2012, Landor et al., 2011). This is consistent with what is pointed out by Regnerus (2007), who stated that “religious adolescents who commit themselves to sexual abstinence before marriage may fail to protect themselves if they became sexually active. Planning contraception might suggest intent to engage in sexual intercourse and an abandonment of the commitment to remain abstinent” (Regnerus, 2007, as cited in Cobb-Leonard & Scott-Jones, 2010, p. 581). While the scores revealed strongest agreement regarding birth control and who should be assuming responsibility, the percentages are also concerning the neutral to strongly disagreement categories.

Items 14 to 18 on the BSAS assess attitudes towards the emotional meaning of sex. Detailed analysis reveals that the majority of the participants strongly agreed with the statements within the communion subscale, with 45.09% in strong agreement that a sexual encounter between two people deeply in love is the ultimate human interaction. Concerning the item: sex seems to be the “coming together” of two souls, 34.26% strongly agreed with this statement. With respect to the statement: Sex is a very important part of life, 32.48% strongly agreed. The final item within this subscale states that sex is usually an intensive, almost overwhelming experience; of the respondents, 28.57% were within strong agreement. Generally speaking, if one looks at this category of the BSAS, communion is equivalent to the

emotional meaning of sex, which had a positive connotation to it. As was mentioned in Chapter 3, it is essential that effective sexuality education focusses on the positive/affirming aspects of sex, however sex would need to be placed within its proper context, according to the Christian value system.

Items 19 to 23 on the BSAS assesses attitudes towards the physical pleasure of sex. As also depicted in the former table, respondents generally displayed neutral attitudes towards the physical pleasure of sex; 32.14% were neutral appertaining that the best sex is whereby one is free of all inhibitions, and focusses on one's own pleasure; 31.25% were neutral regarding sex being primarily the taking of pleasure from another; 27.57% were neutral regarding the main purpose of sex is to enjoy oneself; and 29.46% were neutral regarding sex primarily being physical. There was only one item where the strongly disagreement percentage was higher than the neutral category: the final item on the BSAS reads as follows: sex is primarily a bodily function, like eating; 35.04% strongly disagreed with this statement. Hence, to sum up this subscale, most of the respondents had neutral attitudes towards the physical pleasure of sex. A possible reason for the general neutrality which exists could be: because adolescents may traditionally receive sexuality education with a strongly negative emphasis (for example, acquiring diseases), or they may not necessarily be very opinionated regarding the positive qualities associated with the physical pleasure of sex.

The following figure summarises the data findings. The coloured regression lines demonstrate the regression paths along with the beta coefficients. As shown in the figure, the relationship between intrinsic religiosity and casual sex was the strongest.

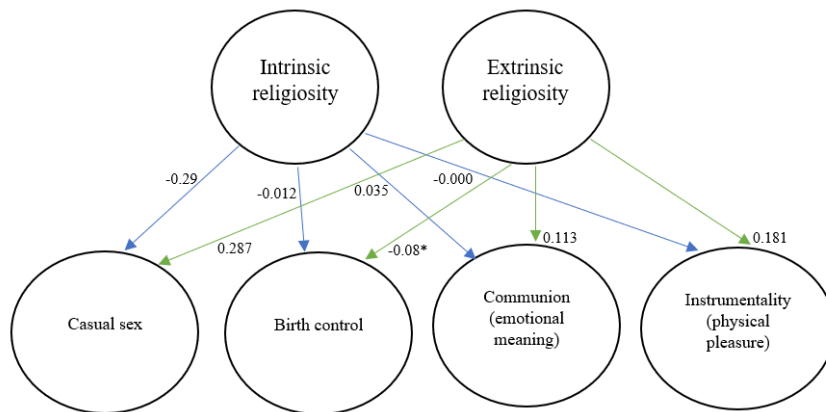


Figure 20. Structural equation model of major findings

The results indicated that both intrinsic and extrinsic religiosity have an impact on adolescents' sexual attitudes. The data revealed that neither independent (IR/ER) variable had a stronger impact on the dependent variables. High levels of intrinsic religiosity were negatively associated with attitudes towards casual sex, positively associated with the emotional meaning of sex, and negatively associated with the physical meaning of sex. In contrast, high levels of extrinsic religiosity were positively associated with attitudes towards casual sex, negatively associated with attitudes towards birth control, and positively associated with attitudes towards the physical meaning of sex. These findings are consistent with other former research studies. Therefore, it is the researcher's argument that if Christian faith-based schools attempt to develop guidelines for educational curricula, emphasis should be placed on utilising intrinsic religiosity as a means to militate against adolescent risky sexual behaviour.

In the concluding chapter, the core findings, triangulation, guidelines, limitations, and recommendations are discussed.

CHAPTER 8

CONCLUSION

8.1. Introduction

In this thesis, the researcher envisaged developing recommendations for educational curricula for Christian faith-based schools. Therefore, this necessitated exploring intrinsic religiosity as a means to militate against adolescent risky sexual behaviour. In this chapter of this monograph, a reflective conspectus of the core findings is presented. The results of the quantitative and qualitative data were converged in order to provide a comprehensive understanding of the topic under investigation. These core findings précis is followed by triangulation, whereby the similarities and differences that existed between the quantitative and qualitative data were highlighted. This closing section also includes the methodological limitations. Finally, several recommendations for future research within the field of religiosity and sexual attitudes and behaviour have been provided.

8.2. Core findings

8.2.1. Core findings of the systematic review

The first research question asked: *What are the risk and protective factors associated with intrinsic and extrinsic religiosity relating to sexual behaviour of adolescents from Christian faith-based schools?* The first aim of this investigation was to determine the larger patterns of sexual activity among adolescents attending these Christian faith-based schools. Therefore, in order to meaningfully answer the research question and in order to meet the first aim, the researcher conducted a systematic review of the social science literature between the years of 2009 and 2019. Twelve articles were included in the systematic review (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold

et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013). An analysis was done of these 12 articles, and 4 specific themes emerged: Theme 1 - Salience of religiosity delays sexual activity and decreases risky sexual behaviour; Theme 2 - Frequency of religious services attendance delays sexual activity and decreases risky sexual behaviour Theme 3 - Disconnect between being highly religious and using condoms Theme 4 - No/low/extrinsic religiosity and risky sexual health behaviours. The former two themes were protective in nature, while the latter two fell under the risk factors category. To answer the first research question, it was evident from the comprehensive discussion given in Chapter 5, that intrinsic religiosity (also commonly referred to in the literature as *high religiosity* or *private religiosity*) is protective in nature. To be more specific, the systematic review results revealed that intrinsic religiosity delays sexual activity and decreases risky sexual behaviour. Specifically, it would be the personal importance that adolescents place on religiosity that is protective in nature, as well as frequently attending church services. However, while intrinsic religiosity has safeguarding features, research has shown that highly religious adolescents usually tend to practise unsafe sex practices (Bearman & Bruckner, 2001, as cited in Amoako-Agyeman, 2012). Researchers within this field of study have found that intrinsically-oriented adolescents generally fail to protect themselves when they become sexually active (Landor et al., 2011; Regnerus, 2007). These themes will be analysed in greater depth in the triangulation section.

8.2.2. Core findings of the qualitative data

In this research study, eleven interviews were conducted with teenagers from two Christian faith-based high schools in the Western Cape. One of the objectives in this investigation was to understand the experiences of adolescents' sexual attitudes and behaviours, and grasp their perceptions of their school's sexuality education curricula. With reference to the first part of the objective – *understanding the experiences of adolescents' sexual attitudes and behaviours* – five of the semantic themes and six of the latent themes addressed this part in the objective, namely: first hearing about sex; reasons for adolescent sexual activity; reasons for sexual abstinence; knowledge regarding contraception; and knowledge regarding sexting; regarding parent/adolescent communication: “We don't really talk about stuff like that”; sex “education” from friends and the media; ho/f-boy dichotomy; consequences of sex: disappointment; regarding oral sex: “It's quicker. It brings pleasure”; religion is a powerful driving force. The second part of the objective dealt with understanding the adolescents' perceptions of their schools' curricula, hence the final two latent themes addressed this issue, namely, sexuality education from school/teachers summarised as “Just abstain” and improving sexuality education at school: “Go into depth.” The qualitative data revealed that most of the participants first heard about sex within the school context, particularly in the Life Skills subject in the foundation or intermediate phases. The first theme does not directly answer the research question. All of the adolescents in this investigation were attending either one of the two Christian faith-based schools specifically. The primary schools are located on the same premises as the high schools in this study, which means that oftentimes, there is a natural succession from the Christian faith-based primary school to the high-school. There were only two interviewees who did not have their entire schooling within this context. Hence, it could be argued that the majority of the participants were exposed to basic sexuality education within

the foundation or intermediate phases of their primary school education. However, the efficacy of what was covered at the primary school level was not part of this investigation.

The reasons provided for adolescent sexual activity included peer pressure, curiosity, and pressure from older boyfriends or men. The rationale provided for abstinence included religious reasons, fear of the consequences of sex, and the parents' value system. These two semantic themes do not explicitly answer the research question, however these two semantic themes give the reader comprehension as to why some adolescents attending Christian faith-based schools either choose to engage in sexual activity, or choose to abstain. In terms of their knowledge of contraception, most of the adolescents in this study could list examples thereof, but they had a general lack of understanding pertaining to contraceptive protection. As previously mentioned, according to the CSE learner books, all forms of contraception are supposed to be discussed in depth in Grade 9 already. However, the adolescents in this study clearly were receiving insufficient information regarding this vital sexuality topic.

Sexting was another semantic theme which was also highlighted by the interviewees. Nudes and sexual emoji, in particular, were mentioned. According to the CSE learner books, sexting is not dealt with. While sexting is an imperative topic to be addressed at schools, the researcher believes that teaching general digital safety is of paramount importance today. In this investigation, some participants made reference to the dissemination of nude pictures and the use of sexual emoji, yet having a basic knowledge of what these entails is insufficient. It is the researcher's argument that adolescents are to be formally educated about the potential risk factors, emotional and legal ramifications pertaining to sexting. Sexting is currently not a topic which is addressed within these two Christian faith-based schools, and as will be seen in the latent themes, educators generally have a very myopic view concerning sexuality education, whereby the focus is very much on abstinence, focussing on issues regarding heteronormativity, and not taking sexuality education seriously enough.

Based on what was shared through the data, parents and adolescents' friends are not really providing adolescents with adequate and factual sexuality education, yet parents and friends are primary socialising agents for teenagers. They play pivotal roles in shaping adolescents' attitudes, including sexual attitudes. Regarding parents and teenagers, sexuality is for the most part an unspoken topic within many households. Many parents and adolescents find that sex is awkward to speak about. If sexuality education is brought up as a topic in households, it is for the most part reduced to warning messages from parents.

The data revealed that peers serve as 'fill-in-the-blanks' authorities on sex. Hence, many adolescents gain their sexuality 'education' from their friends. Furthermore, they also receive a tremendous amount of sexuality 'education' from the media. As demonstrated in Chapter 6, the media therefore takes on the role of *super-peer* regarding sex, thereby influencing sexual attitudes and behaviour. The data also revealed that the sexual double standard still seems to exist, where females are denigrated, yet males are generally praised if both sexes engage in the same kind of sexual behaviour. When considering possible consequences pertaining to sex, such as possible pregnancy or contracting HIV or an STI, most adolescents expressed that their parents would be disappointed in them. However, self-directed disappointment was another sub-theme which was raised. The data also revealed that of all forms of sexual expression, fellatio is perceived as normative in the minds of teenagers. Additionally, the data showed that religion seems to be a powerful driving force amongst adolescents from Christian faith-based high schools, in that the internalisation of Christian values is quite evident.

In this investigation, the following research question was asked: *Are sexuality education curricula within Christian faith-based schools in the Western Cape Province of South Africa sufficient in terms of imparting relevant information?* Based on the research findings, sufficient information is not provided at either of the Christian faith-based schools,

where the eleven learners were attending. Many of the respondents felt that their teachers underscored abstinence, and were silent on other pertinent sexual topics. Some were put off by old teachers. Others mentioned that when sexuality education does take place, it is done so through the lens of heteronormativity, hence LGBTQ+ issues are not necessarily addressed or discussed in LO classes. To summarise, all of the respondents in this investigation felt that they require more in-depth knowledge regarding sexuality education, and that their LO teachers need to take it much more seriously than they currently do.

8.2.3. Core findings of the quantitative data

Nine hundred adolescents participated in the quantitative element of this study. Of this sample, 387 were male (43%) and 513 were female (57%), ranging from ages 12 to 19 years old. In relation to racial distribution, 34.4% identified as Black, 59.6% as Coloured, and 4.9% as White. The majority (83.5%) of the respondents self-identified as Christian.

The data revealed that neither independent (IR/ER) variable had a stronger impact on the dependent variables. High levels of intrinsic religiosity were negatively associated with attitudes towards casual sex, positively associated with the emotional meaning of sex, and negatively associated with the physical meaning of sex. In contrast, high levels of extrinsic religiosity were positively associated with attitudes towards casual sex, negatively associated with attitudes towards birth control, and positively associated with attitudes towards the physical meaning of sex.

Notwithstanding the limitations mentioned, this study enriched the literature pertaining to adolescent religiosity in relation to sexual attitudes and behaviour.

8.3. Triangulation

As indicated in *Figure 10* in the Methodology chapter, the concurrent triangulation strategy revealed that quantitative and qualitative data were collected synchronously. The analyses of all data took place in this particular order: descriptive meta-synthesis, thematic analysis, descriptive statistics, and structural equation modelling. This section focusses on the mixed method data analysis, whereby similarities and differences are noted.

8.3.1. Similarities between systematic review, survey and interview participants

The first noticeable similarity which existed was that the majority of the respondents who took part in this study saw themselves as Christian. The majority of the quantitative respondents were affiliated with a Christian religion (83.5%) as demonstrated in Table 4.10. The bulk of the interviewees were Christian (81.8%), as shown in Table 4.11. Upon analysing the articles under systematic review for the period of 2009 to 2019, it was found that 91.7% of the articles had the majority of Christian adolescents taking part in the various studies, with the exception of one study, where the Christian affiliation was only 5.8% (Muhammed et al., 2017).

The second evident similarity which existed was that more females took part in the research study. A higher percentage of females (57%) took part in the survey, as compared to the male respondents (43%). A similar trend existed when looking at the percentages for the qualitative component, where 64% participants were females and 36% were males. This is consistent with the results in the systematic review in this investigation, where 75% of the articles had more females taking part in the studies than males. Only two studies had 100% female participants (Edwards et al., 2011; Gold et al., 2010), and only one study had an equal number of male and female participants (Burdette & Hill, 2009).

In terms of home language, Table 4.10 indicates that 50.9% of the quantitative respondents had English as their home language, while 54.45% of the qualitative respondents had English as their home language, as can be seen in Table 4.11. This is consistent with international research, as all of the participants in the systematic review articles had English as their home language (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011; Landor et al., 2011; Muhammed et al., 2017; Taggart et al., 2018; Vasilenko & Espinosa-Hernandez, 2013).

Referring back to Table 4.10, 50.9% of the quantitative respondents came from two-parent households, where the parents were married. In terms of the qualitative participants, 72.72% have married parents living together, as was demonstrated in Table 4.11. Therefore, with both the survey and the interview participants, the majority had married parents. As was already highlighted in the systematic review chapter, an adolescent living within a two-parent household with parents who are married has a decreased chance of engaging in risky sexual behaviours (Haglund & Fehring, 2010). Therefore, parental marriage can contribute to being protective in terms of adolescent sexual attitudes and behaviour. However, comment cannot be made regarding parental marital status for the systematic review participants, as only 4 articles clearly reported marital statuses of the parents in their studies (Burdette & Hill, 2009; Gold et al., 2010; Hawes & Berkley-Patton, 2014; Muhammed et al., 2017;) while the others were not specified with respect to this category. Hence, in terms of simple demographic information, the majority of the participants were Christian. Most respondents were female, and the majority of the participants had English as their home language. Finally, at least for the survey and the interviewee participants, most of the participants had parents who were married.

As indicated in Chapter 1, many research studies have shown a strong link between religiosity and sexual attitudes and behaviour (Hollander, 2003; Meier, 2003; Nonnemaker et

al., 2003; Steinman & Zimmerman, 2004; Sterk et al., 2003). The researcher referred to Lefkowitz et al. (2004) in Chapters 3 and 5, who pointed out that religiosity was the strongest predictor of sexual behaviour among adolescents. As pointed out in section 5.7.1., scholarly research within the field of adolescent sexuality and religiosity have found that adolescents who have high/intrinsic religiosity tend less likely to be sexually active than their peers who report lower religiosity (Gillen & Shearer, 2004; Murry, 1994; Nonnemaker et al., 2003; Rostosky et al., 2003; Sinha et al., 2007; Steinman & Zimmerman, 2004; Zaleski & Schiaffino, 2000). What was found in these previous literature studies is consistent with the findings in this investigation. For example, the salience of religiosity having the ability to delay sexual activity and decrease risky sexual behaviour was accentuated in 7 of the 12 articles in the systematic review (Amoako-Agyeman, 2012; Burdette & Hill, 2009; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2009; Landor et al., 2011; Muhammed et al., 2017). This information is consistent with what was found in the qualitative data findings. One of the latent themes underscored religion as a powerful driving force. The adolescents in the qualitative study did not use the term religiosity; rather they made reference to religion. As was indicated in Chapter 5, the internalisation of Christian values was quite evident among the qualitative participants. In their own expressive ways, many of them underscored how their personal religiosity seemed to guide their sexual attitudes and the behavioural choices which they make regarding their sexuality.

8.3.2. Differences between systematic review, survey and interview participants

Table 4.10 reveals that the majority of the participants in the quantitative component were young adolescents who were in lower grades. This was in contrast to Table 4.11, which shows that the majority of the adolescents in the qualitative component were older adolescents who were in higher grades.

In terms of racial distribution, Table 4.10 reveals a clear skewness, in that 59.6% of the quantitative respondents were Coloureds. This skewness was not evident in the qualitative component of the investigation, as Table 4.11 reveals that 5 participants were Black; 3 participants were Coloured, and 2 participants were White.

The most distinct difference which existed between the survey and the interview participants was that only 29.1% of the survey participants attended actual Christian faith-based schools, as compared to 100% of the interview participants who attended the latter.

The safeguarding features of intrinsic religiosity have been discussed in Chapters 3 and 5 of this thesis. As previously indicated in section 8.1.1, research has shown that highly religious adolescents usually tend to practise unsafe sex practices (Bearman & Bruckner, 2001, as cited in Amoako-Agyeman, 2012). Researchers within this field of study have found that intrinsically-oriented adolescents generally fail to protect themselves when they become sexually active (Landor et al., 2011; Regnerus, 2007). Studies have shown that intrinsic religiosity is allied a decreased likelihood of contraceptive use among sexually active adolescents (Amoako-Agyeman, 2012; Bruckner & Bearman, 2005; Manlove et al., 2003, as cited in Cobb-Leonard & Scott-Jones, 2010; Zaleski & Schiaffino, 2000). As indicated in Chapter 7, the majority of adolescents in this investigation had favourable attitudes toward birth control measures, believing that it is both the responsibility of sexually active boys and girls to condomise. However, in light of what former research studies have shown, highly

religious adolescents tend to report unsafe practices regarding contraception. Thus, it can be argued that what participants in this investigation believe in – i.e. birth control measure as protection – may not necessarily translate into practising safe sex, should they become sexually active. A possible disconnect between one’s sexual attitudes and one’s sexual behaviour could therefore exist. The researcher believes that it is relatively easy to form a particular attitude, however attitudes are oftentimes linked to knowledge. Regarding contraception, it was revealed in the qualitative findings that a general lack of understanding existed pertaining to contraception. As was previously indicated in Chapter 5 (semantic theme 4), a common thread which seemed evident regarding this theme was that participants were able to provide mostly-correct, yet poorly-worded answers, as to what contraception refers to. The collective nature of their answers seemed as though learners were able to quickly list examples of contraception, yet their vague answers revealed a general lack of understanding regarding how contraceptive methods work. The researcher pointed out in Chapter 5 that highly religious adolescents who do not use contraception, or who use contraception inconsistently are definitely putting their own physical safety at risk.



8.4. Limitations

- Despite numerous efforts to increase participation among the Christian faith-based schools in the Western Cape Province, the overall response rate for involvement remained low. The sample for the quantitative components of the study were therefore small, in that only 29.1% of the respondents came from two Christian faith-based schools in the Western Cape, while 70.9% came from two public schools. Therefore, this study’s findings may not necessarily be valid for learners from Christian faith-based schools in the Western Cape. However, what seemed to counterbalance this obvious obstacle was that 83.5% of the overall sample reported being Christian.

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- This investigation primarily concentrated on data which were obtained from predominantly Coloured participants (59.6%). Thus, the racial distribution in the study was not necessarily a fair reflection of adolescents attending Christian faith-based high schools in the Western Cape.
 - The overall sample is somewhat skewed, as more females were represented in the investigation – 57% in the quantitative component, and 64% in the qualitative component.
 - The researcher’s aim for the qualitative component was to have at least 6 female and 6 male interviewees. However, there was a slight gender imbalance, as the overall qualitative sample consisted of 7 female and 4 male participants. Having more male voices would have possibly strengthened the qualitative research findings, and provided more exhaustive explanations.
 - This study was conducted among learners from two private high schools and two public high schools within the Western Cape. Thus, generalising these findings to similar populations in other South African provinces cannot be made.

8.5. Recommendations

- Jonas et al. (2016) have found that the reproductive health ignorance among South African adolescents continues to contribute to high rates of teenage pregnancy, HIV/AIDS and/or STI infection. Hence, it can be argued that LO teachers need to focus quite a bit on empowering adolescents with knowledge pertaining to reproductive health. Thus, a greater emphasis needs to be placed on the physical, emotional and social changes associated with adolescence; pubertal changes; male and female reproductive systems; primary and secondary sexual characteristics linked with puberty, as per the guidelines of the Department of Education (2003).

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- McMillen et al. (2011) have argued that faith communities, such as Christian faith-based schools should provide effective sexuality education programmes, which focusses strongly on nurturing the adolescent's *personal* religious belief and value systems. What could be effective regarding this would be using the social control perspective as a foundation for moulding religious beliefs and values. As mentioned in Chapter 2, this theoretical perspective assumes that religion endorses values that are in line with conventional behaviour because it socialises members to adopt the norms and values of the group (Gyimah et al., 2013). However, LO teachers would eventually need to move away from simply laying the foundation for adolescents conforming simply to 'fit' into their religious communities. They also have a role in developing adolescents' personal religiosity. Educators could encourage learners to engage in personal prayer, and to also frequently attend and get involved in religious services.
 - The sexual double standard, which was discussed in the first chapter, is a topic worthy of discussion in LO classes. The SDS came out strongly through the qualitative data, whereby respondents would separate sexually active individuals either as *hos* or *f***boys* – but what was clear from the general responses was that females are generally judged more harshly with regard to comparable sexual behaviour. The SDS is a vital topic to be addressed as part of effective sexuality education because the perpetuation of the SDS in the minds of youth may continue to cause the sexually celibate to stereotype certain individuals, rather than helping the sexually active to make wiser sexual choices. In addition, effective sexuality education should address the negative ramifications of gossip and public dialogue which conforms to the SDS, especially if these behaviours occur on social media platforms (Kreager et al., 2016).
 - In LO classes, much more emphasis needs to be placed on the selection of and the influence of friends. In the second chapter, Reference Group Theory was highlighted,

and the researcher cited Miranda (1968) who pointed out that peers become increasingly more significant in terms of the formation of the adolescents' attitudes and behaviour. LO teachers would therefore need to play their role in assisting adolescents with choosing friends who have sexual values consistent with their religious beliefs. Perhaps it would also be effective if LO teachers could incorporate more small-group activities during these class periods, in order that adolescents can work together and gain knowledge from each other, seeing that research has shown that peers serve as one of the primary groups during adolescent. Thus, it would not necessarily have to be the teacher imparting knowledge in the typical 'lecture/presentation' style, but more peers learning from each other and teaching one another.

- Part of the foundation for religion as a form of social control is that it provides consequences for deviance, for example, guilt, shame, public embarrassment, and threat/expectation of divine punishment (Ellitson & Levin, 1998). Hence, part of effective sexuality education at Christian faith-based schools could be to address the issue of cognitive dissonance, whereby highly religious adolescents feel distressed because their sexual behaviours are not in line with their religious values. As mentioned in the qualitative analysis (Chapter 6), too much emphasis seems to be on keeping learners sexually pure, without focussing on those who are already sexually active, but perhaps struggling internally with their sexual choices, which are contrary to their religious values. As part of an effective sexuality education curriculum, the issue of dealing with learners redemptively would need to be addressed. Instead of dealing with such learners by making them feel guilty, ashamed or embarrassed because of the duplicitous lives which they may be leading, and LO teacher would take a more redemptive approach.

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- Effective sexuality programmes do need to prioritise the topic of contraception. While many LO teachers at Christian faith-based schools may traditionally use the abstinence approach, it may not be effective enough, especially if some learners are sexually active or considering becoming sexually active. Rostosky and Wilcox (2004) explicate that social control mechanisms may cause a religious adolescent not to use contraceptive measures once he or she becomes sexually active. The reasoning is that certain religions oppose the use of contraceptives, thus a religious youth may engage in one proscribed behaviour (i.e. having premarital sexual intercourse) but to engage in more than one proscribed behaviour (e.g. having sex *and* using contraception) may create such undesirable cognitive dissonance for the adolescent, that he or she puts him/herself at risk sexually, by having unprotected sex – in essence, the adolescent may feel that it is admissible to engage in one ‘sinful act’, but to intentionally plan to use contraception (seen as a second ‘sinful act’) would be from a religious and psychological perspective too damaging for him/her. Moving away from the religious aspect regarding this topic, it became very clear from the data findings in Chapter 6 that adolescents generally lack sufficient knowledge regarding contraception. LO teachers would need to recognise that they cannot *control* adolescents’ sexual behaviour, but *influence* it. It is the researcher’s argument that effectively informing learners about various forms of contraception is not equivalent to condoning adolescent sexual behaviour. Rather, being proactive by empowering them with knowledge could assist any sexually active young person to rather be sexually responsible regarding contraception.
 - Digital safety also needs to be incorporated into an effective sexuality education programme. Sexting is a topic which was comprehensively discussed in the third and sixth chapters. Adolescents need to be taught about the potential risk factors and ramifications appertaining to sexting, especially the exchange of nude photographs and

videos. Furthermore, it would be advisable for an effective sexuality programme also to provide adolescents with adequate knowledge regarding the legal ramifications associated with sexting.

- Francis (2010) argues that sexuality programmes for adolescents have traditionally been more negative in focus, for example underscoring acquiring HIV or STIs. If this myopic approach is used at Christian faith-based schools, with the added accentuation on abstinence-only, sexuality education is ineffectual. Educators will therefore need to prioritise the positive/affirming qualities of sexual health, as was mentioned in the literature review.
- As previously discussed in the literature review, many South African LO teachers personally feel uncomfortable teaching the content in the CSE curriculum. Beyers (2011) argues that “If teachers continue to feel incompetent or uneasy about sexual issues, one cannot expect them to deliver sexually assertive adults” (p. 200). Thus, it can be argued that part of effective sexuality programmes means that LO teachers will also require adequate training so that they can become better at imparting sexuality education.
- Comprehensive Sexuality Education was extensively discussed in the literature review. If educators take the time to actually research into what CSE entails, they will discover a number of advantages to using the CSE approach. They will also find many stereotypical myths regarding CSE dispelled (DBE, 2019). The researcher would advise LO teachers from Christian-faith based high schools to utilise the Scripted Lesson Plans and the CSE learner books, as these will greatly enhance sexuality education (refer back to Table 3.17).
- To put it briefly, the researcher believes that effective sexuality programmes at Christian faith-based schools could be summarised using the following three key

words: **knowledge**, **values**, and **skills**. To echo the words of the DBE (2019), providing adolescents with scientifically-accurate information is essential. Secondly, because values play such a pivotal role in shaping sexual attitudes and behaviour, educators at Christian faith-based schools could focus more on helping adolescents develop intrinsic religiosity. This could help adolescents make values-based and sexually-informed decisions as they transition to adulthood. As previously mentioned in the literature review, teaching sexuality education, especially in the context of Christian faith-based schools, requires that imparting information be value-laden. Transmitting values though is not synonymous with ‘preaching morality’ (Department of Education, 2002). The final aspect should focus on skills-development. Empowering youth with skills such as self-awareness, critical thinking, decision making, problem solving, assertiveness, negotiation, communication, refusal, goal setting, information gathering (DBE, 2003) will also make sexuality programmes quite effective. Visser (2005) argues that placing more attention on the advancement of life skills could go a long way pertaining to adolescents developing healthy lifestyles.

- As indicated, the investigation focussed largely on Coloured learners. Future researchers could possibly consider replicating the quantitative and qualitative components in this study, with Christian adolescents – whether from public or private schools – who are from more diverse racial groups in South Africa.
- As suggested by Ashely et al. (2013), a qualitative study which investigates the specific behaviours which intrinsically-oriented individuals practise on a regular basis would add a depth of perspective to the existing literature. Findings from such a study could therefore provide a potential model for Christian educators, parents, and those involved in youth ministry.

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- It would be beneficial for future researchers to investigate parenting styles and the values of intrinsically-oriented adolescents, to determine whether a positive relationship exists. There could be a possible positive relationship between the authoritative parenting style and the transmission of appropriate sexual values from parent to child, in line with what Christianity values.
 - The second theme in the systematic review underscored the frequency of religious services attendance, which tends to delay sexual activity and decreases risky sexual behaviour (Burdette & Hill; 2009; Cobb-Leonard & Scott-Jones, 2010; Edwards et al., 2011; Gold et al., 2010; Haglund & Fehring, 2010; Hawes & Berkley-Patton, 2014; Hull et al., 2011). Prior to the Covid-19 pandemic, it was automatically assumed that religious services attendance referred to physically entering a church building, for example. However, life has changed dramatically in 2020, due to the high prevalence of corona-virus. One result of lockdown was that religious institutions were closed down for several months in South Africa, which meant that many religious services took place on online platforms such as Zoom. It would therefore be interesting for future researchers to investigate how the sexual attitudes and behaviour of adolescents are impacted by the attendance of online church services.

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APPENDICES



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LIST OF APPENDICES

Appendix A Information sheet

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Appendix E The Age Universal I-E Scale-12 (AUIE-12)

Appendix F The Brief Sexual Attitudes Scale (BSAS)

Appendix G Interview schedule

Appendix H Confidentiality agreement with transcriber

Appendix I Letter from Senate Research Committee

Appendix J WCED letter





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DEPARTMENT OF PSYCHOLOGY

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Appendix A

INFORMATION SHEET FOR LEARNERS

Title of research project:

EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

What is this study about?

This is a research project being conducted by *Olivia Bomester* at the University of the Western Cape. I am inviting you to participate in this research project. The purpose of this research project is to determine how adolescent's religious values impact sexual attitudes and behaviour.

What will I be asked to do if I agree to participate?

You will be asked to complete questionnaires. These will be administered by the researcher and trained research assistants during class time. You will be given the questionnaire in the allocated time and returned to the researchers immediately when you are done. You may choose to take part in a face-to-face interview with the researcher. The length of these interviews may be approximately one hour each, and will take place outside of class time.

Would my participation in this study be kept confidential?

The researcher will ensure that your personal information is kept confidential. To help protect your confidentiality, your names will not be used in relation to any information provided. Your age and gender will be reported on however this will not be traced back to you. The researchers and research assistants will be the only people who will have access to this information. In the case of report writing and publication, your name, the school, and the area will be protected.

What are the risks of this research?

There are minimal psychological risks for this research. Your participation requires that you fill out a series of questionnaires and possibly take part in an interview, if you choose to do so. If the nature of this project should negatively affect you in any way, you can contact *Olivia Bomester*, who will do everything possible to refer you for assistance. A counsellor will be made accessible if you feel that you need one, as a result of possible sensitivity or distress regarding any process that they are involved in.

What are the benefits of this research?

With a better understanding of how religiosity impacts premarital sexual attitudes and behaviour, better intervention and prevention programmes can be drawn up to assist in sexuality education for adolescents.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is *completely voluntary*. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by *Olivia Bomester*, from the Psychology Department at the *University of the Western Cape*. If you have any questions about the research study itself, please contact the researcher at bomestero@hche.ac.za / 0828398460.

Should you have any questions regarding this study please contact:

Dr Maria Florence

Position: Head of Department

Department: Department of Psychology

Faculty: Faculty of Community and Health Sciences

Tel: (021) 959 2453

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Address: University of the Western Cape, Private Bag X17, Bellville, 7535

Professor Anthea Swart

Position: Dean of Faculty of Community and Health Sciences

Department: Faculty of Community and Health Sciences

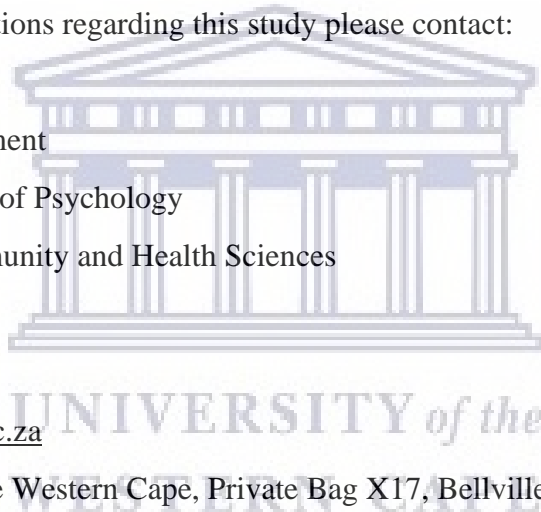
Faculty: Faculty of Community and Health Sciences

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Appendix B

ADOLESCENT ASSENT FORM

Title of research project:

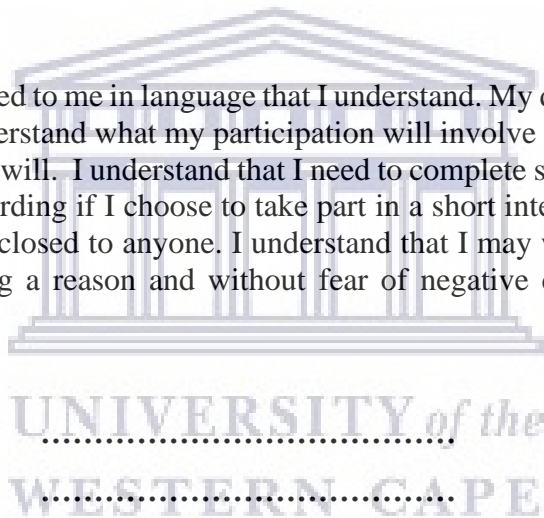
EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that I need to complete surveys. I understand that there will be an audio recording if I choose to take part in a short interview. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name:

Participant's signature:

Date:





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Appendix C

PARENTAL INFORMED CONSENT FORM

Title of research project:

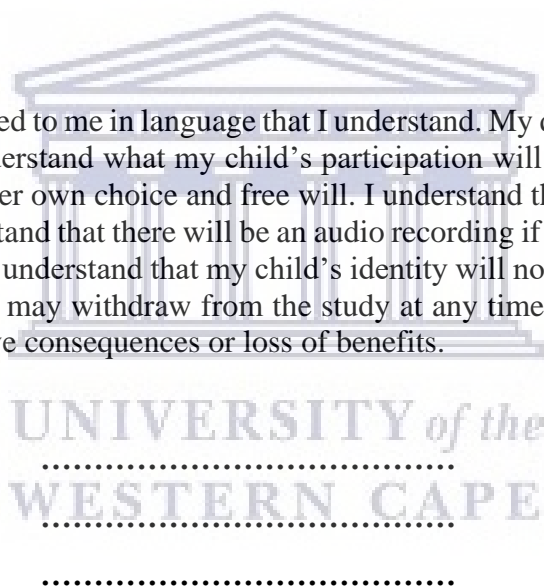
EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my child's participation will involve and I agree that he/she participates of his/her own choice and free will. I understand that my child will need to complete surveys. I understand that there will be an audio recording if my child chooses to take part in a short interview. I understand that my child's identity will not be disclosed to anyone. I understand that my child may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name:

Participant's signature:

Date:





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Appendix D

DEMOGRAPHIC FORM

Title of research project:

EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

DO NOT WRITE YOUR NAME AND SURNAME ON THIS FORM

Instruction: Please complete this survey; tick where appropriate

1. Gender Male / Female
2. Date of birth _____
3. Age _____
4. Race group Black / Coloured / White / Indian
5. Religion _____ (or none:)
6. Home language _____
7. Parents Married / Single / Divorced
8. Residential area _____
9. Grade _____
10. School _____



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Appendix E

Dear Learner,

Thank you for taking part in this research study on: **How religion impacts the sexual values of teenagers.** Please answer the questions honestly.

THE AGE UNIVERSAL I-E SCALE-12

Instruction: Please complete this survey; tick where appropriate

| | Yes | Not certain | No |
|--|-----|-------------|----|
| 1. I try hard to live all my life according to my religious beliefs. | | | |
| 2. I often had a strong sense of God's presence. | | | |
| 3. My whole approach to life is based on my religion. | | | |
| 4. My religion is important because it answers many questions about the meaning of life. | | | |
| 5. I enjoy reading about my religion. | | | |
| 6. It is important to me to spend time in prayer. | | | |
| 7. What religion offers me most is comfort in times of trouble and sorrow. | | | |
| 8. Prayer is for peace and happiness. | | | |
| 9. I pray mainly to gain relief and protection. | | | |
| 10. I go to church because it helps me make friends. | | | |
| 11. I go to church mainly because I enjoy seeing people I know there. | | | |
| 12. I go to church mostly to spend time with my friends. | | | |



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Appendix F

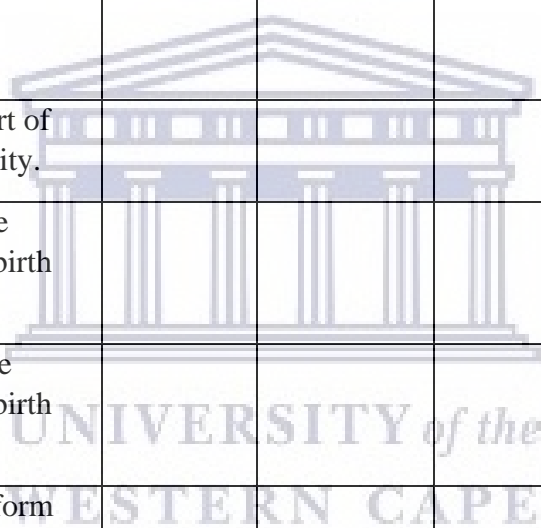
THE BRIEF SEXUAL ATTITUDES SCALE

Listed below are several statements that reflect different attitudes about sex. For each statement fill in the response on the answer sheet that indicates how much you agree or disagree with that statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be.

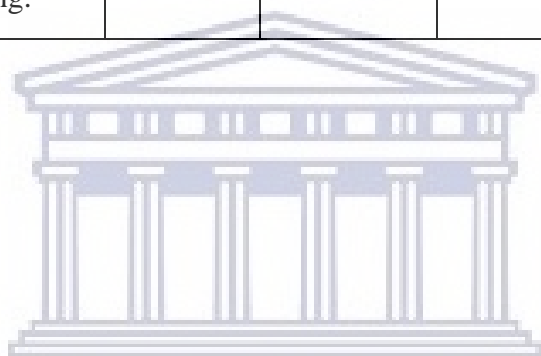
Instruction: Please complete this survey; tick where appropriate

| | Strongly agree with statement | Moderately agree with the statement | Neutral - neither agree nor disagree | Moderately disagree with the statement | Strongly disagree with the statement |
|---|-------------------------------|-------------------------------------|--------------------------------------|--|--------------------------------------|
| 1. I do not need to be committed to a person to have sex with him/her. | | | | | |
| 2. Casual sex is acceptable. | | | | | |
| 3. I would like to have sex with many partners. | | | | | |
| 4. One-night stands are sometimes very enjoyable. | | | | | |
| 5. It is okay to have ongoing sexual relationships with more than one person at a time. | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| 6. Sex as a simple exchange of favours is okay if both people agree to it. | | | | | |
| 7. The best sex is with no strings attached. | | | | | |
| 8. Life would have fewer problems if people could have sex more freely. | | | | | |
| 9. It is possible to enjoy sex with a person and not like that person very much. | | | | | |
| 10. It is okay for sex to be just good physical release. | | | | | |
| 11. Birth control is part of responsible sexuality. | | | | | |
| 12. A girl should share responsibility for birth control. | | | | | |
| 13. A boy should share responsibility for birth control. | | | | | |
| 14. Sex is the closest form of communication between two people. | | | | | |
| 15. A sexual encounter between two people deeply in love is the ultimate human interaction. | | | | | |
| 16. At its best, sex seems to be the merging of two souls. | | | | | |
| 17. Sex is a very important part of life. | | | | | |
| 18. Sex is usually an intensive, almost | | | | | |



| | | | | | |
|--|--|--|--|--|--|
| overwhelming experience. | | | | | |
| 19. Sex is best when you let yourself go and focus on your own pleasure. | | | | | |
| 20. Sex is primarily the taking of pleasure from another person. | | | | | |
| 21. The main purpose of sex is to enjoy oneself. | | | | | |
| 22. Sex is primarily physical. | | | | | |
| 23. Sex is primarily a bodily function, like eating. | | | | | |



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Appendix G INTERVIEW SCHEDULE

Title of research project:

EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

Interview guide:

Thank you for agreeing to be interviewed for our research adolescent's views on religion and sexual behaviour. This interview should only take about one hour and will be recorded. Please note that you will not be directly quoted in any report of this study. Only group data will be recorded. Are you still happy to proceed with the interview?

Opening of interview:

Sources of sexuality education:

- Where did you first hear about "sex"?
- Where do Christian teenagers currently get their information about sex?

Body of interview:

Sexual debut:

- What contributes to Christian teenagers having sex for the first time?
- What contributes to Christian teenagers continuing to have sex?

Abstinence:

- Why do Christian teenagers abstain from sex?
- How do you feel about abstinence?

The sexual double standard:

- Do you feel that it's ok for Christian boys to sleep around? Why or why not?
- Do you feel that it's ok for Christian girls to sleep around? Why or why not?

Contraception:

- What do you know about contraception?
- Whose responsibility is it to use contraception? The girl's or the boy's?

Consequences of unprotected sex:

- How would you feel if you had to have unprotected sex, and either (1) fall pregnant or impregnate a girl?
- How would you feel if you had to have unprotected sex, and contracted HIV or any STI?
- Do you think that Christian teenagers who have premarital sex will suffer from any emotional consequences regarding their sexual choices that they make when they are young?

Range of adolescent sexual behaviour:

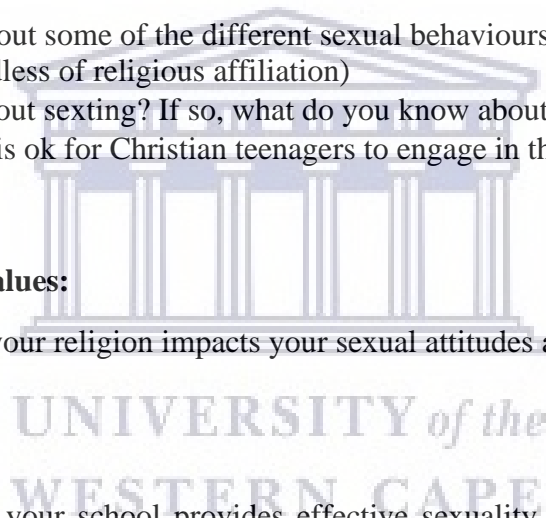
- Can you tell me about some of the different sexual behaviours which teens may engage in? (Regardless of religious affiliation)
- Have you heard about sexting? If so, what do you know about it?
- Do you feel that it is ok for Christian teenagers to engage in these forms of sexual behaviour?

Construction of sexual values:

- Do you think that your religion impacts your sexual attitudes and behaviour?

Closing of interview:

1. Do you think that your school provides effective sexuality education programmes? Why or why not?
2. How do you think your school can run more effective relevant sexuality education programmes?
3. Do you have any feelings which were brought up during this interview process, which you would like to discuss?
4. Is there anything else you would like to talk about?



Appendix H



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CONFIDENTIALITY AGREEMENT WITH TRANSCRIBER

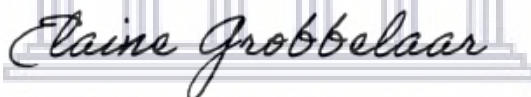
Title of research project:

EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

I understand that the audio recordings of the interviews applicable to this study are confidential. I will not disclose any information that I learn while transcribing these audio recordings.

Transcriber's name: Elaine Grobbelaar

Transcriber's signature:



Should you have any questions, please contact Olivia Bomester at 2359992@myuwc.ac.za / bomestero@hbc.ac.za / 021-8507550. Alternatively, please contact:

Dr Maria Florence

Position: Head of Department

Department: Department of Psychology

Faculty: Faculty of Community and Health Sciences

Tel: (021) 959 2453

Fax: (021) 959 3515

Email: mflorence@uwc.ac.za

Address: University of the Western Cape, Private Bag X17, Bellville, 7535

Professor Anthea Swart

Position: Dean of Faculty of Community and Health Sciences

Department: Faculty of Community and Health Sciences

Faculty: Faculty of Community and Health Sciences

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04 December 2018

Mrs O Bomester
Psychology
Faculty of Community and Health Sciences

Ethics Reference Number: HS17/10/14

Project Title:

EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO
MILITATE AGAINST RISKY SEXUAL BEHAVIOUR IN
ADOLESCENTS FROM CHRISTIAN FAITH-BASED SCHOOLS

Approval Period: 23 November 2018 – 23 November 2019

I hereby certify that the Humanities and Social Sciences Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and /termination of the study.

A handwritten signature in black ink that reads 'Josias'.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape
<http://etd.uwc.ac.za/>

Appendix J



Directorate: Research

Audrey.wyngaard@westerncape.gov.za

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

REFERENCE: 20170823–4217

ENQUIRIES: Dr A T Wyngaard

Mrs Olivia Bomester
Helderberg College of Higher Education
Helderberg College
Somerset West
7130

Dear Mrs Olivia Bomester

**RESEARCH PROPOSAL:
EXPLORING INTRINSIC RELIGIOSITY AS A MEANS TO MILITATE AGAINST
RISKY SEXUAL BEHAVIOUR IN ADOLESCENTS FROM CHRISTIAN FAITH-BASED
SCHOOLS**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **14 January 2019 – 27 September 2019**.
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

Directorate: Research

DATE: 9 November 2018