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Student Name: Sondré Chrishana Syce

Student Number: 3365037

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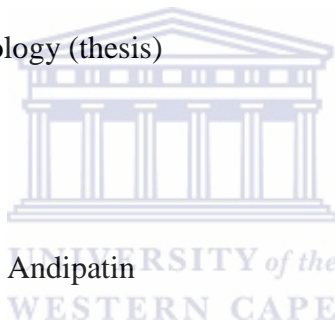
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Abstract

The effects of risky sexual behaviour (RSB) amongst adolescents are devastating in South Africa. Recent studies show that parent-child (PC) communication about RSB is associated with positive outcomes such as delayed sexual debut and increased autonomy among adolescents. There are however challenges on how to define caregivers within the South African context due to the historical background of South Africa such as Apartheid and labour migration. For the purposes of this study, caregivers would be regarded as individuals who have sole responsibility of caring for a child. The aim of this study was to explore caregiver-child communication in relation to RSB to gain an in-depth and contextualized understanding of how South African families interact, feel and experience their communication and the challenges they face, it therefore uses a qualitative approach. These aims translate into the following objectives a) exploring the process of communication i.e. how they communicate in terms of style, content, timing and frequency b) exploring the experiences of communication of RSB for both caregivers and children in terms of their thoughts and feelings as well as the challenges faced. Conducting focus group discussions and individual interviews was the method of data collection. Four focus groups (two focus groups with male adolescents and two focus groups with female adolescents) were conducted as well as three individual interviews with caregivers a total of 23 participants were used. Both groups of participants are of mixed racial backgrounds and from the Northern sub district of Cape Town. The data was analyzed by using thematic analysis. All ethical principles were adhered to. This study found mothers to be an influential source of sexual communication with their children and this communication hinged more on the health risks of early sexual debut and negative social outcomes. Caregivers highlight the barriers to communication with their adolescents which create caregiver anxiety and avoidance of sexual communication. School has also been identified as highly influential to both caregivers and adolescents especially with regards to the biological and physiological aspects of sex education. Two types 'educational systems' have been identified within the South African context. The impact of these systems on the quality of education and nature of the resources provided to both caregivers and learners are discussed in relation to sexual education and communication. The community and extended family of the participants are very involved in the socialisation of the adolescents in this study and often assist caregivers. Caregiver monitoring is the most utilized

strategy used to ensure that adolescent whereabouts and activities are known at all times. Possible interventions such as additional strategies for caregivers to consider and communication workshops for caregivers and educators are discussed. The limitations of this study such as the limited amount of caregivers interviewed and the lack of male caregiver insight were identified and recommendations for future studies are provided.



DECLARATION

I declare that “Exploring caregiver-child communication about risky sexual behaviour in Cape Town” is my own work that has not been submitted before any degree or examination in any other university, and that all sources I have used or quoted have been indicated and acknowledged as complete references.

Sondré Chrishana Syce

January 2016

Signed: _____



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I would like to thank God for providing me with the motivation and drive I needed to complete my thesis. This journey has been trying and has helped me grow into the woman, wife and mother I am today.

This thesis is dedicated to my family specifically my parents for always supporting me and for the constant motivation and advice and my new family Marlin Adams and newborn son Elijah James Adams. This thesis is proof that no matter how trying your life is, if you set your mind to a goal and persevere anything is possible.

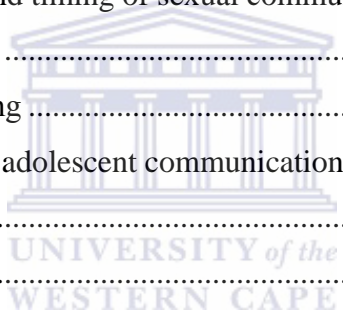
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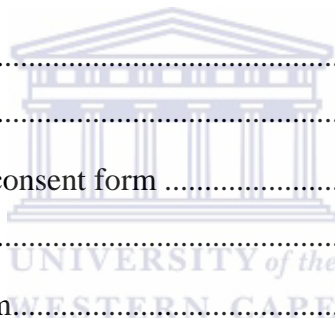
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Chapter One

Introduction

1.1 Context and Background

Risky sexual behaviour (RSB) amongst adolescents is of major concern in South Africa. UNAIDS (2014) estimated that approximately 2.1 million adolescents (10-19 years) in low and middle income countries were living with the Human immunodeficiency Virus (HIV) in 2012. RSB can be defined as sex without the use of female or male condoms, early sexual debut and sex with multiple partners or concurrent partners (Eaton, Flisher, & Aarø, 2003; Wood & Jewkes, 2006). RSB, substance abuse and the adverse consequences such as sexually transmitted diseases (STDs), HIV and unplanned pregnancies are common amongst adolescents (Martino, Elliott, Corona, Kanouse, & Schuster, 2008; Timmermans, van Lier, Pol, & Koot, 2008). Intervention strategies have been established such as life orientation programmes in schools, peer education programmes, media campaigns and voluntary counselling that focuses on adolescents specifically (Jackson, Geddes, Haw, & Frank, 2012; Marston & King, 2006). These programmes according to Paruk, Petersen, Bhana, Bell and McKay (2005), strive to empower youth to make better and informed decisions regarding their sexual health. Sex education on its own is not a universal remedy for adolescent risky sexual behaviours, as reviews on school-based programmes in Sub-Saharan Africa state these interventions have a larger impact on HIV-related knowledge and attitudes than on actual sexual behaviours (Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2010).

UNAIDS (2014), states that high quality, youth friendly sex education and reproductive health services remain inadequate. Paul-Ebhohimhen, Poobalan and Van Teijlingen (2008) justify why adolescent focused intervention programmes are so important. They assert that targeting the appropriate population at an appropriate time is essential in the prevention of HIV/AIDS specifically in Sub-Saharan Africa where young people have the highest prevalence of HIV/AIDS. School programmes have questionable quality and is insufficiently tailored to students' needs. Gender dynamics is neglected and is of major concern especially in Southern

Africa (UNAIDS, 2014). In Countries where HIV prevalence has decreased at population level, sexual behavioural change amongst adolescents has been cited as an important contributor to the reduction (Harrison, Newell, Imrie & Hoddinott, 2010). UNAIDS (2014) reports a slight increase in adolescents' (15-24 years) understanding of HIV knowledge during the period 2002-2011 in Sub-Saharan Africa. The percentage of sexual health related knowledge is however still low with 36% of males and 28% of females displaying an understanding in South Africa.

Adolescents' sexual decisions and behaviours are influenced by numerous factors which act as sources of information viz. peers, family, community and media (Heisler, 2005). Studies show that parent/caregiver communication about sex related issues is positively associated with delayed sexual debut, and consistent condom use amongst adolescents (Bastien, Kajula & Muhwezi, 2011; Hutchinson, et al., 2003; Sales et al., 2008 & Phetla et al., 2008). Wamoyi et al. (2010) suggest that focusing on parents/caregivers is crucial as they are the main sources of socialization within families.

There is a growing body of literature on parent-child communication and its effects on RSB. It has however been challenging to define the concept of parents within the South African context due to the historical background of the country and how family is defined. The country's historical background of Apartheid is important in aiding the understanding of how it affected all aspects of daily living for families. Bennett, Hosegood, Newell and McGrath (2014) identified a number of studies which provided insight as to why one needs to use the term caregiver within South Africa instead of parents namely: migration, urbanisation and high HIV death rates of biological parents. In terms of the effect of migration, children often live with extended families when their biological parents move to places where they are able to find employment. Caregivers according to Gray, Vawda and Jack (2012), refers to any individual who cares for a child with the implicit or explicit consent of the biological parent or child.

The HIV prevalence rate is high in South Africa even though it may be decreasing according to UNAIDS (2014). Many children are orphaned due to this disease and extended families are often the only source of stability (Kuo, Fitzgerald, Operario, & Casale, 2012). For the purpose of this study the term caregiver is used in place of parent(s) due to the diverse family

structures we have in South Africa. A primary caregiver is defined as an individual who has the sole responsibility of daily care for children both emotionally and economically. A caregiver can therefore be the child's biological parent(s), extended family members or even non-relatives (Kuo et al., 2012). Families in Sub-Saharan Africa share some similarities with those in India (Iwelunmor, Airhihenbuwa, Okoror, Brown, & BeLue, 2006). For example, one of the primary mutual characteristics of Indian and Sub-Saharan African families is that they have strong emotional ties which promote sharing and mutual dependence. These ties consist of more than biological relations but also extended relations such as cousins, grandparents, aunts and uncles sometimes even neighbours. It is therefore important to conceptualise caregivers as an individual who has the responsibility to care for a child to provide a clearer understanding of sexual communication within the South Africa context.

1.2 Rationale

Literature focusing on the parental influences on adolescents' sexual behaviour is inconclusive (Huebner & Howell, 2003; Whitaker & Miller, 2000). A few studies found that parent-child communication is associated with less RSBs whereas others have found this not to be the case. Whitaker and Miller (2000) suggest that the lack of clarity with these findings could be influenced by the way parent-child communication is defined. A broad definition of parent-child communication ignores the process of communication namely the topics, timing of the conversations, the frequency of communication i.e. how often, parental responsiveness and the messages conveyed (Jaccard, Dittus, & Gordon, 1996). The study therefore aimed to fill a gap within the literature by focussing on how (the timing, content and process) caregiver child communication is experienced by both caregivers and adolescents. The gaps identified in the literature were the impetus for the aim and objectives of my study and is outlined below.

1.3 Aims and objectives

RSB, substance abuse, sexually transmitted diseases and unplanned pregnancies are common risky behaviours among adolescents Martino et al. (2008). This study however will focus on exploring caregiver-adolescent communication on RSB specifically early sexual debut,

sex without a condom and multiple or concurrent sexual partners. This will assist in gaining an in-depth and contextualised understanding of the processes of sexual communication which is the process of exchanging sexual knowledge. Sexual knowledge is defined as the information adolescents seek and utilise in order to understand sex. Family systems theory was the theoretical framework used for this study and focuses on how each individual family member's role influences the family system in relation to sexual communication and socialisation.

The research study considered the process of communication i.e. how caregivers and adolescents communicate in terms of style, content, timing and frequency by drawing on the following objectives:

- Identifying the various sources of sexual knowledge adolescents are exposed to and how this influences the experience of caregiver communication.
- Exploring the experiences of communication of RSB for adolescents in terms of their thoughts and feelings as well as the challenges faced.
- Exploring the effects of social context and its influence on sexual communication and knowledge for both adolescents and caregivers.
- Exploring the experiences of communication of RSB for caregivers in terms of their thoughts and feelings as well as the challenges faced.
- Possible influences and barriers to sexual communication are identified and considered.

In so doing this study hopes to inform future empirical studies on the effects of caregiver-adolescent communication within the families of the South African context. Recommendations for intervention programmes and policy implications are discussed later in the research paper.

1.4 Outline of the thesis

Chapter 2: Literature review

This chapter provides a review of the literature pertaining to the research study specifically focusing on: risky sexual behaviour, the psycho-social development of adolescents in relation to the South African children's act, the role of context in socializing children and understanding parent child communication. The theoretical framework of the study is also presented.

Chapter 3: Methodology

This chapter provides an overview of qualitative methodology and focuses on describing participants and the procedures of the study. The data collection method and analysis is considered. The trustworthiness and credibility of the study is discussed including the reflexivity of the researcher. The ethical considerations are highlighted.

Chapter 4: Analysis and Discussion

The findings with regards to the aims and objectives of the study are revealed in this chapter. These findings are discussed in relation to the literature reviewed and the theoretical framework of the study.

Chapter 5: Conclusion

This chapter concludes the main findings of the study and provides the significance of the study. The limitations of the study are outlined. Recommendations are provided for further research.

Chapter Two

Literature review

2.1 Introduction

The purpose of this review is to understand the concept of caregiver adolescent communication and why previous studies are inconclusive in terms of the effects of caregiver adolescent communication. The review also focuses on the effects of the lack of standard criteria to judge a child's ability to make autonomous decisions and to have access to treatment of sexual and reproductive issues or illnesses within the South African context. This is important especially when caregivers themselves do not know when to start sexual communication. The role of the social context in socializing children is also considered in relation to caregiver-adolescent communication about risky sexual behaviour as this underpins the basic principles of the study's theoretical framework of family systems theory. The theoretical framework of this study is described and explained in relation to caregiver adolescent communication about risky sexual behaviour. There is a growing body of literature which focuses on RSB among adolescents within Sub-Saharan Africa and the challenges adolescents face. According to South African law, it is illegal for adolescents under the age of sixteen to engage in any sexual behaviour such as petting, penetrative sex or even kissing yet these behaviours persist among adolescents (Department of Justice and Constitutional Development Republic of South Africa, 2007). Gevers, Mathews, Cupp, Russell and Jewkes (2013) suggest that adolescents require early comprehensive sexual education which focuses on preparing them for sexual negotiation and decision making. Risky sexual behaviours is defined as engaging in sexual activity without the use of condoms, early sexual debut, multiple intimate partners and concurrent intimate partners (Jewkes, 2005).

2.2 Psycho-social development versus the South African children's act

The timing of caregiver-child communication about RSB and reproductive health issues in an evolving South African context may be difficult to determine, given the high risks of infections and other reproductive issues. The children's act no. 38 of 2005 section 13 states, that each child has the right to access information on health promotion, preventions and treatment of illness, disease, sexuality and reproductive issues provided that they are tailored in a way that is accessible to children. Section 7 of the children's act stipulates various factors that healthcare professionals need to consider when making decisions for children (Gray, Vawda & Jack, 2012). Health care professionals need to assess whether the child has the capacity to make autonomous and comprehensive decisions. Unfortunately, assessing this ability is difficult as there are no standard criteria to judge this competency. Healthcare professionals may therefore struggle to determine whether a child is competent enough to make health decisions.

2.2.1 Adolescent context.

It is important to consider children's psychosocial stages of development in relation to their ability to understand concepts and make decisions about their sexuality and reproductive matters. The theory of psychosocial development by Erik Erikson is useful in understanding the development process. Erikson indicates that the psychosocial development of children occur in eight phases. Each phase consists of a psychosocial crisis which needs to be resolved before the child can move to the next phase of development (Sigelman & Rider, 2009).

Adolescence (12-20 years) marks the developmental stage which is vital for creating independence and establishing both social and vocational identities (Hazen, Scholzman & Beresin, 2008; Portard, Courtois & Rusch, 2008; Sigelman & Rider, 2009). Erikson coined this phase "identity versus role confusion". Adolescence is a time of identity crisis where individuals attempt to establish who they are and may partake in risky behaviour during this vulnerable and often stressful stage in their lives (Bhana, Morrell, Shefer & Ngabaza, 2010; Gonzalez, Field & Yando, 1994; Portard et al., 2008).

Erikson suggests that if a child does not successfully resolve the conflicts of each stage, he or she may be unable to deal with the challenges of the next phase. In addition to children's psychosocial development one needs to consider the moral development of adolescents in order to understand why even though extensive knowledge is available, RSB still occurs (Ncube & Ross, 2010). Throughout children's psychosocial and moral development, parents and families play an integral role (Paruk, Petersen, Bhana, Bell, & McKay, 2005). The influence of caregivers and family members is highlighted in psychosocial development and may therefore play an important role in how adolescents negotiate risky situations.

Children show a range of sexual behaviours with varying frequency. Friedrich, Fisher, Broughton, Houston, & Shafran (1998) outline 9 groups of sexual behaviour namely, Adherence to personal boundaries, exhibitionism, gender role behaviour, self-stimulation, sexual anxiety, sexual interest, sexual intrusiveness, sexual knowledge and voyeuristic behaviour. For example, if a young child has not yet learned how to behave in a culturally normative manner regarding personal space and boundaries he or she may stand too close or even rub his or her mother's breasts. Normative sexual behaviour according to Friedrich et al. (1998) occurs during the age range of 2 to 5 years for both boys and girls and decrease at 7 years of age. These normative behaviours are said to be developmentally related and are therefore seen as normative. When one considers the stages of development outlined by Sigmund Freud it is evident that the age ranges outlined by Friedrich et al. (1998) fit into Freud's theory of development. Freud continues to explain that during the ages of 2 and 3, a child learns the expectations of society such as being potty trained. This phase was coined the anal phase. From the ages of 3 - 7 known as the phallic stage, a child becomes aware of the opposite sex and tries to understand where he or she fits in. The child is said to be more aware of sexuality and the differences between the two genders. The stage from 7-11 years of age is known as the latent phase where the child continues his or her development but the sexual urges seem to quiet down. The later phase is consistent with what Friedrich et al. (1998) believe about children at the age of seven years old, that these sexual behaviours seem to quiet down.

A sexual behaviour according to Friedrich et al. (1998) is only problematic when a child is unable to control their sexual urges and perform sexual behaviours which are deemed

inappropriate in inappropriate spaces. Their study highlights that there are sexually normative behaviours which occur in children who are not sexually abused and therefore identifying what is 'normal' is important for professionals in order to identify what is abnormal or problematic. Now considering all the evidence provided as to what influences children's sexual behaviours it shows that parental awareness of what their children are exposed to is of great importance. Developmentally appropriate information is important to ensure that a child remains unharmed until he or she is able to understand and process certain concepts as discussed. Parents also need to become aware of a child's developmentally normative sexual behaviour and allow the necessary dilemmas to be resolved at each developmental phase.

2.2.2 Caregiver context

Examining caregiver child communication includes addressing caregivers' ability to communicate effectively. Martino, Elliot, Corona, Kanouse, & Schuster (2008) explain that caregivers often experience discomfort and a lack of competence when speaking to their children about sexual issues. There are a number of reasons for this discomfort namely a lack of knowledge on sexual topics, cultural and religious beliefs which forbids sexual communication with children, parental migration and lack of close relationship with caregiver left with children (Bastien et al., 2011). Huebner and Howell (2003) discuss the processes caregivers undergo while attempting to provide sexual education and increase communication. The first includes caregiver-adolescent communication about sex and sexual topics which is seen as an overt conversation. The second is caregiver monitoring described as the caregiver's knowledge of the adolescent's activities and location at all times. Finally parenting-styles are also seen as influential on the relationship and communication between caregiver and adolescent. These three processes are all interlinked and influence each other. For example if a caregiver presents a permissive parenting style this will affect the strategies he/she utilizes to ensure parental monitoring, the caregiver may therefore not see this process as important and not embark on it.

2.3 Understanding parent-child communication

Wilson and Donnenberg (2004) found that some studies conceptualized parent-child communication in different ways; this creates inconsistencies in terms of their findings (Huebner & Howell, 2003). DiIorio et al. (2003) provides us with a systematic review of previous studies on PC communication from 1980-2002. Even though this article is dated, it is useful in aiding our understanding of what the studies in different Sub-Saharan countries are finding. The general measure of PC communication i.e. whether parents have spoken to their adolescents about sex or not, is not a sufficient measure of parent-child communication around RSB when exploring how it is being experienced. This general measure of communication results in an exclusion of specific topics which may influence adolescents' behaviour and ignores the process of communication viz. The topics; timing of the conversations; the frequency of communication (how often); parental responsiveness and the messages they convey (Jaccard et al., 1996).

A study conducted by Kuhle et al. (2014) aimed to find out if there was a difference in the process of C-C communication with boys versus girls. The study hypothesized that Mark Flinn's (1988) concept of the daughter guarding hypothesis held truth. The daughter guarding hypothesis stipulates that parents adopt different functions of communication to defend their daughters' sexual reputations and to preserve their mate value as well as protect them from sexual victimization such as rape. Kuhle et al. (2014) identified eight predictive factors which they explored to determine whether this hypothesis was indeed true namely abstinence; discrimination; deterring sexual advances; reporting sexual advances; to not emulate depictions of sexual activity or sexual readiness and finally girls receive sex talks more often and at a younger age due to their early onset of puberty compared to boys. Six of these factors were confirmed in support of the daughter guarding hypothesis. The two rejected predictions i.e. daughters receiving more sex talks and daughters get spoken to at a younger age was not found to be true. Kuhle et al. (2014) suggest that this may be due to cultural and religious influences on sexual communication, parents may have felt that they were guarding their daughters by not talking to them about sex at a young age due to the fear of condoning such behaviour. This study however solely relied on children's recollections of parent-child communication which may be different to their parents' recollection. The sex communication may have occurred 6-7 years ago

as most participants were 20 years old at the time of the study so both parents and children may have muddled recollections due to the long time period. Parents may also have a different recollection especially if they have more than one child. Their responses may be skewed due to their fear of being biased with sons versus daughters.

2.4 The role of context (socio-demographics) in socializing children

2.4.1 Parents and peers

Clawson and Reese-Weber (2003) found that adolescents identified parents and peers as the main agents who influence their sexual behaviour, these social influences have been identified as having the most impact on RSB (Jaccard et al., 1996; Wilson, Dalberth, Koo, & Gard, 2010 & Paruk et al., 2005). Parents and peers are often the two primary social influences researchers focus on. Whitaker and Miller (2000) found that peer influences were more strongly associated with RSB with adolescents who did not discuss sex or condoms use with parents. This suggests that even though parent-child communication may not have a direct impact on adolescent risky behaviour, parent-adolescent communication can influence RSB indirectly by helping adolescents with conflict resolution, which may help them cope with peer pressure and thus indirectly influence RSB.

Mothers have been identified as the parent who communicates most with adolescents and are said to spend more time with their adolescents compared to fathers. Various reasons for this phenomenon such as migration, gender roles, have been described in studies which focus on the effects of gender roles on sexual communication. Coovadia et al. (2009) explain why this may be the case within post-apartheid South Africa, they suggest that segregation and gender inequality of apartheid still impacts post-apartheid South Africa and many households are left with mother-headed households due to labour migration. Steinberg and Silk (2002) suggest that this increase in communication with mothers may be due to mothers' roles within the family are seen as nurturers and providers of emotional support whereas fathers are consulted for more objective support such as homework, vocational and financial problems. Steinberg and Silk (2002) highlighted that adolescence is a time where children undergo many changes, which disrupt the

equilibrium of the family system. These changes, include physical, emotional and social aspects. Puberty in itself is highlighted as a very challenging time for families, as children change in appearance. This change in appearance in turn changes the adolescent's self-image which may change the way he/she behaves towards his/her parent(s) and vice versa. This change in behaviour on the part of the parent may lead to an over or underestimation of the adolescent's needs and capabilities. These changes disrupt the family's usual equilibrium and create distance in the relationship between parents and adolescents. Steinberg and Silk (2002) continue to explain that this distance creates difficulty for parents who feel that they no longer have the same influence they had on their children. During this distancing, adolescents turn to their peers for more emotional support. Peers provide one another with advice and become role models yet parents are still important contributors to their children's decision making (Whitaker & Miller, 2000)

2.4.2 Family

Families play an important role in socializing children, specifically with regards to gender roles and sexual socialization (Bastien et al., 2011; Boscolo & Bertrando, 1996; Wilson & Donnenberg, 2004; Clawson & Reese-Weber, 2003 & Wamoyi et al. 2010). Family is described as the first social system an individual forms part of and is defined by members' interactions i.e. communication (Wamoyi et al., 2010; Bronfenbrenner, 1986; DiIorio et al., 2003).

Communication is a spontaneous interaction where individuals share information verbally, physically and emotionally (Becvar & Becvar, 1996). Jerman and Constantine (2010) define parent-child communication as a process where beliefs, attitudes, values, expectations and knowledge are conveyed between parents and their offspring. Huebner and Howell (2003) used family systems theory to guide their investigation of the family/ parental influences on adolescents' sexual risk taking behaviours. Family systems theory focuses on the interaction process between family members i.e. caregivers and children. Huebner and Howell (2003) examined three concepts of parental involvement in influencing adolescent's sexual risk taking behaviours namely parental monitoring, parent-child communication and parenting styles.

Parental monitoring refers to parents' knowledge about their children's whereabouts and activities. Parenting styles refers the whether a parent relates to their child in a manner which is seen as being either, permissive (giving in to a child's wants), authoritative (providing a child with choices to encourage autonomous decisions and good self-esteem), authoritarian (inflexible parenting where a parent merely orders a child to do as he/she is told) or uninvolved (a parenting style where the parent is unresponsive and undemanding) (Sigelman & Rider, 2009). Their findings suggest that there is a significant relationship between parental monitoring and sexual risk-taking, compared to parent-child communication and parenting styles. Their study found that parental monitoring reduced sexual risk taking behaviour i.e. increased condom use and having one sexual partner. It is important to realise that researchers need to look beyond abstinence and towards encouraging sexual responsibility with individuals. This study however only focused on adolescents and there was no parental insight into the study. When participants were asked about their interactions with their parents, no gender differentiation was made as to which parent was more involved. It is therefore important to note that no parental gender influences were apparent in this study. This is an interesting finding as Kuhle et al. (2014) identified that a child's gender influences parent-child communication especially with regards to the sexual topics discussed.



Coetzee et al. (2014) conducted a study in Johannesburg South Africa where they aimed to determine parent-child communication by race and gender and they identified predictors of C-C communication. Their results show that 57% of the sample reported high C-C communication. High communication was not defined within the study but serves as a variable of increased caregiver-child communication about sex with a median of 11. Gender was seen as a good predictor of sexual communication in black female headed household. In comparison sexual communication is lower for white female headed households. This may be due to two views on the discourse of sex. The first is that sex is solely for procreation and is sacred only to be experienced within the confines of marriage and should not be discussed with children. The second is that sex is a normal part of life and should be communicated with openness this openness and naturalisation of sex is seen as a traditional black idea of sex according to Coovadia et al. (2009). In general the study has shown that C-C communication in South Africa is low compared to studies done in other countries. This may be due to South Africa's historical

oppression of apartheid where people were subjected gender inequalities, racial segregation and limited resources imposed on them by the previous non democratic government. Coovadia et al. (2009) stated that because of the political and socio-economic oppression of apartheid, society is left in a situation where race and gender hierarchies are maintained in post-apartheid South Africa. Where men often have to migrate to find work in the city and mothers are left with their children. For this reason Cotzee et al. (2014) highlighted the importance of socio-demographic information about the families being studied such as: socio-economic status, parental education, religion family size, parental age, marital status and genders of parents and children in determining C-C communication. New pioneering solutions to improved C-C communication and sex education are needed.

2.4.3 Community and social support

Within the South African context family and community is described as being synonymous to each other. Kuo et al. (2012) explained that social support from different sources such as family, friends and the community as a whole can provide caregivers and children with positive benefits. Better quality of parenting has been identified with caregivers who are provided with access to social support (Sheppard, 2009). A variety of capitals which are nurtured through cultural wealth have been identified by Yosso (2005), aspirational capital, navigational capital, linguistic capital, familial capital, social capital and resistant capital. Culture has been defined as the behaviours and values which are acquired and shared by a group of individuals. This cultural wealth which nurtures the various capitals identified is the social support an individual is able to draw upon within his or her ecological system. Aspirational capital refers to the ability to maintain one's hopes and dreams for the future even in the face of real or perceived adversities. Navigational capital refers to the skills acquired to be able to move through social institutions such as work or school. Linguistic capital is the intellectual and social skills acquired through communication in more than one dialect and style. Familial capital is the cultural knowledge which is nurtured among kin, and carries a sense of community, history, and cultural insight. This is cultivated by the extended family, between families and in school or sports and religious gatherings. Social capital consists of a network of individuals and community resources which is able to provide both resourceful and emotional support. Finally resistant capital is the

knowledge and skills cultivated through oppositional behaviour which challenges inequality. Yosso (2005) explained that parents of colour (racially black etc.) consciously teach their children to engage in behaviour which maintain attitudes which challenge inequality. By understanding the various resources both caregivers and adolescents have, one may be able to identify useful techniques and interventions to foster better caregiver-adolescent communication.

Within the social support setting schools are often the first site of scrutiny when it comes to sexual education. Studies identify school programs which attempt to create awareness of the risks involved with early sexual debut, and unprotected sex and substance use (Jackson, Geddes, Haw, & Frank, 2012; Marston & King, 2006). Paruk, Petersen, Bhana, Bell and McKay (2005), posit that these programs strive to empower youth to make better and informed decisions regarding their sexual health. These interventions have a larger impact on HIV-related knowledge and attitudes than on actual sexual behaviours (Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2010). Within South Africa, Fleisch (2008) highlighted that there are two types of educational systems. The 'first system' is a small yet independent sector which is well resourced and caters to the middle class of South Africa. The 'second system' consists of working class and socio-economically poor children. This second system struggles to address scholars' difficulties because it in itself is poorly resourced and limited. The effects of these two systems are discussed in chapter four.

2.5 Theoretical framework: Context of conversation

This study utilized family systems theory as the theoretical framework for exploring caregiver-child communication about RSB. It was selected because it offers an understanding of human behaviour within the family context in which the behaviour occurs. The basic principles of family systems theory are similar to Bronfenbrenner's ecological theory. Family systems theory states that an individual cannot be understood in isolation, each person forms part of a system be it society, school or family. It should therefore be noted that within the realm of caregiver-adolescent communication both caregivers and adolescents form part of different systems which in turn determine and influence the ways in which the two parties interact. For example within the society, sex may be seen as a topic which should not be discussed with

children. This belief in turn, may influence the way in which caregiver-adolescent communication is experienced. Parents may then avoid talking to their adolescents about sexual topics for this reason. Families are systems with interdependent individuals e.g. a mother is needed by a child but is also needed by her partner to fulfil her role as a wife (Becvar and Becvar, 1996). These theoretical views remain aware of the contexts of individuals which is useful for this study. In an evolving environment where parental roles may be taken up by extended family members or adoptive parents or when a child grows into the different stages of his or her life.

Becvar and Becvar (1996) identify three main concepts used in understanding how family systems operate. The first is that each member has roles within the family and these roles are seen as expectations. Secondly, each family has rules of how the family functions, these are often unspoken rules. The third and final concept is homeostasis, each family strives to remain safe and in a state of harmony. This refers to how the family systems develop typical ways of existing; homeostasis is the goal which is attained when the roles and rules are clearly defined. Cox and Paley (1997) discuss families as systems and explain that each individual is part of a whole. They highlight that “the whole is greater than the sum of its parts.” This therefore influences how its properties can be understood. Systems comprise of subsystems that act as systems on their own. Subsystems are defined by boundaries and rules of how each individual relates to another within and across subsystems. These boundaries have to be clear and flexible to ensure that the family system has the ability adapt to change or address the challenges they may face. Dysfunction occurs within a family system when change is self-defeating and rigid rules inhibit the family’s ability to create a state of homeostasis. This notion is supported by Steinberg and Silk (2002) who explain that when a change arises such as puberty many other factors within the family change where the adolescent becomes less reliant on the caregiver and more reliant on peers for social and emotional support. If the family system boundaries are not flexible these changes may create dysfunction within the family especially between caregiver and adolescent.

Bronfenbrenner (1986) explains that a child develops within a context at various levels. The family is one of the most influential contextual influences in a child’s development. The interactions between family members are embedded in cultural, social, economic and historical

contexts (Tabak, 2012). It is of great importance to acknowledge that the structures within the ecological system do not have a linear relationship, therefore everything that exists in one system forms part of a larger more complex system (Visser, 2007). In order to fully understand the influence of caregivers on adolescent behaviour, one has to consider the contextual factors i.e. socio-economic status, parental knowledge and culture. These factors shape their relationships and interactions on a daily basis in terms of general family roles, rules and homeostasis. This study utilized qualitative methodologies to explore the factors which participants identified as being influential in their experience of sexual communication. The study attempts to understand the influences and dynamics of different social contexts and subjective experiences by discussing the process of caregiver-adolescent communication with both caregivers and adolescents.



Chapter Three

Methodology

3.1 Introduction

This research study utilized a qualitative approach in exploring caregiver-child communication regarding RSB. Qualitative research is useful in exploring and providing in-depth descriptions of people's subjective experiences which quantitative approaches do not attempt (Mouton & Babbie, 2001). In order to explore the inner world of participants one needs to be able to follow the participant in a way that informs future questions. Attempts to uncover the experiences and perspectives of participants are limited, because most studies on parent-child communication in Sub-Saharan Africa are quantitative in nature and have different aims and objectives. The quantitative studies may be inconclusive because the definition of parent-child communication is too broad. Qualitative research is important in our current society because of constant social change and evolving contexts which quantitative research may have overlooked (Flick, von Kardorff, & Steinke, 2004). Qualitative research is an inductive process where information is generated and described (Thorne, 2000). Qualitative research aims to explore and describe social phenomena about peoples' subjective reality (Creswell, Hanson, Plano, & Morales, 2007).

3.2 Research context

This study was conducted in an area where both middle class and working class people live in close proximity. The adolescent participants recruited all came from a public school in the area and will be referred to as school B. School B is not well resourced and is faced with challenges pertaining to risky behaviour due to the dangerous nature of the community environment. Their school however provides external counselling and extra programs for the children and adolescents they are concerned about. The school identifies children whom they feel are at risk of many factors such as drug abuse and sexual abuse among others. School B has highlighted that the community is extremely dangerous and there are multiple factors they have to deal with such as domestic violence, poverty and drugs in addition to sexual issues within the

school. In contrast to school B, two caregivers have identified that their adolescents attended a more affluent school where sexual communication is encouraged, this school will be referred to as school A. These caregivers highlight that the school provides them with guidance on how to relate to their children. The school also educates caregivers on sexual knowledge which in turn assists in the communication process.

3.3 Participant

Participants were sampled using purposive sampling where set criteria for inclusion and exclusion were provided. Mouton and Babbie (2001) comment that sampling in studies where qualitative methods are used are almost always purposive. There are two categories of participants in this study. The first category consisted of 20; 12-14 year old adolescents from different cultural backgrounds within the Northern sub District of Cape Town. The age range was informed by the government's children's act of 2005 (Act no. 38 part 3) stipulating that children who are 12 years and older are able to access contraceptives and are able to make health decisions when they display a good level of maturity. The inclusion criteria for the adolescents were that they fall within the age range of 12-14 years old and they were currently in a programme with the non-profit organisation (NPO) and gave assent and received caregiver permission to participate in the research. Exclusions criteria were: adolescents who themselves are parents or caregivers within a child headed household. This information was gathered by means of a demographic form which each participant completed (see Appendix H). The participants were all from the northern sub-district of Cape Town. All male adolescents were 'coloured' and eight out of the ten female adolescents were 'coloured' with the remaining two being black see table 1 and 2 below. While these racial categories were used during the apartheid era to segregate people and racially group people it was not used for that purpose in this study, but rather as a method of self-classification by participants (Statistics South Africa, 1996).

Table 1: Female adolescent demographics

Participant	Age	Race	Gender	Birth position	Caregiver (biological parent/not)	How many caregivers work?	Family members in house
G2	13	Black	Female	Eldest	Both biological	1	4
G13	13	Coloured	Female	Eldest	Both Biological	2	4
G9	13	Coloured	Female	Only	Not biological	0	8
G1	13	Coloured	Female	Second eldest	Both biological	1	8
G3	13	Coloured	Female	Youngest	Both biological	2	8
G4	14	Coloured	Female	Eldest	Both biological	2	5
G10	13	Coloured	Female	Eldest	Not biological	1	4
G14	12	Coloured	Female	Middle	Both biological	2	5
G8	13	Coloured	Female	Eldest	Not biological	0	4
11	14	Coloured	Female	Eldest	Both biological	1	6
\bar{x}	13.1	9 coloured 1 black			7 both biological 3 not biological	1.2	5.6

Table 2: Male adolescent Demographics

Participant	Age	Race	Gender	Birth position	Caregiver (biological parent/not)	How many Caregiver work?	Family members in house
B3	14	Coloured	Male	Eldest	Not biological	1	4
B5	13	Coloured	Male	Eldest	Both biological	2	4
B6	13	Coloured	Male	Eldest	Both biological	2	4
B7	13	Coloured	Male	Youngest	Both biological	2	7
B1	13	Coloured	Male	Fourth of 5	Both biological	2	14
B2	13	Coloured	Male	Youngest	Both biological	1	6
B11	14	Coloured	Male	Youngest	Not biological	1	n/a
B10	14	Coloured	Male	Youngest	Both biological	1	6
B8							
*B9	13	Coloured	Male	Eldest	Both biological	2	4
\bar{x}	13.33	Coloured	Male		8 both biological and 2 not biological	1.55	6.13

* This participant decided not to partake in the study after the first focus group.

The second category consisted of 3 caregivers of adolescents (12-14 years old). Initially the study aimed to conduct focus group discussions with 20 caregivers. Due to logistical constraints with the first NPO approached by the researcher and difficulties which arose with caregiver willingness to discuss sexual matters in a group setting it was decided to conduct 4 semi-structured interviews. One of the four caregivers requested not to be part of the study as she feared her husband would not approve. These difficulties will be discussed later in this section. The inclusion criteria for caregivers were that they were from the northern sub-district of Cape Town because the NPO is situated there and the adolescent participants were from this region. The Caregivers were caring for adolescent children ranging from ages twelve to fourteen years. Caregivers who are themselves defined as adolescents from child headed households were excluded from the study. Each caregiver's demographic information was obtained by means of a demographic form (see Appendix I). The caregiver participants were all self classified 'coloured' females from the Northern sub district of Cape Town and were all married. They all completed their grade 12 education and two of the caregivers completed a tertiary diploma or degree (see table 3 below).

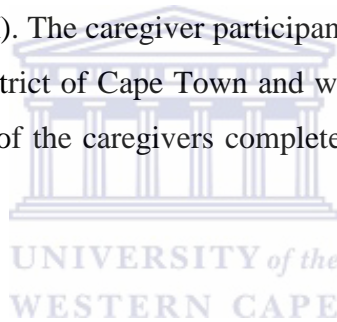


Table 3: Caregiver demographic information

Age	Race	Caregiver	No. of members in household	No. of bedrooms in house	No. of children	Are you the biological parent of the child in question?	Child's age	Marital status	Employed	Partner employed	highest grade passed?	your birth position	gender
	Coloured	P2	4	2	2	yes	13	yes	yes	yes	12	youngest	female
39	Coloured	P2	4	4	2	yes	13	yes	yes	yes	12 and diploma in media design	only	female
47	Indian	P3	4	3	2	yes	12	yes	yes	yes	12 and degree in social work	number 5 of 9	female

3.4 Procedures

Permission and access to participants were obtained from a NPO in the Northern sub district of Cape Town. The adolescent participants were provided consent forms which were completed by their caregivers because they are under the age of 18 years (see Appendix J). Assent was received from the adolescent participants (see Appendix K). The caregiver participants were given informed consent forms which they signed (see Appendix B). The assent and consent forms addressed privacy and confidentiality of each individual within the study.

The procedures were explained to all participants to ensure that they understood the nature and purpose of the study in a language they understood. A written information sheet was provided to reinforce all participants' understanding (See Appendix A). All participants were required to fill out a focus group confidentiality binding form, which ensured that participants remain mindful of their fellow participants' privacy (See Appendix E). All forms were translated into Afrikaans for participants who were Afrikaans speaking.

The focus groups consisted of 10 adolescent participants of mixed racial categories. The participants who were in a program at the NPO were approached to participate in the study. The researcher then explained the aims and objectives of the research study. Participants who were interested were then recruited as previously discussed. Demographic information such as the highest grade passed, ethnic grouping i.e. which racial category the individual was classified in, age and sex were obtained from each participant prior to the group discussions refer to table 1 and table 2. Group discussions occurred at a venue which was central to all participants within the northern sub district. The duration of each of the 4 focus group was approximately 45 minutes. The timing of the focus groups was based on the participants selected and their logistical requirements such as travelling home at a safe time. Boys and girls were separated into two focus groups due to the sensitive nature of the research topic by request of the NPO. No separation was made in terms of age in order to observe the interaction between the different ages within the age range of 12-14 years. The discussions differed between the two groups, where the males focused on explicit content and sexual behaviours and the females focused on relationship issues and general sexual knowledge. The experience of conducting the separate

focus groups was challenging and interesting and will be discussed later in the reflexivity section. Each focus group and interview session was audio recorded with a voice recorder, transcribed verbatim and analyzed using ATLAS TI[®] (Appendix M). It should be noted that a trained co-facilitator was present during focus group discussions. The co-facilitator is from the NPO and is well informed with the process of group work and discussions he also had good rapport with participants from the NPO. The audio recordings were kept in a safe locked away by the researcher when it was not being used. Transcriptions were done by the researcher alone. The transcribed data was analyzed using thematic analysis.

Recruiting participants for this study was challenging. Initially we approached NPO1, who focuses on sexual health as their niche. The process of meeting with the director and other relevant parties often took months to be arranged and resulted in minimal feedback. After a year of attempting to arrange a meeting with possible caregiver and adolescent participants I decided to terminate the agreement with NPO1 due to time constraints and conflicts of interest. I then approached a different NPO (NPO2) which I was more familiar with as I have done voluntary work there during my honours year. The recruitment process went by faster for adolescent participants until I had to recruit the caregivers. The caregivers approached did not feel comfortable discussing sexual issues in a group setting due to the fear of being judged by someone they knew. The decision was then made to have individual semi-structured interviews with 12 participants. The initial meeting was scheduled for a Saturday as per parents request due to work and time constraints. The first meeting was uneventful and the caregivers did not respond to phone calls or messages. After four months of constant attempts to meet with parents they explained to the educator involved with the NPO that they worked seven days a week and would be unable to attend discussions and were not interested in participating in the research project. By this time I had three months left to complete the study. This resulted in the decision to conduct individual interviews with four of the participants still willing to partake in the study. One participant then later requested that I not use our interview in my study as her husband would not be happy with her participation.

3.5 Data collection method

The data was collected by conducting four focus group sessions, two group sessions with 10 male adolescents and two sessions with 10 female adolescents. Focus group discussions are a useful method of collecting data as it allows one to observe interactions on the given topic. It aids the research in obtaining optimum data within a time limit (Mouton & Babbie, 2001). Discussions were informed by a focus group discussion guide (appendix F). The focus group discussion guide questions were informed by discussions between the researcher and supervisor as well as the chief executive of the NPO. Literature on gaps in the literature highlighted possible questions which aided the development of the discussion guide. The focus groups were conducted in both English and Afrikaans due to the groups' preferences. This resulted in changes of the research in that all documents and questions had to be translated from English to Afrikaans. I am able to understand and communicate in Afrikaans yet I would not suggest that I am proficient in the language. I often found it difficult to find the correct terms during the discussions but managed with the help of the co-facilitator. During the analysis of the transcripts I found no difficulty yet I had to translate the texts which I used in the results section. Group discussions occurred at a venue which was central to all participants within the northern sub district. A trained co-facilitator was utilized to ensure that optimum information was gathered at each focus group session. It should be noted that both the researcher and co-facilitator have experience with group work and facilitating focus groups. The researcher gained this experience while doing voluntary work for her honours mini-thesis as well as group work with adolescents. The focus groups consisted of 10 participants. Demographic information such as the highest grade passed, ethnic grouping i.e. racial category, age and sex were obtained from each participant prior to the group discussions (see tables 1 & 2).

Three individual semi-structured interviews were conducted with the caregiver participants. The interview questions were guided by literature and were similar to the questions posed to the adolescent participants during their discussions (see appendix F). The interviews were audio recorded and transcribed verbatim by the researcher alone.

During the process of analysis the researcher remained mindful of reaching data saturation. This was done by monitoring the codes which arose during analysis. Initial codes

where grouped into themes. When the same codes kept being identified for each theme this was when data collection was terminated. There were challenges in obtaining caregivers for focus group sessions as many of them worked seven days a week. In addition to the time constraints male caregivers were uninterested in partaking in the study as they felt it may encourage sexual activity in their adolescents. Some caregivers also felt that the focus group setting would be inappropriate as most of the caregivers are very private and conservative and feared they may know one of the other caregivers in the groups. This was the reason for conducting individual interviews with caregivers instead. Semi-structured interviews are useful in that it helps the researcher keep track of the interview session and use the allocated time efficiently (Patton, 2002). This also helps identify responses which are used to compare and contrast.

3.6 Data Analysis

This study explored how sexual communication is experienced by caregivers and adolescents. Thematic analysis was selected because it is useful when dealing with people whose views on a given topic are unknown and the area of research is unknown or inconclusive (Braun & Clarke, 2006; Creswell et al., 2007). “Thematic analysis is a method of identifying, analysing and reporting themes within data.” (Braun & Clarke, 2006, p.6) It was feasible for this study because it fit well in terms of the nature of enquiry and was flexible on how the data is being related to theory and epistemology which refers to the relationship between researcher and research (TerreBlanche, Durrheim & Painter, 2006). This relationship can be described as interactional where the researcher strives to explore and understand the participants’ subjective experiences of sexual communication.

This study drew on the knowledge of Braun and Clarke (2006)’s thematic analysis to inform the method of data analysis. First the researcher immersed herself within the data during collection and transcript checking which was done by reading the data repeatedly. Codes were used in place of the focus group participants for example: G2F1 would refer to ‘girl number 2 in focus group 1’. B8F2 would refer to ‘boy number 8 in focus group 2’ Codes were used for the caregiver interviews and P2 ‘caregiver 1’ P2 ‘caregiver 2’ P3 ‘caregiver 3’. During the discussions caregivers would mention their children’s names or husbands names it should be

noted that the names in the research paper are aliases and not the real names of anyone being discussed. The researcher then embarked on initial coding by identifying codes within the raw data of each transcript. The codes identified were then assessed with regard to the phenomenon of caregiver-child communication about RSB. Sorting the initial codes into themes were then done this is an inductive approach, ATLAS TI[®] was used in order to organize all codes and themes and provided a graphical view of how all the themes and codes linked to one another. A constant process of reviewing the themes took place which resulted in certain themes becoming merged onto one major theme this process was the longest of all as one decides whether to keep themes separate or to merge them.

Finally each theme was interpreted and placed into a coherent system and analysed in order to report and engage with the data in relation to the research aims and objectives of exploring Caregiver-child communication about RSB.

3.7 Trustworthiness and Credibility

Guba and Lincoln (1985) in Creswell and Miller (2000), identify four principles of validity namely credibility; transferability; dependability and confirmability. Credibility refers to the trustworthiness of the research finding (Tracy, 2010). Credibility is achieved when the researcher checks that the data represents what participants view as their reality (Thomas & Magilvy, 2011). This was attained by member checking and asking participants if what is represented is indeed what they were saying or feeling. During the focus groups the researcher would question participants as to what they meant or reflect what she thought was meant. When participants were not well understood they would correct the researcher and expand. Constant reflecting of what was being said helped keep the researcher ensure credibility.

Transferability refers to the extent to which the findings can be transferred to other contexts of social settings (Mouton & Babbie, 2001). Tracy (2010) suggests that readers should be able to relate what they are reading to their own situation or life context. To ensure that transferability is possible, this study provided a thick description of the participants and the context in which they live. The data is presented with as much detail as possible.

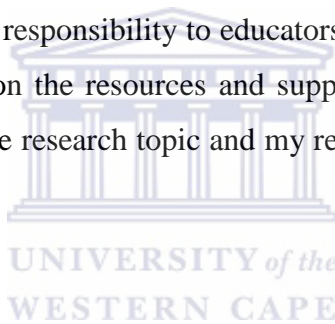
Purposive sampling also allows the researcher to increase the range of information that can be acquired from a specific context. We can say that a study is dependable if we are able to provide the reader with evidence that if we repeat the study with similar participants in a similar context we would come across similar findings (Mouton & Babbie, 2001). Dependability could be seen as the reliability of quantitative research the difference is however that qualitative studies do not have the same aims of generalizing findings as quantitative studies.

Confirmability occurs when credibility, transferability and dependability has been attained. The researcher has to remain reflexive at all times and ensure that he/she documents field notes and any additional preconceptions of the research topic or participants (Tracy, 2010). Qualitative research requires one to read data in a way that evaluates and represents all meanings ascribed to a concept or phenomenon that a participant experiences and expresses. Ensuring the validity of qualitative research is a continuous process which researchers employed. The researcher remained mindful of the research aims and objectives when documenting and conducting the study (Savahl, September, Odendaal, & Moos, 2008).

3.8 Reflexivity

Reflexivity refers to the research's ability to acknowledge his or her influence on the research process as a person (Terre Blanche et al., 2006). In relation to the participants I realised that I was able to establish rapport with participants because racially I was similar to them and came from a previously disadvantaged group within South Africa. Both participants groups found that they could relate to me. The adolescents found me easy to talk to as I am younger than the usual educator or group facilitator. My gender was a slight barrier to communicating with male participants as they often made inappropriate comments as I walked past them or mentioned certain aspects of sex. Throughout the research process I remained conscious of my influence on the research process. I too have opinions and pre-conceived ideas of the research which may have influenced the data collection and analysis process which is why I noted my feelings during the data collection process. I found myself being frustrated at times with the male adolescent group due to their casual demeanour relating to the research process. I felt that the female focus group was less stressful and that the conversations were interesting and flowed better.

The language barrier was a disadvantage at times when I would struggle with proper medical terms in Afrikaans and found that the participants understood and often corrected me if I used the incorrect terms. With the caregiver interview process I found that I was constantly aware of the impression I was giving the caregivers about myself and the research topic. I feared that the caregivers may view my research topic negatively given the prolonged difficulties in arranging the initial focus groups and changing it to individual focus groups. My opinion on caregiver-adolescent communication affected the way I approached the topic initially because of my experiences with working with adolescents during voluntary counselling. During my voluntary counselling with children, I found that caregivers often shift the responsibility to other adults such as teachers or counsellors and it would be interesting to find out why this is the case. I decided to conduct this research because I would like to understand the dynamics of caregiver-child communication. Once I was able to identify my view on the topic I was able to remain mindful that not all parents shifted responsibility to educators or counsellors and I could identify various reasons caregivers relied on the resources and support provided by various sources of sexual knowledge. My views on the research topic and my reflexive thoughts assisted in guiding my ethical considerations.



3.9 Ethical considerations

The ethical considerations of this study were informed by the ethical guidelines stipulated by the University of the Western Cape (UWC). Ethical approval was obtained from the senate higher degrees research ethics committee of UWC. All participants were informed of the nature of the study. The aims of the study were explained to both the participants and the directors of the NPO in a manner that they understood and any questions were answered truthfully. Participants' rights were explained. Participants were free to leave the research programme or focus group sessions at any point if they wished. Due to the sensitive nature of the research topic, confidentiality in a group setting was imperative. As the researcher I strove to do what was best for all participants if any issues arose. For example I encountered a participant who took part in the research programme who did not feel comfortable with the contents shared. He was afraid of disappointing me and did not want to leave the focus group discussions due to this fear of being seen as a disappointment. I then explained to him that this had no negative reflection of who he

was and I understood that the topics discussed were often unsettling. The participant felt relieved and received debriefing from the NPO counsellors. All the participants were required to complete a confidentiality binding form to ensure that whatever was discussed in the group remained confidential. Each participant's views and opinions were treated with respect. Anonymity was ensured and aliases were used for each participant. No information regarding the centre was disclosed.

The findings of the study are accessible to participants. As far as the researcher knows no harm was done to participants at any point during the research process. Debriefing was provided by the NPO for both participants and research facilitators due to the sensitive nature of the research topic.



Chapter Four

Results and Discussion

4.1 Introduction

This chapter focuses on how Caregiver- adolescent sexual communication is influenced by various sources of sexual knowledge. As well as how the different systems within an individual's life help shape the experience of sexual communication amongst caregivers and adolescents. The specific focus is on the influences of factors such as the community, caregiver upbringing and the barriers to communication. The study found that adolescents have various sources of sexual knowledge which influence the ways in which they view risky sexual behaviour and sexuality in general. These sources of knowledge are also shaped by an individual's embodiment of who they are and what is expected of them by society and family. The influences of the family system are explored and discussed in relation to the strategies caregivers utilise in order to communicate their expectations to their adolescents regarding sex and sexuality. The roles and rules within each family are important in creating a family system which is stable. Strategies such as parental monitoring and limited communication are explored in relation to a family's need for homeostasis.

4.2 Adolescent findings

4.2.1 Sources of sexual knowledge for Adolescents

The findings reveal that there are multiple sources of sexual knowledge for today's youth. Sexual knowledge for the purpose of this study has been defined as the information participants seek and utilise in order to understand sex. It is therefore 'knowledge on sex' as a practice, ways in which one can indulge or can desist from sex. It also adds to our understanding of sex not only as theoretical knowledge but sex as a practice. It follows that participants' knowledge about sex has to do with, what they can do and how they can do it, when engaging in sexual intercourse. This feeds into our understanding of sex as a social process usually defined and understood as one for gratification. In this case sexual activity as a social process is, largely defined and understood by the knowledge constituted over time in different spaces and contexts.

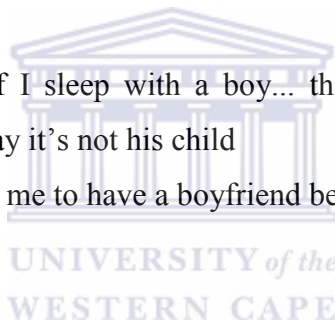
In this study, there were 7 different sources of sexual knowledge identified namely Mothers, seeing caregivers being intimate, extended family members, the body, school, peers and the media these are discussed within this section of the paper.

4.2.1.1 Mothers.

Mothers are seen as sources of sexual knowledge for the adolescent participants. Despite mothers being sources of knowledge about sex, participants revealed that, mothers do not address their children's expectations on sexual issues. Rather mothers' talks hinged more on the risks of engaging in sexual intercourse at a young age. Risks include teenage pregnancy; destroying their futures or aspirations in life; family and intimate partner abandonment and peer pressure associated with early sexual debut as revealed by one of the participants,

G2F1: My mom always says, "If I sleep with a boy... then I won't know what to do with the child and the boy will say it's not his child"

G10F1: My mom uhm won't allow me to have a boyfriend because uhm... he might start touching my body.



These are the stories which young girls seem to be fed-up with as one of the participants notes that, in everyday conversations, mothers talk about the risks of engaging in sexual intercourse. The genders of both caregivers and adolescents have been identified as an important component of caregiver adolescent communication with female adolescent participants being more likely to engage in caregiver adolescent communication. This finding is similar to the study conducted by Coetzee et al. (2014) where female adolescents are more likely to engage in increased caregiver adolescent communication compared to males adolescents. This has been considered to be a good protective factor for females who have been identified as being at risk of sexual victimization. The female adolescents of this study identified their mothers as the main source of their sexual knowledge within their family. Messages such as identifying and discussing the risks involved with early sexual debut and relationships are the focus of their conversations. Strategic communication has been described by Kuhle et al. (2014) where caregivers adopt approaches where they attempt to protect their daughters' sexual reputation and

protect them from sexual victimization. Kuhle et al. (2014) draws on Apostolou (2014)'s explanation of why caregivers focus on certain topics during sexual communication this is known as the 'daughter guarding hypothesis'. Caregivers embark on this strategy because daughters have been identified being more of a liability if they are exposed to the risks of unwanted pregnancy; rape or other types of victimization and damage their long term mate value.

G1F1: nommer 1 amper elke dag (almost every day)

G1F1: ja elke dag. My ma bly die selfde goed vir my sê (yes every day. My mother keeps telling me the same things.)

Mothers provide their sons with the most sexual communication compared to their fathers. This is due to a number of reasons, one such reason is that fathers are often busy at work or work night shifts and do not often have the time to spend with their children. Coovadia et al. (2009) explain that South Africa's political and socio-economic oppression is one of the reasons for female headed households due to migrant labour. The information mothers share with male participants is limited compared to female participants even if the comfort level of communication is good. P2 (one of the caregiver participants) explained that her son is more comfortable speaking to her as their relationship is open and he is able to ask more detailed questions than with his father. Adolescents tend to spend more time with their mothers than their fathers and feel closer to them and comfortable to discuss issues and other emotional problems (Steinberg & Silk, 2002). This may be due to the mothers' role within the family where they are seen as nurturers and providers of emotional support whereas fathers are consulted for more objective support such as homework, vocational and financial problems (Steinberg & Silk, 2002). P2 explained that there are certain issues mothers are unable to discuss with their sons simply because of their lack of actual experiences of male physical changes and social dilemmas. In this regard it is ideally better for the male caregiver to communicate with sons. With this being said, sexual communication is limited in terms of the content shared by mothers. Mothers encourage their sons to abstain from sexual activity until they are married and focus on encouraging their sons to focus on their education and futures in order to provide for their

families one day. Morals and beliefs are used to deter boys from sexual exploration as demonstrated in the extract below:

B2F1: nommer 2, my ma het gesê jy moet wag tout jy trou voor jy seks het... en goetes wat... seks te hê... (number 2, my mother told me you have to wait until you are married before you have sex...)

B9F1: my ma het al met my gepraat oor seksuale omgang, dis nie vir 'n ou net om te doen nie... (my mother already told me about sexual intercourse, it is not for a boy to do...)

Adolescent gender affects the communication experiences for boys and girls. Mothers do not feel comfortable speaking to their sons about certain things like sex as a practice. This is something mothers do not feel comfortable sharing with their sons. How sex occurs and how it makes one feel is not discussed and is seen as taboo within families. Spontaneous questions can create fear or discomfort in mothers as they cannot prepare themselves for the unknown as demonstrated below,

P1: Ek sal vir my boog lam skrik as hy vir my silke goed moet kom vra...(giggling) uhm hoe kan ek nou sê as hy vir my iets vra sal ek vir hom net so aan kyk (I will be shock to death if he asks me things like that... (giggling) uhm how can I say... if he asks me something I will just look at him (shows a bewildered look))

P2: Ya, Ya... even though sometimes it gets a bit much because he comes to me and he wants to know so much and then I will tell him we will talk about it at another time you don't need to know that now... you know we are on a need to know basis... so whenever you are ready to talk about something else or when I am ready we can talk about that.

Risks of early sexual debut; when it is appropriate to engage in sexual activity, sexual modesty and abstinence are topics mothers feel most comfortable discussing with their sons. Sexual modesty consists of messages such as limited communication with the opposite sex and physical privacy within the home. The discussion is usually something that occurs once and is not open to questions and opinions of the adolescent according to the adolescent participants.

Whereas mothers will share more with their daughters, physical change of the body is one such example. Mothers educate their daughters about menstruation and cleanliness but only emphasize sexual modesty and financial success with their sons. These findings are consistent with the study conducted by Kuhle et al. (2014) where girls are more likely to receive sexual talks compared to boys. The communication between caregivers and sons also occur at a later stage compared to daughters which supports the daughter guarding hypothesis discussed earlier.

P1: ...En ek leer ook vir Brandon as hy klaar gebad is in die badskamer dan as jy was dan trek jy soemer vir jou daar aan... jou privacy is jou privacy! Hier word nie nog naked geloop nie. Ek is baie oudemodes. (... And I teach Brandon when he is done bathing in the bathroom, then he must get dressed there... your privacy is your privacy! We do not want around naked here. I am very old fashioned.)

In contrast to what the adolescents suggest about their experiences of communication with their mothers, P2 says that she is open with her son and he is able to come to her and ask anything he needs to know. She feels that this is better as she would much prefer him to hear the correct information from her than from someone else who may not be well informed. P1 states that ideally she would prefer her children to obtain sexual knowledge from her but she does however feel uncomfortable due to her modest upbringing and religious background.

P2: prefer it if he is just open... because I would much rather he come and talk to me about it than to go and discuss it with somebody else or do things that he doesn't understand.

P1: Ek sal verkis dat ons ouers moet met hulle praat... oor... oor (can't even say the word sex) dis beter as hulle dit by die ouer in die huis hoor as wat hulle dit êren anders hoor. (I would prefer if we as parents speak to them about.... About... (can't even say the word sex) it is better if they hear it from the parent, than to hear it somewhere else.)

P1 admits she is the parent who interacts with her children on a daily basis; however she does not discuss sexual issues with her children. Her husband works night shifts and does not get to spend much time with the children as he would like. She emphasizes the importance of education and

church with her children and sees herself as a strict religious parent that creates a busy schedule for them all,

P1: maar ek het nie 'n interestante liewe met dit nie. So dis hoekom ek baie streng is op Brandon... Ek sal hom soema choke en sê: “ Jy! Gaan haal jou boeke! Jy gaan nie in die pad in nie!” so. Ek is baie streng op hom. (but I have a boring life. So that is why I am very strict with Brandon... I wil choke him and say: ‘ You! Go fetch your books! You are not going in the road to play!’ So , I am very strict with him.)

Time is a concept which is highlighted as an important barrier to communication between caregivers and their children. At least one of the caregivers of each participant often works shifts they therefore have limited time to interact with each other. This is reflected by both caregiver and adolescent below:

P1: hmm, ek het nie tyd vir dit nie. En die kind kry inligting by die skool.(hmm, I do not have time for that. And this child gets information from the school.)

Researcher: en sal julle toelaat dat julle kinders vir julle kom vrae vra of kom sê? Van dinge?
(will you allow your children to ask you questions about sex)

B5F1: ja jeffrou... ek sal tyd spandeer met hulle...(yes miss, I will spend time with them...)

Some mothers are identified as being central in their daughters' lives with regard to sexuality and communicate openly with their daughters about boys. This creates a relationship where daughters are able to share concerns and issues freely without hiding information from their caregivers and family members. This openness creates a secure environment for girls to explore their sexuality and not necessarily partake in sexual activity with boys. Learning to negotiate with intimate partners is one advantage of this openness with caregivers. Girls are able to practice being assertive and articulate their expectations within a relationship,

Researcher: let's just say you have a boyfriend and you don't want to have risky sex...

G10F1: nommer 10, Ek sal vir hom sê ek is nie ready nie... (I will tell him I am not ready)

Researcher: ok, so jy sal met hom daaroor praat. (Ok, so you will speak to him about it.)

G1F1: Ek sal vir hom sê dat hy moet wag tot ek sê vir hom... wanneer ek voel die tyd reg is... (I will tell him that he must wait until I am ready, when I feel the time is right...)

Researcher: En wat as hy vir jou sê : “As jy life vir my is... sal jy dit doen...”? (And what if he says: “If you love me... you will do it...”?)

G1F1: Ek los hom net daar... (I will breakup with him just there!)

4.2.1.2 Seeing caregivers being intimate.

A common occurrence of seeing ones' caregiver being intimate has been reported by the adolescent participants. They mention that it is highly disturbing as they do not know how to react to this behaviour and often have to pretend to be asleep until their caregivers have completed sexual intercourse. This occurs from a young age and may be due to differing factors. Most commonly, children sleep in either the same room or the same bed as their caregivers due to the lack of space within their living environment. A lack of privacy for both caregivers and adolescents is described,

B7F1: waneer ons babas was toe ons klein was dan slaap ons met on ouers en dan sien ons... (When we were babies, when we were small then we sleep with our parents and then we see...)

B2F1: jeffrou nou sien jy hoe hulle dien doen en dan wil jy dit ook doen. (miss now you see how they do it and then you also want to do it.)

P2 explains that parents and caregivers need to become more aware and cautious about what they say and do in front of their children. She explains that even though you may think your child is asleep when you are sharing a bed, it is highly likely that they are awake and aware of what is happening. Even though children have more access to sexual knowledge compared to what

caregivers were exposed to, parents and caregivers should remain mindful of what their children are exposed to. Some children exhibit sexual behaviour at a young age. P2 explains they try to re-enact what they see with toys or even animals. By doing this one is able to knowingly guide adolescents during social dilemmas of peer pressure and negotiations with intimate partners.

P2: With me... you have to be very weary of what you do in front of your children. I mean if you share a bed with them... and you do things they are going to know that something is going on.

P2: So for them, they are so used to it already... that they think that it is just natural. They don't know that it matters who you are doing it with and so on you know? So as a parent I think you should yourself be weary because they can know at a later stage... instead of so early in life. Because they try things and that is also something that I read up about... where they do it with dolls... and they do it even with animals... so I think, the more you can keep a child a child the better.

Considering all the evidence provided by Friedrich et al. (1998) relating to normative sexual behaviours and dysfunctional behaviour it is important to highlight what influences children's sexual behaviours in relation to their development. It shows that parental awareness of what their children are exposed to is of great importance, parental monitoring is therefore important. Developmentally appropriate information is important to ensure that a child remains unharmed until he or she is able to understand and process certain concepts as discussed. Parents also need to become aware of a child's developmentally normative sexual behaviour and allow the necessary dilemmas to be resolved at each developmental phase.

4.2.1.3 Extended family.

Mothers have been identified as being the main source of sexual knowledge within families; extended family members also however influence sexual communication. Extended family members are members of the adolescent's family outside of his or her nuclear family such as grandparents, aunt and uncles or even cousins. Extended family members often hold the same

values and beliefs of caregivers and therefore influence beliefs and values of children especially when biological parents are not present or able to guide their offspring. Participants refer to aunts and cousins as sources of sexual knowledge and describe the process of communication as less strict compared to their communication with parents,

G 2F1: nommer 2, ek sê meestal vir my antie... want my antie is like 'n mens wat sal sê:

“Nee, hou op die kind in die huis hou...” (I mostly tell my aunt... because my aunt is a person who would say: ‘ no, stop keeping the child inside...)

Researcher: en hoe oud is jou antie? (and how old is your aunt?)

G2F1: my antie is 30 of so... en dan sê sy : “nee, los vir die kinder laat hulle maybe hulle enjoy... maybe...” soos my niggie... sy’t nie altyd by haar huis geslaap nie. Dan slaap sy by haar outjie dan kom sy nou miskin die oggend terig. Dan sê my antie: “ Nee, los die kind, jy’t ook silke dinge gedoen toe jy klein was.” Nou so. (my aunts is about 30 or so... and then she wil say: ‘ no, leave the children let them enjoy...’ like my cousin... she didn’t always sleep at home. Then she would sleep by her boyfriend and come home the morning. Then my aunt would say: ‘No, leave the child! You also did things like that when you were young.’ Like that.)

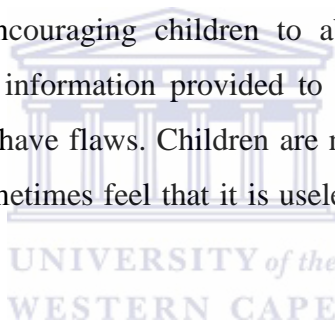
One caregiver identified her extended family members as influential in her children’s lives especially when she is not immediately available to the adolescent child. Extended family is important in post apartheid South Africa. Many families are still affected by the political and socio-economic oppression which occurred during apartheid (Coovadia et al., 2009). This in turn influences where the biological parents are in terms of work and whether they have time to spend with their children. Adolescents are often left with grandparents or aunts when biological parents work in the city (Bennett, Hosegood, Newell, & McGarth, 2014). For this reason we use the term caregiver and not parent. The way parent is operationalised within the South African context is different to other countries. P1 explained that this was what happened during her upbringing and she stayed with her two aunts and grandmother.

P2: Ya, I have that with both my kids my family is very involved. Certain friends of mine too... if they see something that is inappropriate then they will say something. My family

is VERY open, so they will say. They not going to gun you right there and then but they will talk to you and say: “look here that was inappropriate and you don’t say this or you don’t do that” so ya.

4.2.1.4 School.

Throughout the group discussions with both male and female participants their school was highlighted as an influential source of sexual knowledge. While school is a space in which young boys and girls have formal learning, there are also informal sexual knowledge shared therein which will be considered under the section of peers as sources of knowledge and body as a source of knowledge. Teachers and school programs were the main agents in educating the students on sexual matters. Topics such as the risks of unprotected sex and early sexual debut are the main focus at school and encouraging children to abstain was not mentioned by the participants. The accuracy of the information provided to the children is not known but the knowledge they display appear to have flaws. Children are not allowed to ask questions during these information sessions and sometimes feel that it is useless as the sessions are one way and non interactive.



B1F1: en oor jou hormone wat groot raak... (And about your hormones that change...)

B5F1: ja jeffrou, die onderwysers... hulle gee vir ons raad en sê ons moet dit nie doen nie jeffrou en ons kan VIGS of HIV kry jeffrou... (Yes miss, the teachers, they give us advice and say we must not do it miss, and we can get AIDS or HIV miss...)

G4F1: nee. Nommer 4, toe ons op die kamp is... toe ht hulle vir ons gewys van die goete van die peisies en goed

G9F1: (gasp) nommer 9, ons het daar oor gepraat by die skool...

G9F1: nommer 9, Ons se onderwyser het vir ons gesê...

During the sessions, it was brought to my attention that many of the participants were curious about certain aspects of sex. Specifically biological facts such as where sperm comes from and how different types of birth controls work and whether having sex during ones

menstrual cycle means you will fall pregnant. These questions highlight the gaps in adolescent knowledge, even though sexual education is offered at schools. They also highlight the need to debunk certain myths about sex and sexuality. The extract below demonstrates how each participant has questions which apply to sex as a phenomenon and a practice.

B3F1: nommer 3, nou waar vandaan kom die saat jeffrou? (Now where does sperm come from miss?)

Researcher: (noticing we are going off point)

B8F1: jy weet mos! Jou rug! (You know! Your back) (Showing to his lower back)

B1F1: as jy baie peanuts eet dan kry jy sperm... (If you eat a lot of peanuts then you get sperm...)

Caregivers have highlighted the importance of school based sexual education for a number of reasons. P2 one of the more affluent of the participants interviewed mentioned that the school her son attends (school A) provides parents with guidelines as to when to speak to their children and what to speak about. School A encourages parents to work with the curriculum in order to provide additional support to adolescents which may not be provided within the school. School A is highly involved in the sexual education and moral development of their adolescent learners and communicate with parents when any concerns arise. By setting stringent rules in place as to what is socially acceptable and what is not, School A is able to control and maintain a safe environment for their learners.

P2: ... I kind of explained about it when they did it at school...

P2: What we did speak about uh, uhm when they did an AIDS thing at school. They also had to do a whole uhm, comprehension on AIDS and all the sexual transmitted diseases they had to do...

P2: ...they will look and make little comments and stuff ike. But the school also spoke to them about that ...never comment about the dress she is wearing or her pants she is wearing because we *also* got a letter from the school to tell the kids not to go that far.

In contrast to school A, the school which our participants attend (school B) was not described as interactive with the parents or caregivers regarding sexual education. Their school however provides external counselling and extra programs for the children and adolescents they are concerned about. They identify children whom they feel are at risk of many factors such as drug abuse and sexual abuse to name a few. School B has highlighted that the community is extremely dangerous and there are multiple factors they have to deal with such as domestic violence, poverty and drugs in addition to sexual issues. School B often has trouble engaging with caregivers due to their work schedules and even lack of involvement with their children's progress and education. This was also highlighted during the data collection phase where parents expressed that they were not willing to discuss sexual issues as it would either be a waste of time or due to the fear of being seen as encouraging their children to be sexually active. The emphasis was placed on school as the main source of sexual knowledge and not the parents as school is said to know what is best for all children. When asked if she spoke to her son about sex P1 explained that she does not have time for that and shifts the responsibility to the educators:

P1: hmm, ek het nie tyd vir dit nie. En die kind kry inligting by die skool. Oh need die is wat gebeur het by die skool en so... (hmm, I don't have time for that. And the child gets advice from school. Oh no this is what happens at school and so on...)

4.2.1.5 Body as a source of sexual knowledge.

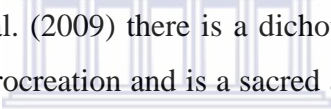
Sexual exploration for the purpose of this study is defined as the process of gaining knowledge through experimentation such as masturbation. Masturbation is a process where individuals explore their bodies and stimulate their genitalia to satisfy sexual urges (Friedrich et al., 1998). The male participants were the only individuals who spoke about their sexual urges and the innate nature of wanting to engage in sexual activity. There was no general consensus as to whether masturbation is wrong or right within the group of male participants. Individual beliefs and values together with family values were identified by participants as influential in determining the views of each individual as discussed in the following extract,

B4F1: ek sal nie vir hulle baie sê van seks nie jeffrou, want miskin raak hulle lus vir die meisies of so. Want 'n seun is baie... hoe kan ek nou sê vir jeffrou... uhm... hy is in dit jeffrou en miskin speël hy met sy penis jeffrou... (I wil not tell them(my children) a lot about sex, miss, because they might get an urge for the girls or something. Because a boy is very... how can I say, miss... uhm... he is into that miss and he might play with his penis...)

Researcher: En dink jy dit is verkeert om dit te doen? (do you think it is wrong to do it? (play with your penis))

B4F1: baie verkeert jeffrou... (very wrong miss...)

B7F1: dit is nie verkeert nie jeffrou... almal mag dit doen jeffrou... (it is not wrong miss... everyone may do it miss...)



According to Coovadia et al. (2009) there is a dichotomy of the sex discourse in South Africa. The first is that sex is for procreation and is a sacred act which is saved for marriage and not discussed with children. The second is the belief of sex as a normal part of life and should be communicated with openness from a young age. This belief normalises sex play for children and emphasize the importance of youth groups in socializing young people. This second belief is common among traditional black cultures according to Coovadia et al. (2009). The socializing process mainly occurred in rural areas where consequences were set in place for youth who had penetrative sex before marriage. Urbanization was however identified as changing these traditions which resulted in more youth interacting in sexual activities (Covadia et al., 2009). The caregivers of this study have been identified as being strict and do not discuss sex matters with their children. The caregivers are said to set out rules for their children and if they do not adhere to these rules there are consequences. Most of these rules are unspoken which have been passed down from generations. Exploring one's body and sexuality is seen as taboo and unacceptable for adolescents. Corporal punishment is one such consequence highlighted especially with the male participants. Grounding is mentioned as a consequence which occurs in conjunction with corporal punishment.

B3F1: Toe word ons gevang en toe word ons geslat jeffrou... (We got caught and then we got a spanking miss)

B2F1: 'n pak sla gee! (Give you a spanking!)

B2F1: Jy word gehok jeffrou, as hulle jou vang en slaan. Dan word jy gehok... vir die heele... die heele jaar en dan kou jy nooit weer uit nie jeffrou... (You get grounded and spanked if they catch you. Then you will be grounded for the entire year and you will never be able to get out miss...)

B11F2: As ek miskin wil rook jeffrou, sy vat my fone as, sy vat die TV weg...

The concept of sex being seen as a natural and part of human nature arose specifically with the male adolescent participants. Masturbation and sexual urges are seen as something one has to grapple with during puberty as one's body changes and becomes mature. The male participants explain that they notice the changes but do not communicate with their caregivers about it more than once. This normative nature of sexual exploration is highlighted by Friedrich et al. (1998) and parents should be educated as to what is developmentally normal and what is not.

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B1F1: ja en eendag toe sê ek vir my pa, my knoppies raak seer... toe sê my pa vir my: "jy word nou 'n tinner." (yes and one day my dad told me, my nipples were painig... then my dad told me: "you are now becoming a teenager.")

Physical changes during puberty provide adolescents with an opportunity to ask their caregivers questions. As P2 explained, her son is quite open with her about sex and sexuality however there are certain topics which she does not feel comfortable with. she explains that she is not equipped with the subjective experiences of the changes boys experience during puberty. The same occurred with her eldest son when he experienced puberty for the first time.

P2: No Cameron spoke to him about it... because he started getting cramps and mood swings and that... he had a lot of mood swings... (Referring to the eldest son)

P2: Uhm... what he did speak about is like uhm, for boys like when they get aroused at any time for anything... it used to bother him and he thought something was wrong with him. So I just told Cameron (child's father) to explain to him (giggling with discomfort)...

The female participants explained that they usually spoke to their mothers about menstruation and how their bodies changed during puberty. Menstruation seemed to be the popular topic daughters were able to talk to their caregivers about with regards to puberty. This also provided caregivers with the opportunity to caution their adolescents about the risks of sex and early sexual debut once menstruation occurred.

G2F1: nommer 2, ok sê nou jy is nou maybe twelf... en jy weet nou nie van periods... of dit nie... dan gaan jou ma vir jou sê, sê nou maybe by die skool... hoor jy iemand sê: “ek het my periods nou gekry...” en dit en dit en dit... dan gaan jy vir jou ma vra nou wat is periods en dan gaan jou ma nou vir jou sê: “period is dit en dis part of life” en so en so en so... nou groei jy en jy kom na graad ses... dan hoor jy meer van daai... en nou gaan is dit jou period en nou gaan jou ma vir jou sê: “nou is dit jou bert”... (... ok let's say you are 12... and you don't know about periods... or things like that... then you will tell your mother, say you heard about it at school... you hear someone say : “ I just got my period...” and so on and so on... then you go to your mother and you ask her what periods are and then she will tell you : “period is part of life” and so on... now you grow and you get to grade 6 and then you hear more about it and then you get your period... then your mother will tell you: “ mow it is your turn”...)

The body is seen as an entry to an individual's lived experience of the world which is integrated and understood the body is therefore not purely object or subject(McNay, 1999). The body is an important source of sexual and gendered knowledge for individuals, which is demonstrated in this study. It has become evident that each adolescent is seen as an agent of their own gender identity and role within society. Bourdieu's (1990) theory of embodiment and habitus is based on the notion that we succumb to socially imposed gender identities due to the dominant norms of society yet it is not unchangeable. Within the findings of this study the male

participants show their embodiment a moment of finding out their gender identity within society's norms. The female participants display their embodiment by relating to their mothers about menstruation and what society deems to be appropriate for a woman.

4.2.1.6 Peers as a source of sexual knowledge.

Throughout the process of data collection with the adolescent participants, peers were identified as an influential source of sexual knowledge. The male participants identified girls as a good source of knowledge especially when it comes to sex as a physical process. According to the male participants girls show them what a man should do and re-enact the behaviours they witness at home. This often occurs during role play games such as playing house.

B7F1: nommer 7, jeffrou die meisies het ons gewys jeffrou... hulle wys vir ons wie is die man en die vrou en die kinders broers en susters en die ma en die pa lê saam en die kinders... en dan soen hulle mekaar jeffrou... (Miss, the girls showed us... they show us who the husband and the wife is and the children brothers and sisters and the mother and father lay together and then they kiss each other miss...)

B6F1: die meisies het vir ons alles gewys, jeffrou... (the girls showed us everything, miss...)

The male participants displayed a wide range of sexual knowledge which they acquired from peers in the form of sexual myths and misinterpreted facts. Below is an example of the sexual knowledge they acquired from each other.

B3F1: Ja daai ou sê hy vryf 'n eif op sy penis en dan raak dit groot jeffrou... (yes this guy said he rubs an onion on his penis and then it grows miss...)

B1F1: wanneer jy te hard is... (when you are too hard...)

B1F1: jy kan jou nek (of your penis) breek... (makes sound effects). (you can break your nek (penis).)

One male participant asked where sperm comes from and I directed the question to the group, below are the responses from the different participants within the group,

B3F1: nommer 3, nou waar vandaan kom die saat jeffrou... (now where does sperm come from miss...)

B8F1: jy weet mos! Jou rug! (showing to his lower back)

B1F1: as jy baie peanuits eet dan kry jy sperm...(if you eat a lot of peanuts then you get sperm)

B3F1: dit kom van die avocado peer jeffrou...

The female participants have been subjected to sexual myths too, for example one of the participants asked me if a woman does not have sex... and she gets old... does her vagina grow closed? Similar to this question another participant was concerned about how a girl can become a virgin again after a few months as demonstrated below.

G2F2: nommer 2, is dit waar... sê ma nou jy't met 'n seun geslaap... ja... en jy het 'n kind gekry en jy decide jy wil nie meer seks het nie... dan na 8 maande dan is jou virgin toe. (Is it true, let say you had sex with a boy, and you had a child and you decide you do not want to have sex, then after 8 months then your virgin is closed)

The male adolescents have been described as being very forward and sexually advanced. One female participant described them as being "uitgelaat" and another mentioned that they enjoy touching girls. Interestingly male participants agree that they are not good at controlling their urges as stated in the following excerpt,

B3F1: Ek sal, altyd dit wil doen jeffrou! (I will always want to do it (sex) miss!)

B7F1: as 'n meisie nou vir jou vra jeffrou, die laatie sal nooit nee sê nie... (if 'n girl asks you miss, the boy will never say no)

When probed as to whether they would even have sex with an unattractive female one participant responded,

B2F1: nee... DIT GAAN NIE OOR HOE SY LYK NIE JY, dis haar lyf jy... (no... IT IS NOT ABOUT HOW SHE LOOKS, it's about her body you...)

4.2.1.7 Media as a source of sexual knowledge.

Various forms of social media have been identified as a source of sexual knowledge such as condom packages, educational posters, books, internet and television. When asked how they knew about sex as a practice one participant mentioned that generally it is about what one sees and hears. My findings were similar to those reported by Strasburger et al., (2013) in that television was reported as the most informative medium of sexual knowledge to adolescents. It should however be noted that there are positive forms of television programmes such ‘sesame street’ or better known as ‘Takalani sesame’ in South Africa which provide viewers with various forms of knowledge ranging from numeracy and literacy skills to social skills. The other less positive forms of television programs such as late night pornography and sexualized movies are also readily available to adolescents and even children. These forms of sexual knowledge also arouse the male participants who explain that even a 4 year old gets sexually aroused by social media.

B3F1: so as ‘n mens tv kyk so laat tv kyk jeffrou dan sien ons... en dan wil ons nou poppehuisie speel...om dit te doen. (so when a person watches tv late at night miss, then we see... then we also want to play house... to do it.)

B3F1: nou sien jy dit op die tv nou gaan doen jy dit. En jy speel poppe huisie nou doen jy dit nou raak jy kaal en so... (now you see it on tv and now you go do it. And you play house now you do it and you get naked and so on...)

Visual sources of media are highly influential and spark an increased curiosity and need for sexual knowledge and sexual exploration among participants. One of the caregivers interviewed explained that she knew about sex because of social media yet she did not know the full extent of what sex was. This highlights that media has been a source of sexual knowledge for a long time and is not a new phenomenon but differences in the exposure and content should be noted. P2 explains that times are now different and children have access to more sexual knowledge due to the internet and books which are readily available,

P2: ...you pick up things, even if you see people kissing on TV. You know it leads to something... they lay in bed together and that is from soaps alone. You know. So I wasn't exactly... ignorant to it but uhm, I just didn't know what happens like physically... how that happens...

P2: ... there is internet today. There is books on everything that they can get but they are very uhm I mean even TV... everything is sexual. So everything they are watching, the CARTOONS... is showing kissing. So uhm, I suppose the children are more exposed to it now that it was at earlier stage. Ya...

Additional strategies for caregivers to consider with regards to minimising over exposure to inappropriate media content are provided by Strasburger et al. (2013). They suggest that caregivers limit their children's exposure to media especially television to 1-2 hours a day and discourage exposure before the age of 2 years old. Electronic media devices should not be stored in a child's bedroom and usage should be monitored. Finally co-viewing television programs is encouraged as this can be used as a platform for caregivers to initial sexual communication and communication of values. Co-viewing also allows a parent to identify and relate to topics by externalising information; this creates less discomfort for both caregiver and adolescent.

4.3 Caregiver Findings

4.3.1 Content, frequency and timing of sexual communication

When exploring communication it is important that one considers every aspect of the communication process. This includes the content, frequency and timing of communication i.e. what should we talk about? When is the right time to talk about sex? How often should one speak about sex? The content of the sexual communication between caregivers and adolescents is influenced by many forces. Some of these forces have been identified under the section sources of sexual knowledge and are highlighted within this section to explain how parents and children experience sexual communication as an entire process.

4.3.1.1 Content of sexual communication.

No clear definition of risky sexual behaviour was provided by the participants when asked what it is. The negative consequences were listed and explained by the adolescents, namely; contracting a sexually transmitted disease and pregnancy. Adolescents explain that their caregivers speak to them about the negative outcomes of sex at an early age and while they are still at school. Caregivers often threaten their adolescents with consequences of having privileges taken away or being grounded. More severely however adolescents fear that they will be disowned and put out on the streets or beaten if they engage in any form of sexual activity.

B7F1: jeffrou, askies jeffrou, nommer 7. Jou pa sit vir jou uit! (miss, excuse me miss, your dad will put you out!)

B5F1: Ek jeffrou, sy sal vir my uitsit jeffrou... (me miss, she(mom) will put me out miss)

B6F1: sy sal vir my ook uitsit... (She (mom) will put me out too)

P1 explains that she would prefer it if her son got his sexual knowledge from her even though she does not have much time. She feels that he will have a better understanding if she addresses him about the consequences of early sexual debut and explains what her fears are regarding his future. She often highlights the importance of education and how there will be a time when he will be able to enjoy his life responsibly.

P1: ...So ek dink hy sal meer begrip het as... as ek vir hom sê ma as jy unprotect gaan lê met 'n meisie en dan... dank an die meisie swanger word. En julle altwee se liewe sal vir 'n lifetime benadeel word. (... So I think he will have a better understanding... if I tell him if he has unprotected sex... then the girl will fall pregnant. And both your lives will be impaired for a lifetime.)

P1 highlights the importance of education on numerous occasions. She believes that if her son is dedicated and hard working he will have a great future. She encourages both her children to sit with their school work and study especially because of the community she lives in. She explains that it is not safe for children and she is extremely protective and strict in order to

protect them from being exposed to dangers such as drugs and sexual abuse. This was an extremely emotional topic for P1 and she explains that she takes full responsibility for them as a caregiver. P1 took a tea lady position at the school her children attend in order to ensure that she is close to them and able to protect them.

P1: So dis hoekom ek baie streng is op Brandan... Ek sal hom soema choke en sê: “Jy!Gaan haal jou boeke! Jy gaan nie in die pad in nie!” so. Ek is baie streng op hom. (So that is why I am so strict with Brandan... I will choke him and say: “You! Go fetch your books! You are not going in the road!” like that. I am very strict with him.)

P1: Dis deur mekaar hier binne. Ek wil hulle altyd beskerm. (Cries, It is chaotic her. I always want to protect them) ...Reeds omdat ek voel ek wil hulle nog altyd beskerm... (begins to cry, That is why I feel I need to protect them still)

P2 emphasizes school and education as an important tool for parents to use when discussing sexual knowledge with adolescents. During her interview she explained that the school provided guidelines and information that caregivers could use to stimulate conversations about sex and sexuality. She continued to explain that each topic was provided at an age appropriate time determined by the school. The school often provides feedback to caregivers as to their adolescents' behaviour at school and pay special attention to the social interactions between male and female adolescents. Children are taught from a young age to be assertive and conscious of their bodies.

P2: They also had to do a whole uhm, comprehension on AIDS and all the sexual transmitted diseases they had to do... and uhm so I warned him about like this is what happens when you don't use contraception and so on... you know?

P2: ...Since he was at a prep school already, they were teaching him how to be assertive. You have to say! It's your body, it's yours so if you don't tell people how you feel people will walk all over you

These findings are consistent with previous studies which highlight that the content of sexual communication between caregivers and adolescents hinge more on the risks involved, values, reproduction and physical development and caution their children (DiIorio, Kelley, & Hockenberry-Eaton, 1999; Martino et al., 2008). Female adolescents speak to their mothers about menstruation and relationships yet the risks involved with sexual activity are always mentioned. Topics such as masturbation and the pleasures of sex are avoided entirely. The daughter guarding hypothesis may also be a useful explanation as to why mothers speak to their daughters about the risks involved with sexual activity and relationships more than they do with their sons.

4.3.1.2 Timing of sexual communication.

There seemed to be consensus between caregivers and adolescents with regards to age appropriate sexual communication. P2 explained that her son's school provided life orientation classes with interactive homework for caregivers and adolescents to complete. This guides parents as to what topics to discuss and when. Parents who themselves are not well informed or educated on the subject of sex and sexuality are provided with the information needed to answer certain questions. This avoids the discomfort most caregivers experience with sexual communication. When asked how they would communicate with their children one day the adolescent participants provided in-depth descriptions of content, timing, frequency and parental monitoring. In terms of content, there have been different opinions as to the amount of detail that should be given to children. Participants feel that there is an age appropriate time for certain details. The older the child gets the deeper parents should delve into sexual communication. One such reason is to avoid encouraging early sexual debut.

B4F1: Ek sal vir hulle verduidelik jeffrou, hulle moet eerste 21 word voordat hulle seks het jeffrou... of hulle moet wag tot hulle trou jeffrou. (I will explain to them that they have to be 21 before they have sex... or they must wait until they are married.)

B2F1: Ek sal vir hulle waarskie jeffrou om nie seks voor die tyd te het nie jeffrou... (I will warn them not to have sex before the time miss...)

Researcher: En hoe sal jy vir hulle dit sê? Sal julle in detail gaan... van wat seks is eerste of wat? (and how will you tell them this? Will you go into detail... about what sex is first or what?)

B2F1: Ek sal in detail gaan jeffrou... (I will go into detail miss)

P2 too highlights that one should strive to maintain a child's innocence and restrict what they are exposed to. It is important that age appropriate discussions occur and linked to each adolescent's developmental stages. Kuhle et al. (2014) highlighted the increase likelihood of sex talks between parents and daughters compared to sons because parents see their daughters as having an increased reproductive cost than sons. The sex talks also occurred at a younger age for the daughters compared to the sons of the study which highlight the differences in timing of sexual communication. P2 mentioned that she found out about sex at a younger age than her son Mark. She remarked however that this may be due to girls being more mature than boys and girls often experience puberty before boys.

P2: ... and then he explained to him... ya he does... that time I think he was about 11... It was the year before so... but we never went into deep conversation about it.

P2: So for them, they are so used to it already... that they think that it is just natural. They don't know that it matters who you are doing it with and so on you know? So as a parent I think you should yourself be weary because they can know at a later stage... instead of so early in life.

4.3.1.3 Frequency of communication.

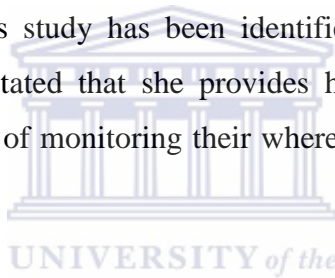
The frequency of sexual communication is described as how many times caregivers and adolescents communicate about sexual issues i.e. is it just a once off one way conversation or do caregivers provide a safe space for adolescents to ask questions and interact with their caregivers? (Hueber & Howell, 2003). Out of all the responses from the adolescent participants both male and female only two identified with constant communication with their caregivers.

These participants also highlight that their parents are open and non-judgemental which makes it easier to communicate.

B1F1: aanmekaar jeffrou... (constantly miss...)

G1F1: ja elke dag. My ma bly die selfde goed vir my sê... (yes every day. My mother keeps telling me the same things...)

The rest of the adolescent participants explained that the conversation was once off and they justify that they would do the same with their adolescents one day. The reason for this is to avoid promoting sexual thoughts and to avoid the idea of caregivers condoning early sexual debut. Coovadia et al. (2009) highlighted that this may be one view parents honour due to their religious affiliations which in this study has been identified by two of the three caregivers interviewed. The first caregiver stated that she provides her children with a busy Christian schedule which helps her in terms of monitoring their whereabouts and the people they interact with as demonstrated below,



P1: Ek groei vir hulle Christelike op. Ek probeer in al die aktiviteit wat by die kerk is nou vir hom Vryheid gee. (I rear them as Christians. I try to give him freedom in all the activities at the church.)

In addition P3 is a muslim caregiver who feels that her religious values assist in the development of strict values which is constantly instilled in her daughter at her Islamic school. She explains that the blend between religion and school programs provides a healthy holistic understanding of sex and sexuality in her daughter.

P3: ... I speak to MY daughter... I try to make her understand that love and sex is two different things and sex in our religion (muslim) is for procreation with someone that you married. In terms of our religious values and uhm beliefs... uhm so... in order to protect her emotionally as well...

P3: ... In our religion there are very clear boundaries and I think they enforce it very strictly at school. uhm at home, I don't think we are that strict... we are very liberal uhm but we know there are those boundaries.

Religion facilitates and provides a medium for caregivers to implement certain values and strategies when it comes to sexual communication. The boundaries of the religions also inform parents as to how often they should speak to adolescents about sex and sexuality. P1 finds that sex is a topic which creates discomfort and increasing religious awareness will increase modesty and decrease curiosity which she is not comfortable with. P2 mentioned that she only speaks to her son when he has something he is concerned about or interested in. However, she explained that there are boundaries with their communication and she experiences discomfort with certain topics at times. This makes her feel overwhelmed and she will tell him that they will discuss it at a later stage.

P2: Ya, Ya... that is why I keep him at a level where he can trust me and come to me and talk to me... even though sometimes it gets a bit much because he comes to me and he wants to know so much and then I will tell him we will talk about it at another time you don't need to know that now... you know we are on a need to know basis... so whenever you are ready to talk about something else or when I am ready we can talk about that.

P3 explained that she uses any opportunity to educate her daughter about sexuality and tries to create emotional awareness in her daughter. She feels this is more important than having a sex talk. Constantly nurturing and building an open relationship is important to P3 as she prefers her daughter to come to her for information instead of being misinformed by peers.

P3 ... generally I have you know like made comments... like you see these programmes she watches on TV, these teenage high school things uhm, programmes on TV. Then I would say 'ooh look at that one being the slut of the school' and so on and uhm she doesn't really understand language like that.

4.3.2 Caregiver monitoring

Caregiver monitoring for the purpose of this study is described as the process caregivers embark on to ensure that their children especially their adolescent children are safe and not taking risks which can be avoided. Hueber and Howell (2003) explain that parental monitoring refers to parents' knowledge about their children's whereabouts and activities. Each participant explained how strict their caregivers are but they display an understanding of why their parents are so strict. As previously mentioned G8's parents lost a family member due to drugs and community gang violence which provides a valid reason for their concern regarding their daughter's safety.

G8F1 :My ma en my pa is baie streng... dis van dat my niggie verkrag gewees het en vermoor gewees het.

Different forms of caregiver monitoring occurs in different families. Most are dependent on what the child is exposed to. For example P2 and P3's families are more affluent than the other participants and their children therefore have access to increased technology such as the internet and cellphones. Both explain that they check their children's cellphones, P3 however explained that her daughter is not aware that she checks her cellphone whereas P2 is open with her son and randomly checks who he is speaking to and checks the nature of the conversation as described below,

P2: So I am always checking his phone because when they talk to each other (boys and girls) I think boys are just disrespectful I think it is just natural when they are that age. So I always warn him about how he speaks to girls and what he says. If it is of a sexual nature, IT IS WRONG.

The internet provides adolescents with the opportunity to search and view sexual acts and often inappropriate content. Both P2 and P3 explain instances where their adolescents have viewed explicit content on the internet. This has made them extremely aware of what adolescents are able to access. They now monitor and block certain internet sites to ensure that their children do not access content of this nature. Interestingly each parent explains that their child's

personality influences the types of conversations they have regarding sex and sexuality. It is said to be easier to speak to a child who is more extroverted than a shy introverted child. P2 explains that her first born was extremely shy and often made it uncomfortable for her to speak to him. Her younger son however is outgoing and vibrant and would ask her questions and initiate conversations about social issues regarding sexuality. P2 also suggests that this creates openness between them. This provides her with the comfort of knowing what her son is doing and who he is doing it with. Below is an extract which explains how P2 limits interaction Mark has with girls to ensure that he is protected and not put in a situation where he may be influenced to partake in risky sexual behaviour.

P2: Where I said... I would not allow birthday sleepovers where there are girls involved... only uhm JUST THE BOYS... uhm, school holidays Mark is not allowed to go to anybody's house when the parents are not there. And uhm, I will always make sure that I am at home when he has friend over especially with girls around. So the prevention in that is that you don't ever get them in a situation where they are alone and are able to do things like that...

P3 on the other hand explained that her daughter is extremely introverted and quiet. This makes her anxious as she feels her daughter may be easily influenced by her peers. P3 explained an incident where her daughter was with two older cousins and they accessed video clips from the internet of a sexual nature. She explained that her daughter did not initially confess to partaking in the viewing of the video and lied to her about the situation. As a consequence P3's daughter is not allowed to go on certain internet sites and her internet activity is monitored. As explained in the following extract,

P3: Yes she has a cellphone and access to the internet... oh I must tell you this stukk... when she was a little bit younger I think 11. Ya she was 11 ya. Now my brother he's got a daughter she is three years older than my one and my sisters who is a year and a half older than my one. So they are the two bigger ones so anyway I don't know what happened. And my son needed something on the computer and he saw all this sexual youtube sights that was accesses and he was like 'I don't know who it is but these children are doing things that they are not supposed to!' and I asked her was it you? And she says 'no mommy' and now I want to know who it was and now we are recalling the

days they were all together because it was during the holidays and my brothers children come over because he is divorced then they will come over and spend time with us. All three of them on the red carpet... and now they must say 'wie het dit gedoen en so' and I started with the bigger one and you must know how to work it. And 'hulle het al drie gekyk en niemand het kom sê nie' but what we punished them for was or what I punished her for was because she lied! She lied about it and now she has been banned from certain sites you know there are restrictions on it ya.

4.3.3 Caregivers' upbringing

The Caregiver participants all come from different family backgrounds P1 explained that she lived in a hostel during the week and would be taken care of by her aunts. Her aunts were described as extremely strict and religious. P1 was never really exposed to much social engagement outside of school and church. She continued by saying how afraid she was of males and even her husband who is of huge stature. P1 only learnt about sex when she started menstruating at the age of 18 years old and stated that her aunts were very strict and warned her about falling pregnant and of how bad men were. This is what fuelled P1's fear of men. Modesty is a value P1 holds in high regard due to her upbringing.

P1: ek is baie outyds groot gemaak. (I was raised in an old fashioned way.)

She now instils this value in her children but fears that her upbringing may inhibit her relationship with her son who does not speak to her much. She does however display an eagerness to learn about how to improve her communication with her children about social and sexual issues.

P1: ek was baie streng groot gemaak...Maar my antie was so streng ne, " hey!!! As jy met 'n man lê is dit hoer." Hulle het mos pronk uitgepraat. En as jy hoer dan gaan jy kom met 'n kleintjie in die huis nie!" oh ek was verskriklik bang. Want ek was bang vir hulle. (I was raised very strictly... but my aunt was very strict hey, " Hey!!! If you sleep with a man it's prostitution." They spoke very flamboyantly. And if you whore around then you are not going to come home with children!" oh I was extremely afraid because I was afraid of them.)

These messages created a fear of men and even her sexuality. This fear has never disappeared for P1 who now contemplates how she should communicate with her daughter about sex when she gets older as she does not want to provide her daughter with the incorrect information. P1 also does not want to encourage too much openness due to her religious values (Coovadia et. al., 2009). P2 was raised by her biological parents. She continued to explain that her parents differed in their parenting styles and openness. Her mother was open and would provide all the details of how sex occurred and what the consequences would be. Her mom spoke to her openly. Conversely P2's father never spoke to her about sexual issues or sexuality. P2 never really had an interest in boys as she described herself as being a tomboy. A tomboy is a female who displays similar behaviours and interests as a boy.

P2: Oh, goodness... (Takes time to think) My mommy was very different. I think I was Mark's age or younger. Then she used to sit with me and say to me... I mean like when I had my first period she was like... she gave me the whole story...EVERYTHING... and how I will DIE if I have sex (laughing)...

P2: So ya, I kinda knew before Mark because I was more mature than him at that age. And my mommy was very very open. My Dad never ever spoke about it... but she, she did.

P2 exhibits the same openness with her sons as her mother had with her. She explains that it makes it easier for her to monitor and know what her sons are up to when they are open and honest with her. P2's Husband, Cameron needs to be probed to speak to his sons by P2. Especially when it comes to the biological things such as erections and the physical changes a male body undergoes during puberty. P2 explains that Cameron's father was not a very open man and Cameron never really had a relationship with him. This affects the way Cameron interacts with his sons as he was never exposed to a father son relationship.

P2: Cameron's dad was never someone he could just go to and talk to. So he never really had that relationship so I don't think he knows how to deal it... when it comes to his own kids.

4.3.4 Barriers to Caregiver adolescent communication

Caregiver adolescent communication has been described as being a very challenging process to embark on especially when caregivers are not well informed and educated with regards to sex as a practice and the biological risks involved. Adolescents also find sexual communication with their caregivers challenging, due to many reasons. This section will highlight and discuss the barriers of caregiver adolescent communication identified by the participants of this study.

4.3.4.1 Lack of caregiver involvement.

Caregivers are often faced with social constraints and vocational responsibilities which inhibit or limit their ability to engage with their adolescents on a daily basis (Bennett et al., 2014). Many caregivers highlight that they work nightshifts or simply do not have time to spend with their children. These constraints create barriers to communication for families and often create stress for both parents and children. The responsibility of sexual communication then often gets shifted to schools and religious leaders. As displayed in the extract below,

P1: hmm, ek het nie tyd vir dit nie. En die kind kry inligting by die skool. Oh nee dies wat gebeur het by die skool en so... en jy weet as jy met 'n man gaan lê dan gaan jy swanger raak... (laughs) en silke goed. (hmm, I don't have time for that. And the child gets advice at school. Oh no this is what happens at school... so and you know if you lay with a man you will fall pregnant... (laughs) and things like that.)

The extract below is the response of P1's son when asked what caregivers should learn with regards to sexual communication with their children. This is interesting and demonstrates the need for caregiver involvement in the sexual education of adolescents in order to provide contextual knowledge for the adolescent to understand what they are taught at school. There are various questions adolescents have which they often cannot ask an educator due to the private nature.

B5F1: nommer 5, jeffrou... hulle moet leer om meer met hulle kinders tyd te spander en oor silke dinge te praat. Jeffrou... (Miss... they (caregivers) must learn to spend more time with their children and speak about such things (sex). Miss...)

P2 highlights this point by explaining that parents are not open to these discussions and refer their children to their school books in order to avoid interacting with sexual content with their adolescent. Sometimes this is simply due to a lack of sexual knowledge and discomfort with the process of sexual communication. P2's son's school however almost forces the parents to engage with their adolescents about sex and sexuality and provide homework which the parents need to assist their adolescents with.

P2: not all parents are open to just sitting down and discussing it. You know? There is a book you can read it. It's in your text book so why don't you read about that? Ask me a question when you get stuck.

4.3.4.2 Discomfort with caregiver-adolescent communication.

Both caregivers and adolescents describe experiencing some form of discomfort with caregiver-adolescent communication. P2 provides an explanation for both caregivers and adolescents. Firstly she states that adolescent children have a fear of being judged inappropriately and worry about what their parents will think of them. Parental approval is something adolescents grapple with especially when one looks at it from a developmental point of view. As Erikson stages of development explains adolescence is a time where teenagers struggle with their identity both socially and professionally (Sigelman & Rider, 2009). Secondly P2 explained her own experience of discomfort with her first son who was extremely quiet and almost unapproachable. She continued to explain that her second son Mark is extroverted however this is not always easy as he would laugh about certain things during their conversations.

P2: ... And of course it was a bit uncomfortable because he kept on laughing and so ya... but he I mean he understood...

When asked how she would feel if her son came to ask her something regarding sex and sexuality P1 explained that she would be in a state of shock. Mostly because of her modesty and

religious beliefs, P1 has never had to think about this scenario before and later explained that she is glad we are talking about it as she often forgets that her children are growing up. She would prefer her children get their sexual knowledge directly from her than to be misinformed and believe sexual myths.

P1: Ek sal vir my boog lam skrik as hy vir my silke goed moet kom vra... (giggling) uhm hoe kan ek nou sê as hy vir my iets vra sal ek vir hom net so aan kyk (shows a bewildered look). (I will get the fright of my life if he asks me things like that... uhm... how can I say... if he asks me something I will just stare at him (shows a bewildered look))

P1: So ek sal verkis om saam met hom te praat... openlik. Want hy gaan hoor buiterkant dat hy kom nie uit die lug uit nie... en hy gaan vir hom 'n fool maak... (So I will prefer to speak to him... openly. Because he will find out somewhere else that he did not just fall out of the sky... and he will make himself look like a fool...)

Adolescents fear being seen as forward or disrespectful if their parents know they are interested in the opposite sex or sexual matters. G1 and G9 explain they feel shy and it sometimes sounds strange when they speak about things like sex or sexuality. They continue by explaining that parents should take it slow and not be overly eager and rush into the conversation. G1 explains that parents should not make the conversation too complicated and as the child grows more information may be introduced. This highlights the importance of age appropriate discussions with adolescents discussed earlier.

G9F1: nommer 9... skaam! (Shy!)

G1F1: want dit klink snaaks as 'n mens se ouers dit vir jou sê... ek dink regtig so...(because it sounds strange if a persons' parents tell you about it... I really think so...)

4.4 Community

The community in which the participants reside has been highlighted as a dangerous place. Adolescents and even toddlers are subjected to abuse and drugs on a daily basis. One caregiver mentioned that there are three drug merchants in her road alone. Another female

adolescent participant mentioned that they are not safe even when they walk to school because they get mugged and harassed. The option of using public transport is not always available and depends on whether the caregiver has enough money to give to their children. G8 described a graphic scene of how her aunty was brutally assaulted and murdered by her friends after they smoked some drugs together in a field. She explained that she was extremely young about 8 years old when she witnessed her aunts' dead mutilated body lying in a bush. She explained that she understands why her parents are so strict with her and why they are so concerned about her safety every day.

G8F1: Dit was omdat daar was 'n outjie... hy het kwaad geraak en ek weet nie vir wat dit was nie. En toe het hy, toe het hy en 'n nogge twee outjies... hulle het... na die bosse toe gegaan en toe... gaan sy saam want hulle wil 'n pyp gaan rook het. But met daai toe... bel my ma mos toe vir hulle om te vra waar is sy. Want ons het vir haar heel dag gesoek. But niemand het die fone opgetel nie. Toe gaan sok ons mos haar en to sal ons sien sy lê daar en sy is dood... En die was so omtrent vyf jaar gelede... (It was because there was a guy... he got upset and I don't know why. And then, he and another two guys... they... went to the bush... and she went along because they were going to smoke a pipe. But with that... my mom called to ask where they were... because we were looking for her all day. But no one answered the phone. So we went to look for her and then we saw her laying there and she was dead... and this was about five years ago.)

The dangers in the community provide the community members with dilemmas which cannot be avoided. During our discussion about the safety concerns in the community one participant brought up the fact that community members literally throw their babies away into trash cans. When probed the group explained various reasons for this behaviour ranging from poverty and shame to medical faults and intimate partner violence. The male participants explained that they would rather send their partners to have an abortion and to do it the right way. One participant even mentioned that all those babies deserve to go to heaven.

B2F2: Ja jeffrou, en mense het 'n baba gekry by KFC, jeffrou, 'n baba in 'n swart sak jeffrou. Langs aan die drom daar by KFC... to lê die baba so... (yes miss, and people

found a baby at KFC, miss, a baby in a black bag miss. Next to a bin by KFC... so the baby was just laying there.)

B7F2: Hulle kan nie vir die kind sorg nie jeffrou... hulle kan nie vir die kind sorg nie, hulle kan nie vir die kind kimbies and pap koop nie jeffrou... (They can't provide for the child miss... they can't provide for the child, they can't buy the child nappies or porridge miss...)

There is positivity in certain parts of the community where a sense of family is emphasized. Yosso (2005) discusses a variety of capitals which are nurtured through cultural wealth identified as aspirational capital, navigational capital, linguistic capital, familial capital, social capital and resistant capital. Culture has been defined as the behaviours and values which are acquired and shared by a group of individuals. Out of all the capitals listed the most common displayed within this study's findings are familial capital and Social capital. Familial capital refers to the cultural knowledge which is fostered among kin. This carries an awareness of community history and memory which may be encouraged through sports, school, religious gathering and between families. Social capital refers to the network of people and community resources available to an individual and may provide both emotional and active support to individuals or families.

P1 explains how in her community all caregivers look after each others' children despite race or social status. She mentioned that even though she is selective as to who she socializes and who she allows her children to socialize with, children need to be protected and cared for. She says that everyone struggles and has problems with the people who use drugs and they try their best to help one another especially when it comes to belongings being stolen by drug addicts. This is an example of the familial and social capital of P1's culture.

P1: ...Ja nee, daai is nou een ding. Ons is nou van verskilende ras... swart, somalians, kleurlinge. Ons is 'n baie close community. Reeds nou met die tikhuise. Even as ons nou 'n brand in die pad het ons sal gaan help. Ons sal probeer nou dat die tikkop

nou nie die persoon se goed wat nie... so. Ons leer ook mekaar my kind is jou kind... jou kind is my kind.

(Yes no, that is one thing. We can be from different races... blacks, somalians, coloureds. We are a very close community especially with the drug merchants now. Even if someone's place burns down in the road we will help. We will try so that the drug addicts don't steal the persons' valuables... like that. We teach each other your child... your child is my child.)



Chapter Five

5 Conclusion

5.1 Conclusion

This study explored caregiver-adolescent sexual communication about RSB specifically focusing on the influences on sexual communication for both caregivers and adolescents. Adolescents identified various sources of sexual knowledge which influence one another both directly and indirectly on different levels. These sources of sexual knowledge were Mothers, seeing caregivers being intimate, extended family members, the body, school, peers and the media. The most influential of all according to the adolescents was mothers and school. This is consistent with the findings of studies reviewed (Coovadia et al., 2009 & Steinberg & Silk, 2002). These findings highlight the importance of the interactions between the various sources of sexual knowledge where the relationships are not unidirectional, e.g. the school influences the discussions caregivers have with their adolescents. Mothers in the study identified that their communication hinged more on the importance of education and excelling academically for male adolescents. The communication with boys differed to that of girls in that the topics hinged more on the risks involved than physical changes and experiences and social dilemmas. The mothers explained that they are not comfortable with these topics due to their lack of the male perspective and therefore encourage hard work and emphasize the importance of education and improving financial security and vocational future. The communication with girls was identified as being more strategic and the findings displayed similar traits to the daughter guiding hypothesis where caregivers find that daughters are more of a liability if they engage in risky sexual behaviour compared to sons (Kuhle et al., 2014). The timing of sexual communication was guided by the school curriculum which caregivers found easier to manage compared to having a once off conversation and not knowing when the right time would be. The frequency of sexual communication was not more than a once off discussion according to the adolescent participants which is different to what the caregiver participants explained. This may be due to the way adolescents perceive sexual communication compared to caregivers. The family structure of participants reveal that the fathers of the participants work shifts or work away. This is consistent with the post-apartheid family structures described in Coovadia et al. (2009), motivating why male caregivers are not identified as influential communicators of sexual knowledge.

Religion played an integral role for two of the caregivers interviewed one Christian and one Muslim participant. Religion guides them and assists in promoting abstinence and sexual modesty. Caregivers identified and discussed the various strategies they utilize in order to maintain the safety of their adolescents. Caregiver monitoring was the most utilized strategy identified by caregivers. The adolescents confirmed this to be true. Caregiver upbringing influenced the communication for most caregivers and allowed them to identify certain aspects of their parenting and communication which needed to change such as being too rigid or permissive in their parenting styles. Finally the community is a resource both caregivers and adolescents rely upon in terms of communication of sexual knowledge and strategies of protecting ones' family.

5.2 Significance

This study provides an understanding of caregiver-adolescent communication and helps determine how caregiver-adolescent communication influences adolescents' RSB. It provides a broader understanding of what caregiver-adolescent communication is within the dynamic South African social context and highlights aspects which need to be improved. Such as providing support for caregivers who are not well informed or educated and providing caregivers with useful strategies to monitoring their adolescents' activities and exposure to sexual knowledge. This may be useful in ensuring that effective caregiver-child programmes are informed, developed and evaluated. It contributes to the knowledge base of caregiver-adolescent communication within a family systems approach and provides constructs to be evaluated with empirical studies.

5.3 Limitations

This study aimed to provide insight into how caregiver child communication is experienced by both caregivers and children. The study however had limited caregiver insight due to various difficulties with recruiting caregivers who were willing to discuss such a sensitive topic in a group setting. The data provided is therefore only represented from female caregivers

and did not show the interactions between caregivers during group discussions as the study initially proposed. Due to the difficulties faced during sampling and recruiting participants only Afrikaans speaking adolescents were able to partake in the study. This in turn provided difficulty with the analysis on the data as the study is reported in English and may not effectively explain and describe the experiences of participants.

5.4 Recommendations

Future studies should consider sampling both male and female caregivers in order to explore the experiences of both. Exploring the differences in the communication and communication difficulties experienced by the different caregivers may provide insight as to how caregivers may improve their communication and relationship with their adolescents and protect them from engaging in RSB. Additional monitoring strategies for caregivers should be explored such as those identified by Strasburger et al. (2013) because the adolescents in this study identified media and technology as a source of sexual knowledge which is readily available and provides them explicit knowledge. Creating awareness around what adolescents and children are exposed to, is of great importance as many caregivers do not know that their adolescents see them being intimate.

6 References

- Apostolou, M. (2014). Sexual selection under parental choice: A revision to the model. *Theory in Biosciences*, 133(2), 111-115.
- Bastien, S., Kajula, L., & Muhwezi, W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in Sub-Saharan africa. *Reproductive Health*, 8(25), 1-17.
- Becvar, D. S., & Becvar, R. J. (1996). *Systems theory and family therapy: A primer* University Press of America.
- Bennett, R., Hosegood, V., Newell, M., & McGrath, N. (2014). An approach to measuring dispersed families with a particular focus on children 'left behind' by migrant parents: Findings from rural south africa. *Population, Space and Place*,
- Bhana, D., Morrell, R., Shefer, T., & Ngabaza, S. (2010). South african teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture, Health & Sexuality*, 12(8), 871-883.
- Boscolo, L., & Bertrando, P. (1996). *Systemic therapy with individuals* Karnac Books.
- Bourdieu, P. (1990). *The logic of practice* Stanford University Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22(6), 723-742. doi:10.1037/0012-1649.22.6.723
- Clawson, C. L., & Reese-Weber, M. (2003). The amount and timing of parent-adolescent sexual communication as predictors of late adolescent sexual risk-taking behaviors. *Journal of Sex Research*, 40(3), 256-265.
- Coetzee, J., Dietrich, J., Otjombe, K., Nkala, B., Khunwane, M., van der Watt, M., Gray, G. E. (2014). Predictors of parent-adolescent communication in post-apartheid south africa: A

protective factor in adolescent sexual and reproductive health. *Journal of Adolescence*, 37(3), 313-324. doi:<http://dx.doi.org/10.1016/j.adolescence.2014.01.006>

Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of south africa: Historical roots of current public health challenges. *The Lancet*, 374(9692), 817-834.

Creswell, J. W. (2004). Data collection. *Qualitative inquiry and research design: Choosing among the five traditions* (pp. 123-137). London: Sage Publications.

Creswell, J. W., Hanson, W. E., Plano, V. L. C., & Morales, A. (2007). Qualitative research designs selection and implementation. *The Counseling Psychologist*, 35(2), 236-264.

Department of Justice and Constitutional Development^ dRepublic of South Africa. (2007). Criminal law (sexual offences and related matters) amendment act no. 32 of 2007.

Dietrich, J., Khunwane, M., Laher, F., de Bruyn, G., Sikkema, K. J., & Gray, G. (2011). "Group sex" parties and other risk patterns: A qualitative study about the perceptions of sexual behaviours and attitudes of adolescents in soweto, south africa. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*, 6(3), 244-254.

DiIorio, C., Pluhar, E., & Belcher, L. (2003). Parent-child communication about sexuality: A review of the literature from 1980–2002. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children*, 5(3-4), 7-32.

Eaton, L., Flisher, A. J., & Aarø, L. E. (2003). Unsafe sexual behaviour in south african youth. *Social Science & Medicine*, 56(1), 149-165.

Flick, U., von Kardorff, E., & Steinke, I. (2004). What is qualitative research? an introduction to the field. *A Companion to Qualitative Research*, 3-11.

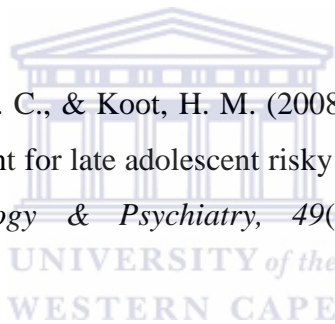
- Friedrich, W. N., Fisher, J., Broughton, D., Houston, M., & Shafran, C. R. (1998). Mayo clinic study: Normative sexual behavior in children: A contemporary sample. *Pediatrics*, *101*(4), e9.
- Gevers, A., Mathews, C., Cupp, P., Russell, M., & Jewkes, R. (2013). Illegal yet developmentally normative: A descriptive analysis of young, urban adolescents' dating and sexual behaviour in cape town, south africa. *BMC International Health and Human Rights*, *13*, 31-698X-13-31. doi:10.1186/1472-698X-13-31 [doi]
- Gonzalez, J., Field, T., Yando, R., & Gonzalez, K. (1994). Adolescent's perceptions of their risk-taking behaviour. *Adolescence*, *29*(115), 701-709.
- Gray, A., Vawda, Y., & Jack, C. (2012). Health policy and legislation: Legislation and financing. *South African Health Review*, 3-19.
- Harrison, A., Newell, M., Imrie, J., & Hoddinott, G. (2010). HIV prevention for south african youth: Which interventions work? A systematic review of current evidence. *BMC Public Health*, *10*(1), 102.
- Harvard Medical School. (2011). Options for managing conduct disorder. *Harvard Mental Health Letter*, 1-3.
- Hazen, E., Schlozman, S., & Beresin, E. (2008). Adolescent psychological development: A review. *Pediatrics in Review / American Academy of Pediatrics*, *29*(5), 161-7; quiz 168. doi:10.1542/pir.29-5-161 [doi]
- Heisler, J. M. (2005). Family communication about sex: Parents and college-aged offspring recall discussion topics, satisfaction, and parental involvement. *Journal of Family Communication*, *5*(4), 295-312.

- Huebner, A. J., & Howell, L. W. (2003). Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health, 33*(2), 71-78. doi:10.1016/S1054-139X(03)00141-1
- Hutchinson, M. K., Jemmott III, J. B., Sweet Jemmott, L., Braverman, P., & Fong, G. T. (2003). The role of mother–daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: A prospective study. *Journal of Adolescent Health, 33*(2), 98-107. doi:10.1016/S1054-139X(03)00183-6
- Iwelunmor, J., Airhihenbuwa, C., Okoror, T., Brown, D., & BeLue, R. (2006). Family systems and HIV/AIDS in south africa. *International Quarterly of Community Health Education, 27*(4), 321-335.
- Jaccard, J., Dittus, P. J., & Gordon, V. V. (1996). Maternal correlates of adolescent sexual and contraceptive behavior. *Family Planning Perspectives, 28*, 159-165.
- Jackson, C., Geddes, R., Haw, S., & Frank, J. (2012). Interventions to prevent substance use and risky sexual behaviour in young people: A systematic review. *Addiction, 107*(4), 733-747.
- Jewkes, R., Penn-Kekana, L., & Rose-Junius, H. (2005). "If they rape me, I can't blame them": Reflections on gender in the social context of child rape in south africa and namibia. *Social Science and Medicine, 61*, 1809-1820.
- Kitzinger, J. (1995). Qualitative research: Introducing focus groups. *Bmj, 311*, 299-302.
- Kuhle, B. X., Melzer, D. K., Cooper, C. A., Merkle, A. J., Pepe, N. A., Ribanovic, A., Wettstein, T. L. (2014). The “Birds and the bees” differ for boys and girls: Sex differences in the nature of sex talks. *Evolutionary Behavioral Sciences*, doi:10.1037/ebs0000012
- Kuo, C., Fitzgerald, J., Operario, D., & Casale, M. (2012). Social support disparities for caregivers of aids-orphaned children in south africa. *Journal of Community Psychology, 40*(6), 631-644.

- Levin, K. A. (2010). Family structure, mother- child communication, father- child communication, and adolescent life satisfaction: A cross-sectional multilevel analysis. *110*(3), 152-168.
- Marston, C., & King, E. (2006). Factors that shape young people's sexual behaviour: A systemic review. *The Lancet*, *368*(4), 1581-1586.
- Martino, S. C., Elliott, M. N., Corona, R., Kanouse, D. E., & Schuster, M. A. (2008). Beyond the “big talk”: The roles of breadth and repetition in parent-adolescent communication about sexual topics. *Pediatrics*, *121*(3), e612-e618.
- McNay, L. (1999). Gender, habitus and the field pierre bourdieu and the limits of reflexivity. *Theory, Culture & Society*, *16*(1), 95-117.
- Mouton, J., & Babbie, E. (2001). The practice of social research. *Cape Town: Wadsworth Publishing Company*,
- Ncube, M. E., & Ross, E. (2010). Reproductive health issues emanating from the Children’s act no. 38 of 2005 as amended in 2008: A pilot study of the rights of parents versus rights of children. *South African Journal of Bioethics and Law*, *3*(2), 67-74.
- Paruk, Z., Petersen, I., Bhana, A., Bell, C., & McKay, M. (2005). Containment and contagion: How to strengthen families to support youth HIV prevention in south africa. *African Journal of AIDS Research*, *4*(1), 57-63.
- Patton, M. Q. (2002). Designing qualitative studies. *Qualitative Research and Evaluation Methods*, *3*, 230-246.
- Paul-Ebhohimhen, V. A., Poobalan, A., & Van Teijlingen, E. R. (2008). A systematic review of school-based sexual health interventions to prevent STI/HIV in Sub-Saharan africa. *BMC Public Health*, *8*(1), 4.

- Phetla, G., Busza, J., Hargreaves, J. R., Pronyk, P. M., Kim, J. C., Morison, L. A., . . . Porter, J. D. (2008). "They have opened our mouths": Increasing women's skills and motivation for sexual communication with young people in rural south africa. *AIDS Education and Prevention : Official Publication of the International Society for AIDS Education*, 20(6), 504-518. doi:10.1521/aeap.2008.20.6.504 [doi]
- Potard, C., Courtois, R., & Rusch, E. (2008). The influence of peers on risky sexual behaviour during adolescence. *European J.of Contraception and Reproductive Healthcare*, 13(3), 264-270.
- Sales, J. M., Milhausen, R. R., WiNPOod, G. M., Diclemente, R. J., Salazar, L. F., & Crosby, R. A. (2008). Validation of a parent-adolescent communication scale for use in STD/HIV prevention interventions. *Health Education & Behavior : The Official Publication of the Society for Public Health Education*, 35(3), 332-345. doi:1090198106293524 [pii]
- Savahl, S., September, R., Odendaal, W., & Moos, A. (2008). Information and communication technology: A descriptive study of children's communication patterns. *South African Journal of Psychology*, 38(3), 515-525.
- Sheppard, M. (2009). Social support use as a parental coping strategy: Its impact on outcome of child and parenting problems—A six-month follow-up. *British Journal of Social Work*, 39(8), 1427-1446.
- Shilling, C., & Mellor, P. A. (2007). Cultures of embodied experience: Technology, religion and body pedagogics. *Sociological Review*, 55(3), 531-549. doi:10.1111/j.1467-954X.2007.00721.x
- Sigelman, C., & Rider, E. (2009). *Life-span human development*. Canada: Wadsworth Cengage Learning.
- Steinberg, L., & Silk, J. S. (2002). Parenting adolescents. *Handbook of Parenting*, 1, 103-133.

- Strasburger, V. C., Hogan, M. J., Mulligan, D. A., Ameenuddin, N., Christakis, D. A., Cross, C., McCarthy, C. (2013). Children, adolescents, and the media. *Pediatrics*, *132*(5), 958-961.
- Tabak, I., Mazur, J., Alcón, Maria del Carmen Granado, Örkenyi, Á., Zaborskis, A., Aasvee, K., & Moreno, C. (2012). Examining trends in parent-child communication in europe over 12 years. *The Journal of Early Adolescence*, *32*(1), 26-54.
- Terre Blanche, M., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the social sciences*. Cape Town: UCT Press.
- Thomas, E., & Magilvy, J., Kathy. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, *16*(2), 151-155. doi:10.1111/j.1744-6155.2011.00283.x
- Timmermans, M., van Lier, Pol A. C., & Koot, H. M. (2008). Which forms of child/adolescent externalizing behaviors account for late adolescent risky sexual behavior and substance use? *Journal of Child Psychology & Psychiatry*, *49*(4), 386-394. doi:10.1111/j.1469-7610.2007.01842.x
- Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837-851.
- Visser, M. (2007). System dynamics and group facilitation: Contributions from communication theory. *System Dynamics Review*, *23*(4), 453-463.
- Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B., & Stones, W. (2010). Research parent-child communication about sexual and reproductive health in rural tanzania: Implications for young people's sexual health interventions.
- Whitaker, D. J., & Miller, K. S. (2000). Parent-adolescent discussions about sex and condoms impact on peer influences of sexual risk behavior. *Journal of Adolescent Research*, *15*(2), 251-273.



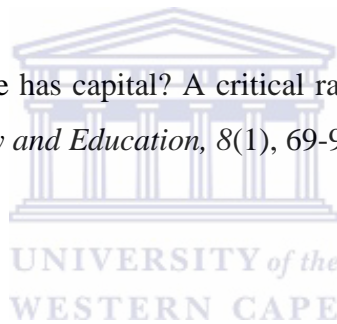
Wilson, E. K., Dalberth, B. T., Koo, H. P., & Gard, J. C. (2010). Parents' perspectives on talking to preteenage children about sex. *Perspectives on Sexual and Reproductive Health*, 42(1), 56-63.

Wilson, H. W., & Donenberg, G. (2004). Quality of parent communication about sex and its relationship to risky sexual behavior among youth in psychiatric care: A pilot study. *Journal of Child Psychology & Psychiatry*, 45(2), 387-395. doi:10.1111/j.1469-7610.2004.00229.x

Wood, K., & Jewkes, R. (2006). Blood blockages and scolding nurses: Barriers to adolescent contraceptive use in south africa. *Reproductive Health Matters*, 14(27), 109-118.

World Health Organization. (2014). Global update on the health sector response to HIV, 2014.

Yosso, T. J. (2005). Whose culture has capital? A critical race theory discussion of community cultural wealth. *Race Ethnicity and Education*, 8(1), 69-91.





UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2454

E-mail: mandipatin@uwc.ac.za or 3365037@myuwc.ac.za

Appendix A

INFORMATION SHEET

Project Title: Exploring caregiver-child communication about risky sexual behaviour in Cape Town

What is this study about?

This is a research project being conducted by Sondre Syce at the University of the Western Cape. I am inviting you to participate in this research project because your opinion and experiences may help us understand how both caregivers (parents) and children speak about sex and sexuality. The purpose of this research project is to try to understand the experiences of sexual communication in order to inform future programmes for both caregivers and children.

What will I be asked to do if I agree to participate?

You will be asked to participate in 2-3 focus groups (group discussions) about your experiences of talking about risky sexual behaviour to your caregiver/parent or child. The discussions will last about an hour. The types of questions to start the discussions for example: Have you ever spoken to your caregiver/ child about sex? How did it happen? All questions asked will be about your experiences of communication and situations.

Would my participation in this study be kept confidential?

I will keep your personal information confidential. The group discussions will be audio recorded. I will be the only person who will have access to the recordings. The recordings will be typed out by me. All records will be locked away in a safe when not being used. To protect your confidentiality aliases or codes will be used to protect your identity. If we write a report or article about this research project, your identity will be protected to the highest.

What are the risks of this research?

There are no known risks associated with participating in this research project. As the researcher I will advise that some of the content of the discussions may make participants feel uncomfortable or embarrassed.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about how families interact and communicate about risky sexual behaviour. I hope that, in the future, other people might benefit from this study through this improved understanding. Partners in Sexual Health (PSH) may use the findings to develop new programmes for both caregivers and children.

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 penalized or lose any benefits to which you otherwise qualify. PSH will continue to support you if you wish to stop participating.

Is any assistance available if I am negatively affected by participating in this study? All possible precautions will be taken to protect you from experiencing any harm from the research process. If however, you are or feel that you are being negatively affected by this research suitable assistance will be sought for you at PSH or at the University of the Western Cape.

What if I have questions?

This research is being conducted by Sondré Syce at the University of the Western Cape. If you have any questions about the research study itself, please contact Sondré Syce on 3365037@myuwc.ac.za or 072 959 3955.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

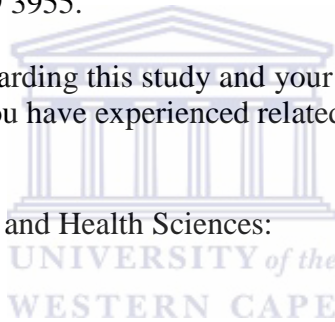
Head of Department:

Dean of the Faculty of Community and Health Sciences:

University of the Western Cape

Private Bag X17

Bellville 7535



This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2454

E-mail: mandipatin@uwc.ac.za or 3365037@myuwc.ac.za

Appendix B

INFORMED CONSENT FORM

Title of Research Project: Exploring Caregiver- child communication about risky sexual behaviour in Cape Town

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. It has also been explain that all group discussions will be audio recorded in order to ensure that all information is gathered accurately.

___ I agree to be audio tape recorded during my participation in this study.

___ I do not agree to be audio tape recorded during my participation in this study.

Participant's name:

Participant's signature:

Date:

Should you have any questions regarding this study or wish to report any problems you have experienced relating to this study, please contact the study coordinator:

Dr Michelle Andipatin
University of the Western Cape
Private bag x17, Belville 7535
Telephone: (021) 959 2454
Cell: 076 428 3703
Email: mandipatin@uwc.ac.za



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2454

E-mail: mandipatin@uwc.ac.za or 3365037@myuwc.ac.za

Appendix C

ASSENT FORM

Title: Exploring Caregiver-child communication about risky sexual behaviour in Cape Town

The study has been explained to me in a language that I understand and I freely and willingly agree to partake. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may leave the study without giving a reason at any time and this will not negatively affect me in any way. It has also been explained that all group discussions will be audio recorded in order to ensure that all information is gathered accurately.

___ I agree to be audio tape recorded during my participation in this study.

___ I do not agree to be audio tape recorded during my participation in this study.

Participant's name:

Participant's signature:

Date:

Should you have any questions regarding this study or wish to report any problems you have experienced relating to this study, please contact the study coordinator:

Dr Michelle Andipatin
University of the Western Cape
Private bag x17, Belville 7535
Telephone: (021) 959 2454
Cell: 076 428 3703
Email: mandipatin@uwc.ac.za



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2454

E-mail: mandipatin@uwc.ac.za or 3365037@myuwc.ac.za

Appendix D

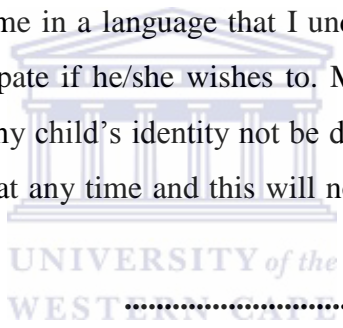
PARENTAL CONSENT FORM

Title: Exploring caregiver-child communication about risky sexual behaviour in Cape Town

Dear Parent/ Guardian

I am inviting your child to participate in a research study that explores family communication about risky sexual behaviour. All information will remain anonymous and audio recorded information is for transcription purposes only.

The study has been explained to me in a language that I understand and I freely and willingly agree to allow my child to participate if he/she wishes to. My questions about the study have been answered. I understand that my child's identity not be disclosed and that he/she may leave the study without giving a reason at any time and this will not negatively affect him/her in any way.



Parent/ guardian's name:

Parent/ guardian's signature:

Date:

Should you have any questions regarding this study or wish to report any problems you have experienced relating to this study, please contact the study coordinator:

Dr Michelle Andipatin
University of the Western Cape
Private bag x17, Belville 7535
Telephone: (021) 959 2454
Cell: 076 428 3703
Email: mandipatin@uwc.ac.za



UNIVERSITY OF THE WESTERN CAPE
Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959 2454

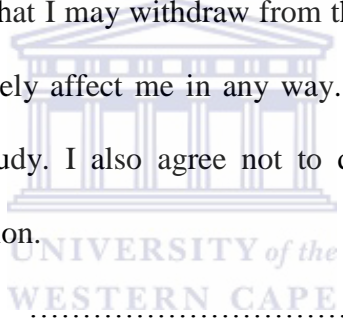
E-mail: mandipatin@uwc.ac.za or 3365037@myuwc.ac.za

Appendix E

FOCUS GROUP CONFIDENTIALITY BINDING FORM

Title of Research Project: Exploring Caregiver-child communication of risky sexual behaviour in Cape Town

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be audio-tape recorded during my participation in the study. I also agree not to disclose any information that was discussed during the group discussion.



Participant's name:

Participant's signature:

Date:.....

Appendix F

Preliminary focus group discussion and interview guide

1. What is risky sexual behaviour?
2. Have you ever spoken to your caregiver/child about sex?
3. Do you remember how this happened?
4. Was it just a once off conversation about sex?
5. How did this happen?
6. And how did you feel when you spoke to them/him/her?
7. In your opinion, what should caregivers speak to their children about when it comes to risky sexual behaviour or sex in general?
8. What topics are off limits?
9. How old were you when you first heard about sex?
10. When is the best time to talk to children about sex?
11. Is there a right time?
12. Why do you think it is difficult to talk to parents/children about sex?
13. What do you talk to your son/ daughter about?
14. What is your partner's role?
15. Is there a difference in how you discuss risky sexual behaviour with your son vs your daughter?
16. Does your religion play a role in your communication?

Appendix G
Demographic information

- 1) Name:
- 2) Surname:
- 3) Age:
- 4) Race/ethnic group:
- 5) How many family members live in your home?
- 6) What is your birth position within your family?
- 7) Are you the biological parent of the child in question?
- 8) How old is he/she?
- 9) If you are not a single parent, do you both work?
- 10) What is your highest grade passed?



Appendix H
Adolescent participant demographics

Table1: Male Adolescent demographics

Participant	Age	Race	Gender	Birth position	Caregiver (biological parent/not)	How many caregivers work?	Family members in house
B3	14	Coloured	Male	Eldest	Not biological	1	4
B5	13	Coloured	Male	Eldest	Both biological	2	4
B6	13	Coloured	Male	Eldest	Both biological	2	4
B7	13	Coloured	Male	Youngest	Both biological	2	7
B1	13	Coloured	Male	Fourth of 5	Both biological	2	14
B2	13	Coloured	Male	Youngest	Both biological	1	6
B11	14	Coloured	Male	Youngest	Not biological	1	n/a
B10	14	Coloured	Male	Youngest	Both biological	1	6
B8							
B9	13	Coloured	Male	Eldest	Both biological	2	4
	13.33	Coloured	Male		8both biological and 2 not biological	1.55	6.13

Appendix I
Caregiver demographic

Participant	Age	Race	Gender	Birth position	Caregiver (biological parent/not)	How many caregivers work?	Family members in house
G2	13	Black	Female	Eldest	Both biological	1	4
G13	13	Coloured	Female	Eldest	Both Biological	2	4
G9	13	Coloured	Female	Only	Not biological	0	8
G1	13	Coloured	Female	Second eldest	Both biological	1	8
G3	13	Coloured	Female	Youngest	Both biological	2	8
G4	14	Coloured	Female	Eldest	Both biological	2	5
G10	13	Coloured	Female	Eldest	Not biological	1	4
G14	12	Coloured	Female	Middle	Both biological	2	5
G8	13	Coloured	Female	Eldest	Not biological	0	4
G11	14	Coloured	Female	Eldest	Both biological	1	6
13.1		9 coloured 1 black			7 both biological 3 not biological	1.2	5.6



UNIVERSITEIT VAN DIE WES-KAAP

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592454

E-mail: mandipatin@uwc.ac.za

Appendix J

Afrikaans Adolescent informed consent form

Titel van projek:

‘n ondersoek van versorger-kind kommunikasie oor riskante seksuele gedrag in Kaapstad

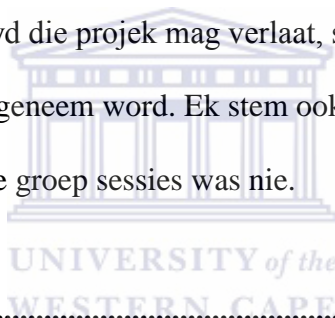
Die projek was verduidelik in ‘n taal wat ek verstaan en ek het self toegestem om deel te neem.

All my vrae oor de projek was beantwoord. Ek verstaan dat my identiteit sal nie openbaar wees

nie. Ek verstaan ook dat ek enige tyd die projek mag verlaat, sonder om ‘n rede te gee. Ek het my

toestemming gegee om op band opgeneem word. Ek stem ook saam dat ek niks informasie sal

deel met ander mense wat nie in die groep sessies was nie.



Deelneemers se naam:.....

Deelneemers se teken:.....

Datum:

As U nog vrae het oor die projek kan U vir Sondre kontak op 3365037@myuwc.ac.za

As U enige probleme met die projek wil opbring kan U die Hoof van die Departement kontak

Dr Michelle Andipatin
University of the Western Cape
Private Bag X17, Belville 7535
Telephone: (021)959-2454
Cell: 076 428 3703 Email: mandipatin@uwc.ac.za



UNIVERSITEIT VAN DIE WES-KAAP

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592454

E-mail: mandipatin@uwc.ac.za

Appendix K

Afrikaans Adolescent assent form

Liewe versorgers/ouers

Die sessies waar ek met groupies van agt meisies and seuns apart na skool gaan gesels, sale en uur duur. Ons verstaan dat tyd baie belangrik is en ons sal probeer om almal te akkommodeer.

Die kinders sal na skool bly om die groep sessies te voltooi. Dit sal op 'n Woensdag of 'n Donderdag wees van 2:00nm tot 3:00nm. Die datum/s sal op 'n latere stadium aan U bekend gemaak word.

Hiermee gee ek as ouer/ voog van leerder _____ grad _____ wat tans by Irista Primer skool gaan toestemming dat my seun/ dogter mag deelneem aan die studie oor ouers and tieners in Kaapstad se kommunikasie oor seksualiteit. Die Studie wil bepaal of tieners en ouers verstaan watter tipe denke lei tot riskante gedrag.

Ouer naam: _____

Groete Mejuffrou Syce (Student)

Dr Michelle Andipatin
University of the Western Cape
Private Bag X17, Belville 7535
Telephone: (021)959-2454
Cell: 076 428 3703 Email: mandipatin@uwc.ac.za



UNIVERSITEIT VAN DIE WES-KAAP
Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9592454

E-mail: mandipatin@uwc.ac.za

Appendix L

Afrikaans information sheet

INFORMASIE VORM

Projek Titel: ‘n Ondersoek van versorger-kind kommunikasie oor riskante seksuele gedrag In Kaapstad

Wat is die projek oor?

Die projek sal deur Sondre Syce van die Universteit van die Weskaap gedoen word. Ek bied U aan om deel te neem omdat U opinie en ervaring sal help. Ons probeer verstaan hoe ouers en kinders oor seks en seksualiteit praat. Die projek probeer om seksualiteit ervaring te verstaan so dat goeie programme kan vorder.

Wat sal jy vir my vra?

Jy sal deelneem in 2-3 groep sessies waar ons oor jou lewe en hoe jy met jou ouers/kinders praat oor seks and die negatiewe toevale daarvan. Die sessies sal ‘n uur lank wees. BV: Het jy al ooit met jou ouers/ kinders oor seks gepraat? Hoe het dit gebeur?

Sal die sessies konfidensial bly?

Ek sal jou informasie konfidensial hou. Die groep sessies sal op n band opgeneem word. Ek sal die eenigste person wees wat die band sal hoor en stoor. Ek sal die sessies uit-tik. Al die sessie notas sal weggesluit wees. Ons sal kode gebruik om U identiteit te beskerm.

Wat is die gevaar van die projek?

Daar is geen gevaar vir U as jy besluit om deel te neem nie. As die navorser, sal ek miskien vrae vra wat U sal skaam maak.

Hoe sal die projek my help?

Die projek sal nie direk jou help nie maar die vindings sal navorsers help on goeie skool programme aan te stel. Dit sal ook help om ouers te leer van hoe om met hul kinders te praat.

Moet ek bly in die projek of kan ek weier? U mag eenige tyd die projek verlaat. As U besluit om nie meer deel te neem nie hof U nie te bly nie. U sal nie gestraf word nie. Hope House sal help as U oor die projek wil praat.

Is daar help as ek dit nodig kry? Alle doele sal gevat word om U te beskerem, maar as U voel dat U negatiewe uitslae kry van die projek sal daar help wees by Hope House in Kuilsrivier.

Wat as ek vrae het?

As U nog vrae het oor die projek kan U vir Sondre kontak op 3365037@myuwc.ac.za

As U enige probleme met die projek wil opbring kan U die Hoof van die Departement kontak:

Dean of the Faculty of Community and Health Sciences:

University of the Western Cape

Private Bag X17

Bellville 7535

Hierdie navorsing is goedgekeur deur die Universiteit van die Wes-Kaap Komitee se Senaatskomitee Navorsing en Etiek.



Appendix M
AtlasTI ® coding processes

All objects sorted by creation date

HU: Masters 2015_09
File: [C:\Users\Syce\Desktop\Atlas\Masters 2015_09.hpr7]
Edited by: Super
Date/Time: 2016-01-07 15:28:05

Editing period : 65 days
First object created: 2015-10-10 11:09:11 (HU: Masters 2015_09)
Last object created: 2015-12-14 15:49:16 (Network View: P3)

(2015-10-10 11:09:11) HU: Masters 2015_09
(2015-10-10 11:10:52) Primary Doc: P 1: focus group 1 with boys.docx {129}
(2015-10-10 11:11:17) Primary Doc: P 2: Fg girls1.docx {62}
(2015-10-10 11:11:31) Primary Doc: P 4: Parental interview 1.docx {31}
(2015-10-10 11:11:31) Primary Doc: P 3: fg girls2.docx {22}
(2015-10-10 11:12:34) Primary Doc Family: Girls (2)
(2015-10-10 11:12:42) Primary Doc Family: Boys (2)
(2015-10-10 11:13:02) Primary Doc Family: Female Parental interviews (3)
(2015-10-12 13:51:23) Code: Mothers as sources of sexual knowledge {10-0}
(2015-10-12 13:51:23) Quotation: >2:1 1: nommer 1, nee, my ma praat .. (17:17)
(2015-10-12 13:52:24) Quotation: <2:2 9: (gasp) nommer 9, ons het da.. (26:26)
(2015-10-12 13:52:24) Code: School as source of sexual knowledge {14-0}
(2015-10-12 13:54:45) Code: constant communication with parent {4-1}
(2015-10-12 13:54:45) Quotation: 2:3 1: nommer 1 amper elke dag Res.. (47:49)
(2015-10-12 13:55:13) Quotation: 2:4 1: ja elke dag. My ma bly die .. (49:49)
(2015-10-12 13:55:37) Quotation: 2:5 1: uhm, toe ek laas jaar verja.. (51:51)
(2015-10-12 13:56:21) Quotation: <2:6 10: nommer 10, uhm om (seems v.. (60:60)
(2015-10-12 13:57:00) Code: Parental monitoring {14-0}
(2015-10-12 13:57:00) Quotation: >2:7 10: uhm, my ma sê altyd as, da.. (63:63)
(2015-10-12 13:59:28) Quotation: <2:8 1: nommer 1, dis beter as jy j.. (64:64)
(2015-10-12 13:59:28) Code: openness with Mothers {17-0}
(2015-10-12 13:59:56) Quotation: 2:9 2: ok. Nommer 2, my ma sê alty.. (69:69)
(2015-10-12 14:03:19) Quotation: >2:10 9: nommer 9, Ons se onderwyser.. (73:73)
(2015-10-12 14:03:52) Quotation: 2:11 Mixed speakers: nee, ons het ‘.. (77:77)
(2015-10-12 14:03:52) Code: Media as source of sexual knowledge {7-1}
(2015-10-12 14:04:43) Code: Peers as sources of sexual knowledge {5-0}
(2015-10-12 14:04:43) Quotation: 2:12 1: (mentions under her breathe.. (81:81)
(2015-10-12 14:05:30) Quotation: 2:13 2: ek het ‘n boyfriend en my m.. (92:92)
(2015-10-12 14:05:38) Quotation: <2:14 1: nommer 1. Ek het ook ‘n boy.. (93:93)

(2015-10-12 14:06:45) Code: discomfort with PC Communication {6-3}

(2015-10-12 14:06:45) Quotation: 2:15 1: want dit klink snaaks as 'n.. (98:98)

(2015-10-12 14:07:00) Quotation: 2:16 9: nommer 9... skaam! (95:95)

(2015-10-12 14:07:18) Quotation: 2:17 2: maybe het jou ma nie iets o.. (99:99)

(2015-10-12 14:08:22) Quotation: <2:18 9: nommer 9, as hulle agter 'n.. (101:101)

(2015-10-12 14:08:22) Code: loss of innocence {2-0}

(2015-10-12 14:09:03) Quotation: 2:19 9: dit is! Hulle hou vir hulle.. (103:103)

(2015-10-12 14:10:42) Quotation: >2:20 9: hulle wiel nie speel nie hu.. (120:120)

(2015-10-12 14:10:50) Hyper-Link: 2:18 <expands> 2:20

(2015-10-12 14:14:54) Quotation: 2:21 9: twelf 1: dertien, wanner jy.. (124:128)

(2015-10-12 14:14:54) Code: Age when loss of innocence occurs {3-0}

(2015-10-12 14:16:03) Quotation: 2:22 9: nommer 9, hulle moet dit ne.. (205:205)

(2015-10-12 14:16:03) Code: take it slow {2-0}

(2015-10-12 14:18:13) Quotation: 2:23 dan gaan jy vir jou ma vra nou.. (223:223)

(2015-10-12 14:18:48) Code: Body as source of sexual knowledge {11-2}

(2015-10-12 14:18:48) Quotation: 2:24 nou groei jy en jy kom na graa.. (223:223)

(2015-10-12 14:19:34) Code: Age appropriate discussions {11-0}

(2015-10-12 14:20:24) Quotation: 2:25 en nou groei jy en jy is in gr.. (223:223)

(2015-10-12 14:21:09) Quotation: >2:26 1: nommer 1, ek sal...dit sal be.. (233:233)

(2015-10-12 14:21:59) Quotation: 2:27 9: nommer 9, jy moet nie seks .. (237:237)

(2015-10-12 14:21:59) Code: Abstaining until marriage {13-1}

(2015-10-12 14:22:42) Quotation: >2:28 1: ek sal vir hom sê as jy gro.. (251:251)

(2015-10-12 14:23:12) Quotation: 2:29 ek sal dit nie te ingewikkeld .. (251:251)

(2015-10-12 14:23:30) Quotation: <2:30 Hoe groter die kind groei hoe.. (251:251)

(2015-10-12 14:26:34) Hyper-Link: 2:30 <continued by> 2:28

(2015-10-12 20:18:45) Code: difference in communication boys vs girls {5-0}

(2015-10-12 20:18:45) Quotation: 2:31 soos jy opgrooi... en soos 'n se.. (261:261)

(2015-10-12 20:19:10) Quotation: 2:32 9: Van die goed is die selfde .. (255:255)

(2015-10-12 20:19:24) Quotation: 2:33 Die seuns neem nooit in nie! (263:263)

(2015-10-12 20:19:41) Quotation: 2:34 1: seuns is baie uitgelaat... (269:269)

(2015-10-12 20:22:03) Code: girls perception of boys {3-1}

(2015-10-12 20:22:48) Quotation: 2:35 9: en seuns hou van meisies... (271:271)

(2015-10-12 20:22:59) Quotation: 2:36 9: en hulle hou van...(gets inte.. (275:275)

(2015-10-12 20:23:37) Quotation: <2:37 1: joh, streng verby (291:291)

(2015-10-12 20:23:47) Quotation: 2:38 8 :My ma en my pa is baie stre.. (293:293)

(2015-10-12 20:24:04) Quotation: 2:39 2: nommer 2, my pa is die stre.. (299:299)

(2015-10-12 20:24:42) Hyper-Link: 2:37 <expands> 2:40

(2015-10-12 20:24:42) Quotation: >2:40 1: nommer 1, my ma, my ma is n.. (301:301)

(2015-10-12 20:26:11) Code: dangers in community {6-2}~

(2015-10-12 20:26:11) Quotation: 2:41 8: Dit was omdat daar was 'n o.. (317:321)

(2015-10-12 20:28:32) Code: socio-economic factors affecting safety {3-1}

(2015-10-12 20:28:32) Quotation: <2:42 2: Haar ma't gesê... haar ma't g.. (355:355)

(2015-10-12 20:29:07) Quotation: >2:43 Die tweede keur to het hulle v.. (355:355)

(2015-10-12 20:29:25) Hyper-Link: 2:42 <expands> 2:43

(2015-10-12 20:29:59) Quotation: 2:44 4: dit gebeur ooral... (359:359)

(2015-10-12 20:30:51) Code: negotiating with intermit partner {5-0}

(2015-10-12 20:30:51) Quotation: 2:45 10: nommer 10, Ek sal vir hom .. (370:370)

(2015-10-12 20:31:02) Quotation: 2:46 1: Ek sal vir om sê dat hy moe.. (374:374)

(2015-10-12 20:31:34) Quotation: 2:47 10: nommer 10, my ma... my ma... h.. (382:382)

(2015-10-12 20:32:14) Quotation: >2:48 2: want dis belangrik... maybe n.. (386:386)

(2015-10-12 20:32:22) Quotation: 2:49 8: Ek wil nou net gesê het dat.. (388:388)

(2015-10-12 20:32:51) Quotation: <2:50 1: sê nou ek is getroud en ek .. (392:392)

(2015-10-12 20:33:18) Quotation: >2:51 1: of HIV positief is of so... e.. (396:396)

(2015-10-12 20:33:18) Hyper-Link: 2:50 <expands> 2:51

(2015-10-12 20:34:36) Quotation: 2:52 9: nommer 9, want jy kan swang.. (410:410)

(2015-10-12 20:34:36) Code: definition of risky sexual behaviour {8-1}

(2015-10-12 20:35:10) Quotation: 2:53 toe ht hulle vir ons gewys van.. (420:420)

(2015-10-12 20:35:24) Quotation: 2:54 ons se coach... (424:424)

(2015-10-12 20:36:49) Quotation: <2:55 2: ek het al baby kisses al... (454:454)

(2015-10-12 20:36:49) Code: intermit with boys {4-0}

(2015-10-12 20:37:06) Quotation: 2:56 4: Ek het al... (460:460)

(2015-10-12 20:37:17) Quotation: 2:57 1: Ek het al 13... (462:462)

(2015-10-12 20:37:22) Quotation: 2:58 9: ek was twelf... (464:464)

(2015-10-12 20:38:12) Hyper-Link: 2:55 <explains> 2:59

(2015-10-12 20:38:12) Quotation: >2:59 2: nommer 2, die eerste keur t.. (473:473)

(2015-10-12 20:38:55) Quotation: 2:60 10: nee, vir my ouers kan 'n m.. (479:479)

(2015-10-12 20:41:06) Quotation: >2:61 1: Ek sê vir my ouers... (481:481)

(2015-10-12 20:41:06) Hyper-Link: 2:14 <continued by> 2:61

(2015-10-12 20:42:17) Quotation: 2:62 2: nommer 2, ek sê meestal vi.. (483:483)

(2015-10-12 20:43:40) Network View: fg1_girls (28)

(2015-10-12 20:48:32) Hyper-Link: 2:14 <supports> 2:26

(2015-10-12 20:49:00) Hyper-Link: 2:8 <supports> 2:26

(2015-10-12 20:50:33) Hyper-Link: 2:2 <continued by> 2:10

(2015-10-12 21:01:08) Quotation: 3:1 Nou my kind is nou 11. As my k.. (59:59)

(2015-10-12 21:04:10) Code: view on abortion {5-0}

(2015-10-12 21:04:10) Quotation: 3:2 4: Ek sal nie my kind af maak .. (159:159)

(2015-10-12 21:04:17) Quotation: 3:3 1: Ek sal ook nie my kind afma.. (161:161)

(2015-10-12 21:04:37) Quotation: <3:4 9: nommer 9, sê ma nou ek is n.. (167:167)

(2015-10-12 21:05:02) Quotation: >3:5 6: As ek verkrag is sal het ni.. (173:173)

(2015-10-12 21:05:35) Hyper-Link: 3:4 <supports> 3:5

(2015-10-12 21:06:07) Quotation: <3:6 1: Ek sal ook nie my kind afma.. (161:161)

(2015-10-12 21:06:21) Quotation: >3:7 1: JA ek sal NIE daai kind afm.. (179:179)

(2015-10-12 21:06:21) Hyper-Link: 3:6 <justifies> 3:7

(2015-10-12 21:09:26) Quotation: 3:8 1: dis vekeert! Want dit lyk n.. (296:296)

(2015-10-12 21:09:36) Quotation: 3:9 6: Nommer 6, dis verkeert, wan.. (298:298)

(2015-10-12 21:10:26) Quotation: 3:10 8: Ek sal vir my ouers sê... wan.. (302:302)

(2015-10-12 21:10:35) Quotation: 3:11 1: Ja, dan is dit 'n groot din.. (304:304)

(2015-10-12 21:11:16) Quotation: 3:12 9: wanneer jy getroud is... (320:320)

(2015-10-12 21:11:46) Quotation: <3:13 1: wanneer jy 18 is. (316:316)

(2015-10-12 21:11:46) Code: when to have sex {8-1}

(2015-10-12 21:11:52) Quotation: 3:14 8: wanner jy 'n tiener is... (318:318)

(2015-10-12 21:12:09) Quotation: >3:15 1: ek dink 18, klaar met skool.. (324:324)

(2015-10-12 21:12:25) Hyper-Link: 3:13 <justifies> 3:15

(2015-10-12 21:12:43) Quotation: 3:16 6: Som mense sê die aand wanne.. (326:326)

(2015-10-12 21:13:01) Quotation: >3:17 8: miskin die aand van jou troe.. (330:330)

(2015-10-12 21:13:08) Quotation: <>3:18 1: ja na jou troue... (331:331)

(2015-10-12 21:13:23) Quotation: <3:19 1: wanneer jy 18 is. (315:316)

(2015-10-12 21:13:35) Hyper-Link: 3:19 <contradicts> 3:18

(2015-10-12 21:14:17) Quotation: >3:20 6: sê ma jou ouma het nie seks.. (357:357)

(2015-10-12 21:14:17) Code: Sexual Myths {13-0}

(2015-10-12 21:16:19) Network View: fg2_girls (44)

(2015-10-15 17:08:24) Quotation: <1:1 2: nommer 2, my ma het gesê jy.. (21:21)

(2015-10-15 17:09:07) Quotation: 1:2 2: Ek was nog jonk, mev... dit w.. (23:23)

(2015-10-15 17:09:07) Code: Age of first conversation {5-0}~

(2015-10-15 17:10:33) Quotation: 1:3 9: my ma het al met my gepraat.. (24:24)

(2015-10-15 17:11:21) Quotation: 1:4 9: vir wanneer jy oor 20 is of.. (26:26)

(2015-10-15 17:12:01) Quotation: 1:5 7: Ek was 12 jeffrou... (37:37)

(2015-10-15 17:12:37) Quotation: >1:6 3: so as 'n mens tv kyk so laa.. (43:43)

(2015-10-15 17:13:15) Quotation: 1:7 3: nee ons doen dit regtig jef.. (46:46)

(2015-10-15 17:13:15) Code: actual sexual behaviour {4-0}

(2015-10-15 17:14:00) Hyper-Link: 1:8 <continued by> 1:6

(2015-10-15 17:14:00) Quotation: <1:8 nou sien jy dit op die tv nou .. (48:48)

(2015-10-15 17:15:05) Quotation: 1:9 3: ses jeffrou... to doen ek it .. (50:50)

(2015-10-15 17:15:39) Quotation: 1:10 3: Toe word ons gevang en toe .. (52:52)

(2015-10-15 17:15:39) Code: consequences of sexual behaviour {14-1}

(2015-10-15 17:16:23) Quotation: >1:11 7: nommer 7, jeffrou die meisi.. (55:55)

(2015-10-15 17:18:04) Quotation: >1:12 2: ja dit was net een keur jef.. (67:67)

(2015-10-15 17:18:04) Code: frequency of communication {7-1}

(2015-10-15 17:21:18) Quotation: 1:13 4: ek het op die tv gesien jef.. (75:75)

(2015-10-15 17:21:52) Quotation: 1:14 2: (mumbling) ek het 'n... gesi.. (82:82)

(2015-10-15 17:22:32) Quotation: 1:15 1: hulle weet nie jeffrou, ek .. (85:85)

(2015-10-15 17:22:49) Code: secrecy {2-0}

(2015-10-15 17:23:33) Quotation: 1:16 1: aanmekaar jeffrou... (97:97)

(2015-10-15 17:25:00) Quotation: ~1:17 2: een keur jeffrou... toe was d.. (98:98)

(2015-10-15 17:27:26) Quotation: 1:18 2: ja jeffrou baie jeffrou... en.. (100:100)

(2015-10-15 17:27:36) Quotation: 1:19 1: en oor jou hormone wat groo.. (101:101)

(2015-10-15 17:27:55) Quotation: <1:20 5: nommer 5, jeffrou... love lif.. (102:102)

(2015-10-15 17:28:20) Quotation: >1:21 5: ja jeffrou, die onderwysers.. (104:104)

(2015-10-15 17:28:20) Hyper-Link: 1:20 <expands> 1:21

(2015-10-15 17:29:20) Quotation: 1:22 3: Ja daai ou sê hy vryf 'n ei.. (106:106)

(2015-10-15 17:30:11) Quotation: <1:23 7: jeffrou, askies jeffrou, nom.. (115:115)

(2015-10-15 17:30:21) Hyper-Link: 1:23 <expands> 1:24

(2015-10-15 17:30:21) Quotation: >1:24 7: dan moet jy by daai meisie .. (117:117)

(2015-10-15 17:31:01) Quotation: 1:25 1: oh ja en jy kan miskin VIGS.. (119:119)

(2015-10-15 17:31:27) Quotation: 1:26 9: en HIV (120:120)

(2015-10-15 17:31:43) Quotation: 1:27 5: nommer 5, en jy kan miskin,.. (121:121)

(2015-10-15 17:32:36) Quotation: 1:28 2: jy gebruik 'n kondoom jeffr.. (123:123)

(2015-10-15 17:32:36) Code: safety precautions {6-1}

(2015-10-15 17:32:49) Quotation: 1:29 5: nommer 5, jeffrou jy kan da.. (124:124)

(2015-10-15 17:33:54) Quotation: 1:30 7: ja, hulle wys vir jou agter.. (129:129)

(2015-10-15 18:30:28) Quotation: 1:31 5: Jeffrou, jeffrou my niggie .. (132:132)

(2015-10-15 18:30:28) Code: extended family as source of sexual knowledge {5-0}

(2015-10-15 18:33:42) Quotation: 1:32 hulle moet eerste 21 word voor.. (140:140)

(2015-10-15 18:34:03) Quotation: 1:33 of hulle moet wag tot hulle tr.. (140:140)

(2015-10-15 18:35:28) Quotation: 1:34 5: Ek sal vir hulle aan mekaar.. (160:160)

(2015-10-15 18:35:42) Quotation: ~<>1:35 2: Ek sal hulle net een keur s.. (154:154)

(2015-10-15 18:37:08) Hyper-Link: 1:35 <justifies> 1:36

(2015-10-15 18:37:08) Quotation: >1:36 2: dan sal hulle weet om nie s.. (158:158)

(2015-10-15 18:40:36) Quotation: ~1:37 Ek sal vir hulle verduidelik d.. (162:162)

(2015-10-15 18:41:13) Quotation: ~1:38 5: Ek sal vir hulle aan mekaar.. (160:160)

(2015-10-15 18:42:08) Quotation: ~1:39 1: nommer1, sê ma ek het 'n me.. (163:163)

(2015-10-15 18:46:04) Code: discomfort of finding out about sex {1-0}

(2015-10-15 18:46:04) Quotation: 1:40 2: want ek was bang jeffrou... e.. (192:192)

(2015-10-15 18:46:19) Quotation: <1:41 1: en 'n mens se hormone maak .. (194:194)

(2015-10-15 18:47:22) Code: don'ts of communication {5-0}

(2015-10-15 18:47:22) Quotation: 1:42 4: hulle moet nie vir hulle ki.. (198:198)

(2015-10-15 18:47:35) Quotation: 1:43 2: hulle moenie vir hulle kind.. (200:200)

(2015-10-15 18:48:02) Quotation: ~1:44 2: ek sal vir hulle sê jeffrou.. (203:204)

(2015-10-15 18:49:18) Quotation: 1:45 4: ek sal nie vir hulle baie s.. (208:208)

(2015-10-15 18:49:28) Quotation: ~1:46 want miskin raak hulle lus vir.. (208:208)

(2015-10-15 18:50:37) Quotation: <1:47 4: ek sal nie vir hulle baie s.. (208:208)

(2015-10-15 18:51:40) Quotation: 1:48 Want 'n seun is baie... hoe kan .. (208:208)

(2015-10-15 18:51:40) Code: boys perception of boys {1-1}

(2015-10-15 18:52:01) Quotation: 1:49 4: baie verket jeffrou... (212:212)

(2015-10-15 18:52:01) Code: Masturbation {5-1}

(2015-10-15 18:52:41) Quotation: 1:50 7: dit is nie verkert nie jeff.. (214:214)

(2015-10-15 18:52:56) Quotation: 1:51 in die bybel (214:214)

(2015-10-15 18:52:56) Code: Religion {8-0}~

(2015-10-15 18:54:19) Quotation: >1:52 5: lus raak... (249:249)

(2015-10-15 18:54:46) Quotation: 1:53 2, jy moet wag tot jy trou jef.. (253:253)

(2015-10-15 18:56:01) Quotation: 1:54 1, jy sal miskind gay raak... en.. (255:255)

(2015-10-15 18:56:34) Quotation: 1:55 7: daar was twee kinders van d.. (265:265)

(2015-10-15 18:57:48) Quotation: <1:56 2: sorry jeffrou... jy kan net w.. (275:275)

(2015-10-15 18:58:17) Quotation: 1:57 5: nommer 5, nie aan dit te di.. (277:277)

(2015-10-15 18:58:42) Quotation: 1:58 7: jy moet oor alles praat (279:279)

(2015-10-15 18:59:07) Hyper-Link: 1:56 <explains> 1:59

(2015-10-15 18:59:07) Quotation: >1:59 2: nommer 2, hou vir jou besig.. (280:280)

(2015-10-15 19:01:00) Quotation: 1:60 5: Hulle gaan miskin vra, sien.. (294:294)

(2015-10-15 19:01:00) Code: What parents will think if they knew we know about sex. {6-1}

(2015-10-15 19:01:18) Quotation: <1:61 2: Hulle gaan miskin vra: " he.. (288:288)

(2015-10-15 19:01:34) Quotation: >1:62 2: hulle gaan geskok wees jeff.. (298:298)

(2015-10-15 19:01:48) Quotation: 1:63 2: hulle gaan kwaad raak jeffr.. (302:302)

(2015-10-15 19:02:04) Hyper-Link: 1:61 <expands> 1:62

(2015-10-15 19:02:32) Quotation: >1:64 2: hulle gaan kwaad raak jeffr.. (301:302)

(2015-10-15 19:02:32) Hyper-Link: 1:61 <expands> 1:64

(2015-10-15 19:04:17) Quotation: >1:65 5: hulle moet leer om nie silk.. (315:315)

(2015-10-15 19:04:17) Code: What parents should know-adolescent's perspective {4-0}

(2015-10-15 19:04:42) Quotation: <1:66 2: jeffrou nou sien jy hoe hul.. (321:321)

(2015-10-15 19:04:58) Code: seeing caregivers being intermit {4-0}

(2015-10-15 19:05:35) Quotation: <1:67 4: nommer 4, jeffrou... hulle mo.. (325:325)

(2015-10-15 19:06:10) Quotation: 1:68 2: om nie seks te het nie... sek.. (329:329)

(2015-10-15 19:06:49) Quotation: <1:69 6: die meisies het vir ons all.. (353:353)

(2015-10-15 19:07:52) Code: boys perception of girls {2-0}

(2015-10-15 19:08:00) Quotation: 1:70 2: hulle weet van al daai van .. (354:355)

(2015-10-15 19:08:30) Quotation: 1:71 8: jy weet mos! Jou rug! (364:364)

(2015-10-15 19:09:47) Quotation: 1:72 5: as jy 'n tinnere raak dan k.. (371:371)

(2015-10-15 19:09:54) Quotation: >1:73 8: dan raak die knoppies hier .. (373:373)

(2015-10-15 19:11:37) Quotation: 1:74 3: dit kom van die avocado pee.. (382:382)

(2015-10-15 19:11:59) Quotation: >1:75 1: en peanuts... (384:384)

(2015-10-15 19:12:09) Quotation: <1:76 1: as jy baie peanuts eet dan .. (366:366)

(2015-10-15 19:12:17) Hyper-Link: 1:76 <supports> 1:75

(2015-10-15 19:12:55) Quotation: 1:77 9: ons het a plak gesien en da.. (390:390)

(2015-10-15 19:13:35) Quotation: <1:78 1: ja en eendag toe sê ek vir .. (396:396)

(2015-10-15 19:15:10) Quotation: 1:79 5: ja en iemand moet nie daar .. (436:436)

(2015-10-15 19:16:16) Quotation: >1:80 5: Hulle sal jou slat, jeffrou.. (477:477)

(2015-10-15 19:17:42) Quotation: <>1:81 2: hulle sal jou slat oor jou .. (479:479)

(2015-10-15 19:18:27) Quotation: <1:82 7: Hulle sal jou nie slaan nie.. (483:483)

(2015-10-15 19:19:11) Hyper-Link: 1:81 <contradicts> 1:83

(2015-10-15 19:19:11) Quotation: >1:83 2: miskin op 'n ander manier... .. (487:487)

(2015-10-15 19:21:18) Code: no fear/ immune to illness {1-0}

(2015-10-15 19:21:18) Quotation: 1:84 3: Nee jeffrou, Ek is nie bang.. (526:526)

(2015-10-15 19:22:06) Quotation: >1:85 1: jy kan jou nek (of your pen.. (558:558)

(2015-10-15 19:22:34) Quotation: 1:86 3: ja of plestik, (564:564)

(2015-10-15 19:22:44) Quotation: 1:87 3: Vrydags ne jeffrou, dan het.. (568:568)

(2015-10-15 19:23:12) Quotation: ~1:88 3: nee jeffrou... (575:575)

(2015-10-15 19:23:59) Quotation: ~<1:89 2: 'n pak sla gee! 3: ja jeffr.. (579:581)

(2015-10-15 19:24:43) Quotation: <1:90 3: dis menslik jeffrou... ek kan.. (585:585)

(2015-10-15 19:25:07) Code: human nature {4-1}

(2015-10-15 19:25:23) Quotation: >1:91 7: ja as jy lus het jeffrou... (587:587)

(2015-10-15 19:25:36) Hyper-Link: 1:90 <supports> 1:91

(2015-10-15 19:26:00) Quotation: 1:92 2: jy word gehok jeffrou, as h.. (589:589)

(2015-10-15 19:27:07) Code: condoms are not always safe {5-1}

(2015-10-15 19:27:07) Quotation: <1:93 9: kondome is nie altyd veilig.. (595:595)

(2015-10-15 19:27:15) Quotation: >1:94 2: ja as dit stukkend is jeffr.. (599:599)

(2015-10-15 19:27:20) Quotation: <1:95 9: kondome is nie altyd veilig.. (594:595)

(2015-10-15 19:27:26) Hyper-Link: 1:95 <supports> 1:94

(2015-10-15 19:27:45) Quotation: >1:96 9: of dit kan afval... (601:601)

(2015-10-15 19:27:45) Hyper-Link: 1:93 <continued by> 1:96

(2015-10-15 19:28:25) Quotation: <1:97 1: wanneer jy te hard is... (603:603)

(2015-10-15 19:28:59) Quotation: 1:98 5: ja of dit is te klein miski.. (605:605)

(2015-10-15 19:30:18) Quotation: 1:99 2: Sperm, hardloop uit dan is .. (610:610)

(2015-10-15 19:30:53) Quotation: 1:100 3: ek sal haar los jeffrou, (614:614)

(2015-10-15 19:31:12) Quotation: <1:101 6: nommer 6 jeffrou... en somtyd.. (616:616)

(2015-10-15 19:31:31) Quotation: >1:102 6: nee jeffrou... (619:619)

(2015-10-15 19:31:31) Hyper-Link: 1:101 <explains> 1:102

(2015-10-15 19:31:52) Hyper-Link: 1:101 <expands> 1:103

(2015-10-15 19:31:52) Quotation: <>1:103 1: (shouts loudly) DAAI IS RAP.. (620:620)

(2015-10-15 19:32:24) Quotation: >1:104 5: Nommer 5, daai call 'n mens.. (622:622)

(2015-10-15 19:32:24) Hyper-Link: 1:103 <supports> 1:104

(2015-10-15 19:33:34) Quotation: 1:105 3: Ek sal, altyd dit wil doen .. (633:633)

(2015-10-15 19:34:00) Quotation: 1:106 7: as 'n meisie nou vir jou vr.. (635:635)

(2015-10-15 19:34:00) Code: boys will never say no to sex {3-0}

(2015-10-15 19:34:39) Quotation: ~1:107 2: nee... DIT GAAN NIE OOR HOE S.. (643:643)

(2015-10-15 19:35:22) Quotation: 1:108 5: ek sal nie gaan nie jeffrou.. (647:647)

(2015-10-15 19:35:58) Quotation: 1:109 7: wanner ons babas was toe on.. (654:654)

(2015-10-15 19:37:07) Code: openness with caregivers {7-0}

(2015-10-15 19:37:07) Quotation: 1:110 7: Ja jeffrou... (662:662)

(2015-10-15 19:37:14) Quotation: 1:111 5: Ja jeffrou... (664:664)

(2015-10-15 19:37:19) Quotation: 1:112 2: Ja jeffrou... (665:666)

(2015-10-15 19:37:32) Quotation: 1:113 1: ek sal, ek sal... vir hulle s.. (668:668)

(2015-10-15 19:38:26) Quotation: 1:114 3: dis wat jy hoor en sien man.. (676:676)

(2015-10-15 19:39:45) Quotation: 1:115 2: nommer 2 jeffrou, jy moet d.. (692:692)

(2015-10-15 19:40:58) Quotation: ~1:116 5: Ek sal vir haar sê in graad.. (709:709)

(2015-10-15 19:42:00) Quotation: <1:117 2: ja jeffrou, jy praat vir ha.. (711:711)

(2015-10-15 19:42:25) Quotation: >1:118 1: seks... dan sê jy vir hom... as.. (713:713)

(2015-10-15 19:42:41) Hyper-Link: 1:117 <supports> 1:118

(2015-10-15 19:43:07) Code: create fear around sex in children {2-0}

(2015-10-15 19:43:07) Quotation: 1:119 2: ja jeffrou, jy praat vir ha.. (711:711)

(2015-10-15 19:43:32) Quotation: 1:120 1: net wanneer hulle groot is... (717:717)

(2015-10-15 19:43:39) Quotation: 1:121 5: ek sal eerste wag toe sy gr.. (719:719)

(2015-10-15 19:43:46) Quotation: 1:122 7: na 12! Jeffrou! (721:721)

(2015-10-15 19:45:19) Quotation: 1:123 3: dis menslik jeffrou... (739:739)

(2015-10-15 19:46:25) Quotation: 1:124 3: JA jeffrou! Jy moet die waa.. (743:743)

(2015-10-15 19:47:04) Quotation: 1:125 2: nee jeffrou, dan sal die ki.. (745:745)

(2015-10-15 19:47:21) Quotation: 1:126 5: jy moet vir jou kind verdui.. (747:747)

(2015-10-15 19:47:46) Quotation: 1:127 7: en jy moet vir hulle sê jef.. (749:749)

(2015-10-26 12:13:23) Primary Doc: P 9: Parental interview 2 Tanisha.docx {50}

(2015-10-28 18:17:42) Code: Time {1-0}

(2015-10-28 18:17:42) Quotation: 4:1 hmm, ek het nie tyd vir dit ni.. (3:3)

(2015-10-28 18:19:53) Quotation: 4:2 En die kind kry inligting by d.. (3:3)

(2015-10-28 18:20:09) Quotation: 4:3 en jy weet as jy met 'n man ga.. (3:3)

(2015-10-28 18:22:09) Code: parents upbringing {7-0}

(2015-10-28 18:22:09) Quotation: 4:4 ek was baie streng groot gemaa.. (10:10)

(2015-10-28 18:22:26) Quotation: 4:5 ek was verskriklik bang (10:10)

(2015-10-28 18:23:59) Quotation: 4:6 Ek het agt anties and 'n ouma .. (10:10)

(2015-10-28 18:24:39) Quotation: 4:7 ek is baie outyds groot gemaak.. (10:10)

(2015-10-28 18:25:23) Quotation: 4:8 Toe kom ek, 'n jaar daarna kom.. (10:10)

(2015-10-28 18:25:23) Code: Parents sexual debut {2-0}

(2015-10-28 18:26:44) Quotation: 4:9 So dis hoekom ek baie streng i.. (10:10)

(2015-10-28 18:27:03) Code: importance of education {2-1}

(2015-10-28 18:27:50) Quotation: 4:10 Brenwyn maak toe. Vir 'n seun .. (13:13)

(2015-10-28 18:29:49) Quotation: <4:11 Reeds omdat ek voel ek wil hul.. (13:13)

(2015-10-28 18:29:49) Code: protecting children {2-1}

(2015-10-28 18:30:24) Quotation: >4:12 Dis deur mekaar hier binne. Ek.. (17:17)

(2015-10-28 18:30:49) Hyper-Link: 4:11 <expands> 4:12

(2015-10-28 18:32:49) Quotation: 4:13 P1: nou ja... ek hoop ma net hy .. (44:44)

(2015-10-28 18:34:12) Code: want the best for children {1-2}

(2015-10-28 18:34:12) Quotation: 4:14 P1: (feeling flattered and sta.. (60:60)

(2015-10-28 18:35:45) Code: mother runs household {1-0}

(2015-10-28 18:35:45) Quotation: 4:15 Ek koop alles. Ek run die hele.. (83:83)

(2015-10-28 18:36:39) Code: caregiver/parental relationships {1-0}

(2015-10-28 18:36:39) Quotation: 4:16 Kyk nou so 'n type man is hy n.. (83:83)

(2015-10-28 18:38:39) Quotation: 4:17 P1: Ek sal verkis dat ons ouer.. (91:91)

(2015-10-28 18:38:39) Code: better to communicate with parents/caregivers than somewhere else. {1-0}

(2015-10-28 18:39:37) Quotation: 4:18 So ek dink hy sal meer begrip .. (91:91)

(2015-10-28 18:40:44) Quotation: 4:19 P1: Ja, ons is. Ons het elke a.. (100:100)

(2015-10-28 18:42:19) Quotation: 4:20 Maar ek probeer so meer as moo.. (112:112)

(2015-10-28 18:43:05) Quotation: 4:21 Ek groei vir hulle Christelike.. (112:112)

(2015-10-28 18:43:46) Quotation: 4:22 in ons pad is daar 3 tik huise.. (114:114)

(2015-10-28 18:45:05) Quotation: 4:23 P1: Ek sal vir my boog lam skr.. (129:129)

(2015-10-28 18:46:53) Quotation: 4:24 Want hy gaan hoor buiterkant d.. (141:141)

(2015-10-28 18:48:25) Code: privacy {1-0}

(2015-10-28 18:48:25) Quotation: >4:25 Ons is baie... modes in ons huis.. (161:161)

(2015-10-28 18:48:45) Quotation: <4:26 jou privacy is jou privacy! Ek.. (161:161)

(2015-10-28 18:48:51) Hyper-Link: 4:26 <expands> 4:25

(2015-10-28 18:49:41) Quotation: <4:27 Ja nee, daai is nou een ding. .. (165:165)

(2015-10-28 18:50:19) Code: community involvement {4-1}

(2015-10-28 18:50:34) Quotation: >4:28 Ons leer ook mekaar my kind is.. (165:165)

(2015-10-28 18:51:00) Quotation: >4:29 Ons kyk na mekaar se kinders. (165:165)

(2015-10-28 18:51:13) Hyper-Link: 4:27 <discusses> 4:28

(2015-10-28 18:51:57) Hyper-Link: 4:27 <discusses> 4:29

(2015-10-28 18:52:58) Quotation: 4:30 P1: Soos hier by ons is daar '.. (173:173)

(2015-10-28 19:00:16) Network View: Parental interview_1 (23)

(2015-10-28 19:01:08) Code-Link: community involvement <is associated with> dangers in community

(2015-10-28 19:02:11) Code-Link: protecting children <is part of> want the best for children

(2015-10-28 19:03:05) Code-Link: importance of education <is part of> want the best for children

(2015-10-28 19:03:23) Code-Link: socio-economic factors affecting safety <is part of> dangers in community

(2015-10-29 14:08:14) Quotation: 9:1 I kind of explained about it w.. (4:4)

(2015-10-29 14:08:40) Quotation: 9:2 Researcher: and how old was he.. (5:7)

(2015-10-29 14:09:36) Quotation: 9:3 And of course it was a bit unc.. (10:10)

(2015-10-29 14:11:20) Quotation: <9:4 Tanisha: uhm... only if he has.. (12:12)

(2015-10-29 14:11:58) Quotation: <9:5 Tanisha: Uhm... what he did sp.. (14:14)

(2015-10-29 14:12:25) Quotation: 9:6 Tanisha: and then he explained.. (16:16)

(2015-10-29 14:12:53) Quotation: 9:7 Tanisha: I, I don't really (18:18)

(2015-10-29 14:13:29) Quotation: <9:8 Tanisha: I don't know. I think.. (20:20)

(2015-10-29 14:13:48) Quotation: <>9:9 they become aware of things an.. (20:20)

(2015-10-29 14:13:49) Hyper-Link: 9:8 <expands> 9:9

(2015-10-29 14:14:25) Hyper-Link: 9:9 <continued by> 9:10

(2015-10-29 14:14:25) Quotation: >9:10 But the school also spoke to t.. (20:20)

(2015-10-29 14:15:46) Quotation: >9:11 Tanisha: uh... sjoe, I often t.. (22:22)

(2015-10-29 14:16:18) Quotation: 9:12 So I am always checking his ph.. (22:22)

(2015-10-29 14:16:49) Quotation: 9:13 That is as far as it goes, nev.. (22:22)

(2015-10-29 14:17:19) Quotation: >9:14 So instead of NOT using anythi.. (24:24)

(2015-10-29 14:17:47) Quotation: 9:15 They also had to do a whole uh.. (24:24)

(2015-10-29 14:18:08) Quotation: 9:16 So instead of NOT using anythi.. (24:24)

(2015-10-29 14:18:18) Quotation: <9:17 so I warned him about like thi.. (24:24)

(2015-10-29 14:18:35) Hyper-Link: 9:17 <explains> 9:14

(2015-10-29 14:19:53) Quotation: 9:18 Tanisha: Uhm, I would, I would.. (28:28)

(2015-10-29 14:19:53) Code: certain topics are left for male caregivers/parents {3-0}

(2015-10-29 14:21:12) Quotation: 9:19 I suppose a responsible age, w.. (28:28)

(2015-10-29 14:21:38) Quotation: 9:20 Tanisha: No, NO, I don't... wi.. (30:30)

(2015-10-29 14:22:24) Quotation: <9:21 Tanisha: He is not as open wit.. (36:36)

(2015-10-29 14:22:24) Code: more comfortable with mom than dad {2-0}

(2015-10-29 14:22:51) Quotation: 9:22 Cameron's dad was never someon.. (36:36)

(2015-10-29 14:23:12) Quotation: >9:23 BUT he is NOT, he is NOT afrai.. (36:36)

(2015-10-29 14:23:13) Hyper-Link: 9:21 <explains> 9:23

(2015-10-29 14:23:40) Quotation: 9:24 Tanisha: Oh, goodness... (Take.. (38:38)

(2015-10-29 14:23:54) Quotation: 9:25 Tanisha: So ya, I kinda knew b.. (40:40)

(2015-10-29 14:24:40) Quotation: <9:26 you pick up things, even if yo.. (42:42)

(2015-10-29 14:25:17) Quotation: <9:27 Tanisha: Ooooh, uhm, with boys.. (44:44)

(2015-10-29 14:26:01) Quotation: >9:28 So I think at a very young age.. (44:44)

(2015-10-29 14:26:11) Hyper-Link: 9:27 <discusses> 9:28

(2015-10-29 14:27:05) Code: child's personality determines timing of conversation {2-0}

(2015-10-29 14:27:05) Quotation: <9:29 so with Myles it was very diff.. (46:46)

(2015-10-29 14:27:27) Hyper-Link: 9:29 <continued by> 9:30

(2015-10-29 14:27:27) Quotation: >9:30 I mean he was probably about 1.. (46:46)

(2015-10-29 14:28:08) Quotation: 9:31 Tanisha: No Cameron spoke to h.. (48:48)

(2015-10-29 14:29:20) Quotation: 9:32 With me... you have to be very.. (52:52)

(2015-10-29 14:29:53) Quotation: 9:33 so I think, the more you can k.. (52:52)

(2015-10-29 14:31:02) Quotation: 9:34 So it is easier when the child.. (54:54)

(2015-10-29 14:31:22) Quotation: >9:35 there is internet today. There.. (54:54)

(2015-10-29 14:32:27) Quotation: 9:36 not all parents are open to ju.. (56:56)

(2015-10-29 14:32:27) Code: lack of parental/caregiver involvement {2-0}

(2015-10-29 14:33:33) Quotation: 9:37 Tanisha: I think for a lot of .. (56:56)

(2015-10-29 14:34:30) Code: barriers to children's communication {2-1}

(2015-10-29 14:36:24) Quotation: <9:38 Tanisha: I suppose, I mean I c.. (62:62)

(2015-10-29 14:36:24) Code: parents perception of boys vs girls {1-0}

(2015-10-29 14:36:52) Hyper-Link: 9:38 <justifies> 9:39

(2015-10-29 14:36:52) Quotation: >9:39 So I am very happy that I have.. (62:62)

(2015-10-29 14:37:25) Quotation: <9:40 Tanisha: Ya, I have that with .. (64:64)

(2015-10-29 14:37:48) Quotation: >9:41 My family is VERY open, so the.. (64:64)

(2015-10-29 14:37:49) Hyper-Link: 9:40 <expands> 9:41

(2015-10-29 14:38:27) Hyper-Link: 9:40 <explains> 9:42

(2015-10-29 14:38:27) Quotation: >9:42 I think my family is, I think .. (64:64)

(2015-10-29 14:39:08) Quotation: 9:43 Since he was at a prep school .. (66:66)

(2015-10-29 14:39:52) Quotation: 9:44 I think I was 17 so I think I .. (68:68)

(2015-10-29 14:40:40) Quotation: 9:45 Tanisha: No! Uhm, because we a.. (70:70)

(2015-10-29 14:42:05) Quotation: 9:46 Where I said... I would not al.. (72:72)

(2015-10-29 14:42:39) Quotation: 9:47 Tanisha: Ya, Ya... that is why.. (76:76)

(2015-10-29 14:43:09) Quotation: <9:48 I mean we restrict his interne.. (76:76)

(2015-10-29 14:44:00) Quotation: >9:49 Tanisha: yes, he know... when .. (78:78)

(2015-10-29 14:44:03) Hyper-Link: 9:48 <expands> 9:49

(2015-10-29 14:45:13) Network View: Parental interview_2 (34)

(2015-10-30 13:50:46) Code Family: Content of sexual communication and messages conveyed (14)

(2015-10-30 13:51:07) Code Family: Age (2)

(2015-10-30 13:51:42) Code Family: Actual behaviour (3)

(2015-10-30 13:51:54) Code Family: Sources of knowledge (10)

(2015-10-30 13:52:51) Code Family: community (4)

(2015-10-30 13:54:38) Code Family: frequency (2)

(2015-10-30 13:55:07) Code Family: differences in communication b vs g (3)

(2015-10-30 13:56:21) Code Family: experience of sexual communication (4)

(2015-10-30 13:58:31) Code Family: skills acquired through sexual communication (1)

(2015-10-30 13:58:47) Code Family: Openness (3)

(2015-10-30 13:59:18) Code Family: Prevention strategies (2)

(2015-10-30 14:01:09) Code Family: S-E factors (1)

(2015-10-30 14:01:40) Code Family: children's view on abortion (1)

(2015-10-30 14:02:27) Code Family: What parents should know adolescent's perspective (1)

(2015-10-30 14:03:10) Code Family: Barriers for caregiver-adolescent communication (7)

(2015-10-30 14:03:37) Code Family: parental sexuality (1)

(2015-10-30 14:03:45) Code Family: Parental upbringing (1)

(2015-10-30 14:03:53) Code Family: Influences on parental communication (*)

(2015-10-30 14:04:52) Code Family: Parental view on communication (1)

(2015-10-30 14:05:22) Code Family: Home living environment (1)

(2015-10-30 14:05:44) Code Family: Gender (5)

(2015-10-30 14:10:31) Network View: Sources of knowledge (89)

(2015-10-30 14:13:35) Code-Link: human nature <is part of> Body as source of sexual knowledge

(2015-10-30 14:13:48) Code-Link: Masturbation <is part of> Body as source of sexual knowledge

(2015-10-30 14:26:23) Hyper-Link: 1:41 <explains> 1:52
 (2015-10-30 14:27:12) Hyper-Link: 1:82 <contradicts> 1:81
 (2015-10-30 14:27:37) Hyper-Link: 1:82 <contradicts> 1:80
 (2015-10-30 14:28:56) Hyper-Link: 1:78 <explains> 1:73
 (2015-10-30 14:29:53) Hyper-Link: 9:5 <expands> 9:28
 (2015-10-30 14:32:45) Code: TV {6-1}
 (2015-10-30 14:35:13) Code-Link: TV <is part of> Media as source of sexual knowledge
 (2015-10-30 14:36:17) Hyper-Link: 9:26 <explains> 9:35
 (2015-10-30 14:48:13) Hyper-Link: 1:69 <supports> 1:11
 (2015-10-30 14:52:16) Hyper-Link: 1:97 <explains> 1:85
 (2015-11-03 11:18:53) Network View: School as source of sexual knowledge (15)
 (2015-11-03 14:45:49) Primary Doc: P10: Focus group boys 2.docx {23}
 (2015-11-03 16:52:40) Quotation: 10:1 Researcher: Ok, ek wil nou 'n .. (273:275)
 (2015-11-03 16:52:40) Code: legal age to have sex {8-0}
 (2015-11-03 16:52:51) Quotation: 10:2 Brenwyn: Nee jeffrou as jy nou.. (276:276)
 (2015-11-03 16:52:59) Quotation: 10:3 Rasta 8: As jy nou miskin klaa.. (277:277)
 (2015-11-03 16:53:14) Quotation: 10:4 Rasta 8: Dan is dit legal, en .. (279:279)
 (2015-11-03 16:53:47) Quotation: <10:5 Rasta 8: My pa het vir my gesê.. (290:290)
 (2015-11-03 16:54:05) Quotation: >10:6 Researcher: Hoekom dink jy, hu.. (291:294)
 (2015-11-03 16:54:15) Hyper-Link: 10:5 <explains> 10:6
 (2015-11-03 16:54:42) Quotation: 10:7 Brenwyn: Jeffrou, dit hang af .. (295:295)
 (2015-11-03 16:55:09) Quotation: 10:8 2: jeffrou, jy kan nou, hoe sê.. (296:296)
 (2015-11-03 16:55:22) Quotation: 10:9 11: my ma sê altyd vir ons, di.. (299:299)
 (2015-11-03 16:56:11) Quotation: 10:10 Brenwyn: Daar is 'n man in ons.. (309:309)
 (2015-11-03 16:56:49) Code: Community {4-0}
 (2015-11-03 16:57:46) Quotation: <10:11 2: ja jeffrou, en mense het 'n.. (313:313)
 (2015-11-03 16:57:59) Quotation: >10:12 Researcher: En hoekom dink jul.. (314:315)
 (2015-11-03 16:58:06) Hyper-Link: 10:11 <explains> 10:12
 (2015-11-03 16:58:57) Hyper-Link: 10:11 <explains> 10:13
 (2015-11-03 16:58:57) Quotation: >10:13 7: Hulle kan nie vir die kind .. (317:317)
 (2015-11-03 16:59:55) Hyper-Link: 10:11 <expands> 10:14
 (2015-11-03 16:59:55) Quotation: >10:14 2: nommer 2 jeffrou, hulle is .. (319:319)
 (2015-11-03 17:00:49) Hyper-Link: 10:11 <criticizes> 10:15
 (2015-11-03 17:00:49) Quotation: >10:15 Researcher: So, dis beter om j.. (320:321)
 (2015-11-03 17:01:28) Quotation: 10:16 4: miskin het hulle nog 'n lek.. (322:322)
 (2015-11-03 17:02:51) Hyper-Link: 10:11 <explains> 10:17
 (2015-11-03 17:02:51) Quotation: >10:17 4: miskin het hulle nog 'n lek.. (322:322)
 (2015-11-03 17:03:47) Quotation: <10:18 Researcher: En wat sal julle m.. (324:326)
 (2015-11-03 17:04:21) Quotation: <>10:19 Researcher: En wat as sy nie w.. (327:329)
 (2015-11-03 17:04:22) Hyper-Link: 10:18 <justifies> 10:19
 (2015-11-03 17:04:59) Quotation: >10:20 Researcher: Okay, sal julle vi.. (330:333)
 (2015-11-03 17:04:59) Hyper-Link: 10:19 <contradicts> 10:20
 (2015-11-03 17:05:41) Quotation: <>10:21 Brenwyn: Ek jeffrou, sy sal vi.. (337:338)
 (2015-11-03 17:05:56) Quotation: <>10:22 2: JA, maar has daai kind uitk.. (339:339)
 (2015-11-03 17:05:56) Hyper-Link: 10:21 <contradicts> 10:22
 (2015-11-03 17:06:15) Quotation: >10:23 11: Hmm dis waar... daar is die .. (340:340)

(2015-11-03 17:06:15) Hyper-Link: 10:21 <contradicts> 10:23

(2015-11-03 17:06:31) Hyper-Link: 10:22 <supports> 10:23

(2015-11-06 17:12:15) Network View: Peers as sources of sexual knowledge (24)

(2015-11-06 17:12:25) Network View: Body as source of sexual knowledge (22)

(2015-11-09 15:51:21) Code-Link: girls perception of boys <is associated with> boys perception of boys

(2015-11-09 16:35:46) Quotation: <1:128 3: nommer 3, nou waar vandaan .. (361:361)

(2015-11-09 16:35:51) Quotation: >1:129 8: jy weet mos! Jou rug! (show.. (364:364)

(2015-11-09 16:35:52) Hyper-Link: 1:128 <explains> 1:129

(2015-11-09 16:39:29) Code: where does sperm come from? {3-0}

(2015-11-09 16:51:39) Quotation: 3:21 3: nommer 3, as 'n meisie nou .. (55:55)

(2015-11-09 16:54:36) Quotation: <3:22 2: nommer 2, is dit waar... sê m.. (343:343)

(2015-11-09 16:55:16) Hyper-Link: 3:22 <supports> 3:20

(2015-11-10 10:10:51) Network View: frequency of communication (13)

(2015-11-10 10:54:02) Network View: Media as source of sexual knowledge (13)

(2015-11-10 11:22:37) Network View: seeing caregivers being intermit (5)

(2015-11-10 11:39:15) Code-Link: Abstaining until marriage <is part of> when to have sex

(2015-11-10 11:52:58) Code-Link: definition of risky sexual behaviour <is part of> consequences of sexual behaviour

(2015-11-10 11:58:32) Code: Pregnancy {4-0}

(2015-11-10 11:59:51) Hyper-Link: 1:23 <supports> 10:21

(2015-11-10 12:00:20) Hyper-Link: 1:89 <supports> 1:81

(2015-11-10 12:49:25) Hyper-Link: 1:1 <explains> 2:48

(2015-11-10 12:50:25) Hyper-Link: 3:18 <supports> 3:17

(2015-11-10 12:59:49) Network View: 4:9, importance of education, want the best for children, 4... (8)

(2015-11-10 14:14:15) Network View: definition of RSB and consequences (24)

(2015-11-10 14:27:23) Hyper-Link: 9:4 <justifies> 9:11

(2015-11-10 14:41:29) Code-Link: condoms are not always safe <is part of> safety precautions

(2015-11-10 15:52:01) Network View: Messages sent to children (33)

(2015-11-10 15:57:14) Network View: Abstaining until marriage (22)

(2015-11-10 15:57:24) Network View: Age of first conversation (5)

(2015-11-10 16:01:50) Network View: community (22)

(2015-11-10 18:32:04) Network View: ABORTION (6)

(2015-11-10 18:34:37) Network View: PARENTS (32)

(2015-11-10 18:43:19) Hyper-Link: 2:6 <continued by> 2:7

(2015-11-11 11:52:18) Network View: parents upbringing (7)

(2015-11-11 14:43:08) Quotation: 9:50 Tanisha: I think for a lot of .. (56:56)

(2015-11-11 14:49:55) Network View: Barriers for caregiver-adolescent communication (27)

(2015-11-11 14:50:52) Code-Link: What parents will think if they knew we .. <is part of> discomfort with PC Communication

(2015-11-11 14:51:11) Code-Link: barriers to children's communication <is part of> discomfort with PC Communication

(2015-11-11 14:51:50) Code: for parents {2-1}

(2015-11-11 14:51:59) Code-Link: discomfort with PC Communication <is part of> for

parents

- (2015-11-11 14:56:06) Quotation: >4:31 P1: hmm, ek het nie tyd vir di.. (3:3)
- (2015-11-11 14:57:53) Hyper-Link: 1:66 <supports> 1:65
- (2015-11-11 14:58:25) Hyper-Link: 1:67 <discusses> 4:31
- (2015-11-11 20:12:16) Code-Link: constant communication with parent <is part of> frequency of communication
- (2015-11-11 20:13:57) Hyper-Link: 1:35 <supports> 1:12
- (2015-11-11 20:14:14) Hyper-Link: 1:47 <supports> 1:35
- (2015-12-09 17:15:34) Primary Doc: P11: Parental Interview 3 betty.docx {22}
- (2015-12-14 15:30:03) Quotation: 11:1 But generally i have you know .. (8:8)
- (2015-12-14 15:31:12) Quotation: 11:2 P3: yes, our relationship is q.. (14:14)
- (2015-12-14 15:32:00) Quotation: 11:3 like even when i was getting m.. (16:16)
- (2015-12-14 15:32:29) Quotation: 11:4 P3: Ya, and we had a better re.. (18:18)
- (2015-12-14 15:33:25) Quotation: 11:5 So they had the whole OBE syst.. (20:22)
- (2015-12-14 15:34:29) Quotation: 11:6 But when it comes to the diffi.. (28:28)
- (2015-12-14 15:35:55) Quotation: 11:7 I speak to MY daughter... I tr.. (32:32)
- (2015-12-14 15:36:33) Quotation: 11:8 so I use these programs that s.. (32:32)
- (2015-12-14 15:37:04) Quotation: 11:9 P3: look I haven't actually sp.. (36:36)
- (2015-12-14 15:38:03) Quotation: 11:10 P3: theoretically for me, it w.. (50:50)
- (2015-12-14 15:39:06) Quotation: 11:11 their strictness, and the pare.. (54:54)
- (2015-12-14 15:40:41) Quotation: 11:12 P3: There is definitely a diff.. (56:56)
- (2015-12-14 15:41:08) Quotation: 11:13 because she is at a muslim sch.. (60:60)
- (2015-12-14 15:41:36) Quotation: 11:14 P3: but in the other sense whe.. (72:72)
- (2015-12-14 15:42:02) Quotation: 11:15 P3: Yes because there are clea.. (74:74)
- (2015-12-14 15:42:16) Quotation: >11:16 P3: Yes because there are clea.. (74:74)
- (2015-12-14 15:42:58) Quotation: <11:17 P3: bring it across... ya you .. (76:76)
- (2015-12-14 15:43:08) Hyper-Link: 11:17 <expands> 11:16
- (2015-12-14 15:44:09) Quotation: 11:18 P3: look because there are oth.. (84:84)
- (2015-12-14 15:44:30) Quotation: <11:19 P3: yes she has a cellphone an.. (88:88)
- (2015-12-14 15:44:57) Quotation: >11:20 P3: yes she has access but she.. (90:90)
- (2015-12-14 15:44:57) Hyper-Link: 11:19 <continued by> 11:20
- (2015-12-14 15:45:17) Quotation: 11:21 P3: no we also do that and we .. (94:94)
- (2015-12-14 15:45:41) Quotation: 11:22 P3: Yes definitely... and reprim.. (96:96)
- (2015-12-14 15:49:16) Network View: P3 (0)

Code Families

HU: Masters 2015_09
File: [C:\Users\Syce\Desktop\Atlas\Masters 2015_09.hpr7]
Edited by: Super
Date/Time: 2016-01-07 15:26:53

Code Family: Actual behaviour
Created: 2015-10-30 13:51:42 (Super)
Codes (3): [actual sexual behaviour] [intermit with boys] [loss of innocense]
Quotation(s): 10

Code Family: Age
Created: 2015-10-30 13:51:07 (Super)
Codes (2): [Age appropriate discussions] [Age of first conversation]
Quotation(s): 16

Code Family: Barriers for caregiver-adolescent communication
Created: 2015-10-30 14:03:10 (Super)
Codes (7): [barriers to children's communication] [discomfort with PC Communication]
[don'ts of communication] [lack of parental/caregiver involvement] [take it slow] [What parents
should know-adolescent's perspective] [What parents will think if they knew we know about
sex.]
Quotation(s): 25

Code Family: children's view on abortion
Created: 2015-10-30 14:01:40 (Super)
Codes (1): [view on abortion]
Quotation(s): 5

Code Family: community

Created: 2015-10-30 13:52:51 (Super)

Codes (4): [Community] [community involvement] [dangers in community] [socio-economic factors affecting safety]

Quotation(s): 15

Code Family: Content of sexual communication and messages conveyed

Created: 2015-10-30 13:50:46 (Super)

Codes (14): [Abstaining until marriage] [Age of first conversation] [Age when loss of innocense occurs] [condoms are not always safe] [consequences of sexual behaviour] [create fear around sex in children] [definintion of risky sexual behaviour] [importance of education] [privacy] [Religion] [safety precautions] [Sexual Myths] [want the best for children] [when to have sex]

Quotation(s): 85

Code Family: differences in communication b vs g

Created: 2015-10-30 13:55:07 (Super)

Codes (3): [child's personality determines timing of conversation] [difference in communication boys vs girls] [parents perception of boys vs girls]

Quotation(s): 8

Code Family: experience of sexual communication

Created: 2015-10-30 13:56:21 (Super)

Codes (4): [discomfort of finding out about sex] [discomfort with PC Communication] [more comfortable with mom than dad] [take it slow]

Quotation(s): 11

Code Family: frequency

Created: 2015-10-30 13:54:38 (Super)

Codes (2): [constant communication with parent] [frequency of communication]

Quotation(s): 11

Code Family: Gender

Created: 2015-10-30 14:05:44 (Super)

Codes (5): [boys perception of boys] [boys perception of girls] [boys will never say no to sex] [certain topics are left for male caregivers/parents] [girls perception of boys]

Quotation(s): 12

Code Family: Home living environment

Created: 2015-10-30 14:05:22 (Super)

Codes (1): [caregiver/parental relationships]

Quotation(s): 1

Code Family: Influences on parental communication

Created: 2015-10-30 14:03:53 (Super)

Codes (2): [Parents sexual debut] [parents upbringing]

Quotation(s): 9

Code Family: Openness

Created: 2015-10-30 13:58:47 (Super)

Codes (3): [openness with caregivers] [openness with Mothers] [secrecy]

Quotation(s): 26

Code Family: parental sexuality

Created: 2015-10-30 14:03:37 (Super)

Codes (1): [Parents sexual debut]

Quotation(s): 2

Code Family: Parental upbringing

Created: 2015-10-30 14:03:45 (Super)

Codes (1): [parents upbringing]

Quotation(s): 7

Code Family: Parental view on communication

Created: 2015-10-30 14:04:52 (Super)

Codes (1): [better to communicate with parents/caregivers than somewhere else.]

Quotation(s): 1

Code Family: Prevention strategies

Created: 2015-10-30 13:59:18 (Super)

Codes (2): [Parental monitoring] [protecting children]

Quotation(s): 16

Code Family: S-E factors

Created: 2015-10-30 14:01:09 (Super)

Codes (1): [socio-economic factors affecting safety]

Quotation(s): 3

Code Family: skills acquired through sexual communication

Created: 2015-10-30 13:58:31 (Super)
Codes (1): [negotiating with intermit partner]
Quotation(s): 5

Code Family: Sources of knowledge
Created: 2015-10-30 13:51:54 (Super)
Codes (10): [Body as source of sexual knowledge] [extended family as source of sexual knowledge] [human nature] [Masturbation] [Media as source of sexual knowledge] [Mothers as sources of sexual knowledge] [Peers as sources of sexual knowledge] [School as source of sexual knowledge] [seeing caregivers being intermit] [TV]
Quotation(s): 70

Code Family: What parents should know adolescent's perspective
Created: 2015-10-30 14:02:27 (Super)
Codes (1): [What parents should know-adolescent's perspective]
Quotation(s): 4



Appendix N
Ethical clearance for study



OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT

31 July 2014

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape approved the methodology and ethics of the following research project by:
Ms S Syce (Psychology)

Research Project: Exploring caregiver-child communication about risky sexual behavior in Cape Town.

Registration no: 14/6/28

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape