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EDITED BY

Jessie Ford,
Columbia University, United States

REVIEWED BY

Tshidi Lelaka,
University of the Witwatersrand, South Africa
Annette Claudine Gisele Brömdal,
University of Southern Queensland, Australia

*CORRESPONDENCE

Ayobami Precious Adekola
✉ adekoap@unisa.ac.za

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X-raying educator-related factors hindering sexuality education implementation in rural South African schools: learners' perspectives

Ayobami Precious Adekola*

Department of Gender and Sexuality Studies, College of Human Sciences, University of South Africa, Pretoria, South Africa

Background: Although numerous studies have demonstrated the effectiveness of well-implemented school-based sexuality education in promoting young people's sexual and reproductive health outcomes, the prevalence of teenage pregnancy among school-going adolescents in rural schools located in the King Cetshwayo District of South Africa suggests it fell short of its objectives of reducing learners' vulnerability, enhancing decision-making abilities, and raising self-efficacy in these schools. This study focused on learners' experiences with their schools' sexuality education programs.

Methods: This was a qualitative, interpretative phenomenological study. Data was collected from 84 participants across nine schools in the study setting using focus group interviews. An Interpretative Phenomenological Analysis framework was followed to analyze the data.

Results: The results of the study showed that educator-centered impediments to effective school-based sexuality education included attitudes, beliefs, age differences, health status, prior experiences, and personal discomfort. The results further indicated that these obstacles have a detrimental effect on the pedagogical effectiveness of sexuality education teachers in implementing the curriculum in the study setting and, consequently, on the sexual well-being of the learners.

Conclusion: Based on the study's findings, pre-service sexuality education pedagogy training is recommended for student teachers, as well as ongoing in-service training and re-training interventions and support for sexuality education teachers, to address the identified barriers and improve their pedagogical efficacy.

KEYWORDS

sexuality education, pedagogy, educators, learners, sexual and reproductive health, South Africa

1 Introduction

For school-based sexuality education to be effective, its curriculum needs to be mediated by competent, confident, and comfortable educators (Iyer et al., 2014:118; Adekola and Mavhandu-Mudzusi, 2021:4). Various studies have highlighted how the learning process during sexuality education classes was negatively affected because of the educators' lack of competencies and comfort when teaching certain aspects of the sexuality education curriculum (Bonjour and van der Vlugt, 2018:16; Adekola and Mavhandu-Mudzusi, 2022:9). Mavhandu et al. (2022:308) reported that such discomfort led some educators to use lessons allocated for sexuality education for other subjects. In the same vein, Francis and DePalma (2015:7-8) noted that sexuality educators' struggles may go beyond personal factors, as some were trying to avert societal backlash from parents of learners if they taught aspects of the curriculum such as sexual pleasure, sexual diversity, and contraception that the community actors deemed immoral and unacceptable. Perhaps the most critical factor hindering educators from effective implementation of sexuality education curriculum in the classrooms was a lack of training (Glover and Macleod, 2016:4; Kagola and Notshulwana, 2022:94). Because a well-trained educator would be empowered to handle potential interfering contextual influences from various stakeholders.

Furthermore, various studies have found that sexuality education teachers sometimes regard themselves as moral authorities, thereby delivering morally authoritative messages to students and promoting abstinence, heteronormativity, and gender binarism (Allen et al., 2012: 32-33; Glover and Macleod, 2016: 2-4; Adekola and Mavhandu-Mudzusi, 2021:3-4). Sarma et al. (2013:4-5) and Mavhandu et al. (2022:310) argue that well trained teachers feel empowered and comfortable facilitating the learning process during sexuality education lessons. Their findings were supported by the Wood and Rolleri (2014:526) report, which noted that training does not only enhance educators' commitment but also improves their attitudes and pedagogical skills. While sexuality education is a mandatory aspect of the Life Orientation (LO) curriculum at basic education level in South Africa, the escalating negative sexual and reproductive health outcomes, such as teen-age pregnancy and increased sexually transmitted infections among school-going adolescents in the research setting, suggest that the sexuality education curriculum might not be well implemented. This prompted the researcher to explore the experiences of learners in these rurally located schools with the sexuality education program in their schools.

2 Methodology

2.1 Design

The interpretative phenomenological design was used in this study to investigate school-aged adolescents' lived experiences with sexuality education programs offered in their schools. According to Polit and Beck (2017:667), this design provides researchers

with the participants' experiences and an authentic portrayal of how and what they see, hear, believe, feel, remember, decide, and evaluate. The researcher conducted focus group interviews in which the learners' self-described experiences and views on their school-based sexuality education programs were recorded. In addition, the researcher asked the study participants open-ended questions and followed up with clarifying questions to better understand their experiences.

2.2 Setting

Data for this study was collected in high schools located in the rural areas of the King Cetshwayo district in the KwaZulu-Natal province. LO, which consists of a sexuality education curriculum, is mandatory for the learners in all the study's participating nine public schools. The grade 10 and 11 sexuality education curriculum in LO (Department of Basic Education, 2021) covers a range of topics, including self-esteem, gender, sexual orientations, relationships, sexual interest, consent, gender-based violence, and decision making.

2.3 Sampling

Eighty-four high school students who met the inclusion criteria, such as being aged between 14 and 19, enrolled in grades 10 and 11, living in the research setting, being able to speak either or both English and IsiZulu fluently, being willing to be audio recorded, and having signed an informed assent in addition to parental consent to participate in the study, were purposively sampled for the study.

2.4 Data collection

Data collection took place from March to July 2020, employing focus group interviews as the primary method. Each session, lasting 2 h, was guided by a questionnaire developed by the researcher, which had been refined based on insights gained from a pilot study. Adhering to Kvale (1996) interview guidelines as cited in Adekola and Mavhandu-Mudzusi (2022:3), a central question such as "Please share your experiences as a student in this school, particularly regarding the sexuality education program," was posed consistently across all interviews. Additional prompts and probing questions were utilized to extract comprehensive insights from participants regarding their shared experiences.

Throughout the focus group interview sessions, strict adherence to the COVID-19 safety protocols established by the Department of Basic Education (DBE) was maintained. Given that participants were wearing face masks, a high-quality audio recorder was employed to ensure clear recording of the discussions. Field notes were concurrently taken to document the researcher's reflections on the data collection process, observations made, and any nonverbal cues displayed by the participants. Both data collection and analysis occurred iteratively until data saturation was achieved. Data saturation is reached when newly collected data from participants merely repeats what has already been

obtained from previous participants (Saunders et al., 2017:1895). This means that no new themes, ideas, or categories can be extracted from newly acquired information. Additionally, Ndou-Mammbona et al. (2022:118) supports this perspective, suggesting that data saturation occurs when the information gathered from participants fails to provide any new insights relevant to the study's objectives.

2.5 Data analysis

The researcher transcribed the audio-recorded data from each focus group interview into written text using Microsoft Word within a 48-h timeframe. Subsequently, nine transcripts derived from these focus group interviews were subjected to analysis employing the Interpretative Phenomenological Analysis (IPA) framework in accordance with the methodology outlined by Noon (2018:77-78). To enhance the rigor of the analysis, the researcher enlisted the services of an expert independent coder, who conducted a separate analysis of all the transcripts. Following this, the researcher engaged in a thorough comparison of the emerging themes from his own analysis with those identified by the independent coder. This engagement resulted in the creation of a final summary table that includes a central theme accompanied by several sub-themes and validating quotations extracted from the transcripts of the focus group interviews.

2.6 Trustworthiness

To ensure trustworthiness, the study was guided by Lincoln and Guba (1993) four criteria as described by Polit and Beck (2017:787), namely: credibility, confirmability, dependability, and transferability. To make this study credible, the researcher conducted member checking on an ongoing basis by allowing participants to listen to the recorded audio to verify their perspectives and experiences were accurately recorded. Similarly, to ensure the findings truly represented their perspectives, some participants were provided with transcripts to verify the accuracy of the data and to confirm that their views were adequately captured and reflected. To enhance dependability and confirmability of the study, the researcher utilized field notes documenting the locations, dates and times spent in the study setting. In addition, the researcher engaged colleagues to transcribe verbatim and independently the audio recorded data; an independent, expert coder was also used to analyze the data to obtain independent thematic categories. To ensure confirmability, the researcher compared these independently determined themes with his emergent themes and further provided an audit trail of all the activities that took place during the research. To ensure transferability, rich details and thick descriptions of participants' demographic data and research context were provided by the researcher. Furthermore, in-depth descriptions of the research process, sample, study setting, and researcher's assumptions including a robust and detailed description of the researcher's experiences during the focus group interviews were provided as further enhancement of transferability.

2.7 Ethical consideration

The researcher obtained ethical approval from both the University of South Africa and the local Department of Basic Education before commencing the research. The purpose, nature, and potential advantages of the study were thoroughly explained to the participating learners. It was emphasized that their participation in the research was entirely voluntary, and they had the right to decline or withdraw from the study at any point without facing any negative consequences.

Before the data collection process began, all participants provided completed and signed informed assent forms and obtained parental or guardian consent letters as a prerequisite for participating in the study. To safeguard their identities, the researcher utilized pseudonyms when referring to the participants in transcripts and data reporting. Focus group interviews were conducted in suitable, comfortable, and confidential settings to ensure privacy.

The researcher followed the approach outlined by Sim and Waterfield (2019:3016-3017) to address the challenge of maintaining anonymity during focus group interviews. Participants were made aware of the public nature of these interviews and the associated challenges in preserving anonymity within a group setting. The importance of participants' full cooperation in meeting ethical requirements regarding anonymity was stressed, and they were given the option to withdraw from the interviews if they had concerns about anonymity. The researcher also adhered to all necessary COVID-19 pandemic safety protocols during the interviews, including maintaining a 2-meter distance between participants, providing hand sanitizers, mandating facemask usage, and selecting venues with proper ventilation. To safeguard the confidentiality of the audio-recorded and transcribed data collected, the researcher stored it securely in an electronic folder to prevent unauthorized access.

3 Results

The study findings described the demographic details of the participants. Furthermore, it revealed educator-centered barriers to effective sexuality education in the research setting.

3.1 Participants demographic details

The study involved the participation of 35 male learners and 49 female learners, resulting in a total sample size of 84 participants. Approximately sixty percent of the participants, accounting for 49 learners, reported being sexually active, with a significant portion of this sexually active group (29 learners) indicating that they had engaged in sexual activities with multiple partners in the past 3 years. Among these sexually active participants, the majority (41 learners) reported consistent condom usage, while the remaining sexually active participants (8 learners) admitted to occasional condom use. Furthermore, a small percentage of the female learners (4 learners) disclosed a history of pregnancy. Lastly, at the time of data collection, only twenty-five percent of the participants (21 learners) reported no exposure to alcohol.

3.2 Educator centered barriers

The findings that emerged from data analysis showed that the age, attitudes, personal discomfort, culture and religion, previous experience, and health status of sexuality education teachers might constitute barriers to effective implementation of sexuality education programs in the study context.

3.2.1 Culture and religion

Some participants reported that their teachers are influenced by their religions and cultures in the teaching of the sexuality education curriculum.

“My LO teacher attends the same church with me, so she is not comfortable with words like sex or condoms in the class. It is like she is scared to discuss this with us because in our church they do not discuss these things with children.” – (Nkosi, male, 16 years old)

“Our parents don’t discuss sex with us, the same with our teachers. Our culture does not allow it. They think it is not right. The teachers teach us to abstain from having sex until we will finish school.” – (Sfanele, female, 16 years old)

3.2.2 Age

Some participants perceived that their teachers were not comfortable discussing certain topics with learners due to the disparity in ages.

“I think that our teachers sometimes do not feel comfortable discussing the topics with us due to generation gap and I am also not comfortable because my teacher is older than me. I cannot speak about my sexuality with her.” – (Luyanda, male 17 years old)

3.2.3 Health status and previous experience

Some participants felt that educators who are living with HIV and female teachers who were pregnant as teenagers struggle to facilitate sexuality education lessons effectively because of their previous experiences.

“It’s like some teachers are not comfortable because they made mistakes when they were young and are not free with us when talking about sex education because some learners in the school know their stories. They had babies when they were in school or got infected with HIV, so they are not comfortable teaching us about sex.” – (Ntuli, male, 18 years old)

3.2.4 Personal discomfort

Educators’ demeanor in the class during sexuality education could be a barrier to achieving the desired outcomes of the lessons. Participants explained their perceptions of educators’ body

language and reactions in the class when engaging learners on specific topics.

“My previous LO teachers always ditched the sexual questions and would always ask us to focus on our books until the right time. He wasn’t comfortable talking about it. For my current LO teacher, it is 50/50 on this one, she looks comfortable in some topics than others. Mostly, she tells us what to do and what not to do but won’t discuss sexual questions with us too.” – (Zama, female, 16 years old)

While there could be various reasons for educators’ discomfort in the class, such as lack of preparation, competency issues, and personal antecedents, the study found that such discomfort could be a barrier to sexuality education curriculum delivery. Some participants noted their teachers were not at ease during lessons.

“They get annoyed easily if you ask questions about having sex, they give you judgmental looks, and it feels awkward because teachers are not in the mood to answer questions about abortion, sex, and condoms. Some of us keep quiet because we don’t want to get into trouble.” – (Neliswa, female, 18 years old)

3.2.5 Attitudes toward sexual education

The attitudes of educators teaching sexuality education are critical to its effective implementation. The results indicate that some teachers in their schools are judgmental or display lack of faith in the appropriateness of sexuality education programme.

“They [teachers] felt sometimes that some topics and diagrams in our textbooks were not good for us. We skip such pages, and they just give us notes to write. They think it will expose us to practice sex.” – (Sithabile, female, 17 years old)

Other participants elaborated further how the judgmental attitude of educators and fellow learners breed a lack of trust during sexuality education lessons.

“I am not comfortable because you get judged by the teachers sometimes. Some don’t believe in what they are teaching us, and they don’t want to go deep in some areas. It is difficult to say what is on your mind or what you are going through in the class discussion.” – (Snegugu, female, 17 years old)

4 Discussion

The study’s results align with Beyers (2011:192), who noted that educators sometimes grapple with culturally sensitive topics in the sexuality education curriculum due to conflicts arising from their cultural or religious backgrounds. The influence of educators’ cultural values on sexuality education, as shared by the participants in this study, is consistent with a Zambian study, which demonstrated that sexuality education teachers tend to approach the subject from prevailing cultural perspectives within their

communities (Zulu et al., 2019:6). The authors further maintain that teachers hesitated to teach certain aspects of sexuality to learners because they deemed them too young for such topics. This reluctance is further supported by Francis (2013:72), which indicates that South African sexuality education teachers encounter difficulties in providing information based on young people's needs because they perceive it to conflict with their own views on age-appropriate information. Contrary to teachers' concerns that sexuality education curriculum content "will expose us [learners] to practice sex", research suggests the opposite. Studies have shown that when learners are well-informed and encouraged to think critically about sexuality, they are more likely to delay their sexual debut and practice safer sex (Maina et al., 2020; Munyai et al., 2022). In other words, sexuality education empowers learners to make informed decisions about their sexual health, leading to healthier and safer outcomes.

The findings of this study were in accordance with a report by Francis and DePalma (2015:35), which revealed that sexuality education teachers frequently draw upon their personal life experiences when delivering the sexuality education curriculum. This finding aligns with the perspectives shared by the participants in this study. Similarly, the participants' views resonate with the outcomes of a recent South African study conducted by Moyo and Perumal (2019:2,6), which indicated that educators living with HIV may grapple with feelings of shame and guilt, thereby affecting their ability to fulfill their professional duties effectively. This concurrence is also evident in an earlier study conducted in Tanzania by Mkumbo (2012:157), which demonstrated that many sexuality education teachers, both in rural and urban areas, do not feel at ease when facilitating various sexuality education topics. Mkumbo argued that educators' comfort levels in addressing these topics in the classroom context play a critical role in the effectiveness of sexuality education programs. Furthermore, according to Francis and DePalma (2015:31-32), educators' confidence in effectively delivering sexuality education lessons depends, in part, on their personal comfort with the subject matter. They asserted that comfortable educators are essential for conveying the key messages of sexuality education to learners during lessons. Consequently, if educators do not feel comfortable, their behaviors and conduct during sexuality education sessions could pose as barriers to the effectiveness of the program. Francis (2013:70) also noted that many sexuality education teachers experience discomfort when teaching specific aspects of the curriculum, such as contraception and safe sex.

A study conducted by Smith and Harrison (2013:9) in KwaZulu-Natal, a similar context, revealed that teachers of sexuality education often display judgmental attitudes toward learners. This finding is consistent with the experiences of participants in this study, who reported feeling judged by teachers, as expressed by one participant: "...because you get judged by the teachers sometimes." The author of this study argued that such attitudes, where educators assume moral authority over learners' sexuality, could hinder the effectiveness of sexuality education curriculum delivery. This consistency suggests that judgmental attitudes from teachers are a pervasive issue in sexuality education, highlighting the need for a more supportive and non-judgmental approach. Furthermore, the data analysis revealed that some participants lacked confidence in their sexuality education teachers due to perceived judgmental attitudes toward certain topics. These participants recounted

encountering these judgmental attitudes from their LO teachers, even in lower grades and primary schools. This viewpoint was substantiated by Bonjour and van der Vlugt (2018:19), who reported that a significant number of school-going adolescents rated their sexuality education teachers poorly in terms of how they facilitated discussions on sexuality education topics. Glover and Macleod (2016:2) similarly argued that the morally authoritative attitudes displayed by sexuality education teachers could act as a barrier to the effectiveness of sexuality education programs.

In line with Msutwana (2021:340) findings, data analysis revealed that the teaching of the sexuality education curriculum could be affected by educators' cultural antecedents. Specifically, issues like sexual identities, gender diversity, abstinence, and contraception can clash with their cultural upbringing and religious beliefs (Murunga et al., 2019:8; Adekola and Mothoagae, 2023). A South African study by Francis (2013:69) argues that sexuality education teachers inject their own values into lessons, undermining the core messages of sexuality education. This perspective aligns with Glover and Macleod (2016:4), who highlight the challenges and discomfort faced by sexuality education teachers when they are required to address topics that contradict their cultural and religious values. Additionally, educators often feel an obligation to uphold specific cultural values accepted by their communities, which can hinder the delivery of the sexuality education curriculum (Allen et al., 2012:41; Francis, 2013:74-75). These educator-centered barriers reflect broader systemic and structural concerns. The intersection of cultural and religious beliefs with educational practices can perpetuate inequities in sexuality education, particularly for LGBTQ+ students and those exploring non-heterosexual identities. This not only limits learners' access to comprehensive information but also reinforces harmful stereotypes and stigma. The lack of inclusive and equitable sexuality education can have far-reaching consequences, impacting learners' reproductive health literacy, self-esteem, and overall well-being. As outlined in the Ottawa Charter for Health Promotion, individuals have the right to access the information and resources necessary to make informed decisions about their sexual health (WHO, 1986). When educators shy away from discussing topics like consent, contraception, and diverse sexual orientations, they deprive learners of the knowledge and skills needed to navigate relationships safely and responsibly.

The discomfort and judgmental attitudes exhibited by some educators, as highlighted in this study and others (Smith and Harrison, 2013:9; Bonjour and van der Vlugt, 2018:19), further exacerbate these issues. Learners who feel judged or unsupported by their teachers are less likely to seek guidance or ask questions, leading to misinformation and potentially harmful consequences. To address these systemic challenges, it is crucial to provide educators with comprehensive training and support that equips them to navigate culturally sensitive topics with sensitivity and inclusivity. This includes fostering an understanding of the diverse needs of learners and creating a safe space for open dialogue. By addressing these educator-related impediments, we can move toward a more equitable and inclusive approach to sexuality education that empowers all learners to make informed decisions about their sexual health and well-being.

5 Limitation of the study

A non-random sampling approach was employed to select participants. This method has the potential drawback of excluding other learners who could hold different experiences and viewpoints. The study exclusively focused on gathering insights from learners, thereby omitting the perspectives and experiences of parents and educators. Although this study can be reproduced in other settings, its results cannot be generalized since it was a qualitative study. It is worth noting that the heightened anxiety among participants during the COVID-19 pandemic (since a portion of the data collection occurred during this period) may have influenced how participants shared their experiences. It is important to consider these limitations when interpreting the findings of this study.

6 Recommendations

To address educator-centered impediments to the sexuality education program in the study setting, a collaborative multi-stakeholder approach is recommended. This approach should engage key stakeholders, including the school governing board, the Department of Basic Education, community representatives, and parents. By working together, they can implement targeted interventions that empower sexuality education teachers through ongoing training and capacity building, making them well-grounded in the sexuality education curricula and enhancing their pedagogical efficacy. There should be active engagement and continuous dialogue with community actors, especially parents, to support educators who teach sexuality education and to dispel misconceptions regarding sexuality education, thus making them active contributors toward realizing adolescents' sexual wellness in the research setting. Future research should delve into understanding the specific needs and desires of young people regarding sexuality and reproductive health education, ensuring that curricula and learning materials are relevant and meet them where they are in terms of maturity, thought processes, and actions. Additionally, investigating teachers' beliefs about the ramifications of not adhering to the Department of Basic Education's designed curriculum and learning outcomes would provide valuable insights into the potential consequences for learners' ability to navigate their own and others' sexual and reproductive health.

7 Conclusion

The findings of this study revealed educator-related impediments to sexuality education programs. These impediments, if not addressed, could negatively impact school-going adolescents' sexual and reproductive health outcomes in the research setting. These impediments can be addressed through continuous pedagogical training of teachers and engagement with community stakeholders. Such training interventions are likely to enhance the effective implementation of the sexuality education program in the schools located in the research setting, while stakeholder engagement will promote the acceptance of the program and its effective implementation.

Data availability statement

Due to ethical considerations involving the minor status of the study participants, the author is unable to publicly release the study's raw data. However, the author has incorporated the verbatim transcribed data into this manuscript as a comprehensive reference.

Ethics statement

The studies involving humans were approved by the College of Human Sciences Research and Ethics Committee, University of South Africa and Provincial Department of Basic Education, KwaZulu-Natal, South Africa. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants' legal guardians/next of kin.

Author contributions

APA: Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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References

- Adekola, A. P., and Mavhandu-Mudzusi, A. H. (2022). Advancing sexual and reproductive health outcomes in rural schools with the use of a sexuality education enhancement model: Learners' perspectives. *Heliyon* 8:e11189. doi: 10.1016/j.heliyon.2022.e11189
- Adekola, A., and Mavhandu-Mudzusi, A. H. (2021). Addressing learner-centered barriers to sexuality education in rural areas of South Africa: Learners' perspectives on promoting sexual health outcomes. *Sexual. Res. Soc. Policy* 20, 1–17. doi: 10.1007/s13178-021-00651-1
- Adekola, A., and Mothoagae, I. D. (2023). Adolescents' sexual health: Elucidating the paradoxical influence of christianity in school sexuality education programmes in King Cetshwayo district, South Africa. *Pharos J. Theol.* 104:25. doi: 10.46222/pharosjot.104.225
- Allen, L., Rasmussen, M. L., Quinlivan, K., Aspin, C., Sanjakdar, F., and Brömdal, A. (2012). Who's afraid of sex at school? the politics of researching culture, religion and sexuality at school. *Int. J. Res. Method Educ.* 37, 31–43. doi: 10.1080/1743727x.2012.754006
- Beyers, C. (2011). Sexuality education in South Africa: A sociocultural perspective. *Acta Acad.* 43, 192–209.
- Bonjour, M., and van der Vlugt, I. (2018). *Comprehensive sexuality education knowledge file*. Utrecht: Rutger.
- Department of Basic Education (2021). *Comprehensive sexuality education: Sexuality education in life skills*. Pretoria: National Department of Basic Education.
- Francis, D. (2013). Sexuality education in South Africa: Whose values are we teaching? *Can. J. Hum. Sexual.* 22, 69–76. doi: 10.3138/cjhs.2013.2199
- Francis, D. A., and DePalma, R. (2015). 'You need to have some guts to teach': Teacher preparation and characteristics for the teaching of sexuality and HIV/AIDS education in South African schools. *SAHARA J J. Soc. Aspects HIV AIDS* 12, 30–38. doi: 10.1080/17290376.2015.1085892
- Glover, J., and Macleod, C. (2016). *Rolling out comprehensive sexuality education in South Africa: An overview of research conducted on life orientation sexuality education*. Grahamstown: Rhodes University.
- Iyer, P., Clarke, D., and Aggleton, P. (2014). Barriers to HIV and sexuality education in Asia. *Health Educ.* 114, 118–132. doi: 10.1108/he-06-2013-0025
- Kagola, O., and Notshulwana, R. (2022). Reflecting on sexuality education in teacher education: Using a life history methodology of a same-sex desiring male foundation phase teacher. *Educ. Res. Soc. Change* 11, 1–14. doi: 10.17159/2221-4070/2021/v11i2a6
- Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Sage Publications.
- Lincoln, Y. S., and Guba, E. G. (1993). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Maina, B. W., Ushie, B. A., and Kabiru, C. W. (2020). Parent-child sexual and reproductive health communication among very young adolescents in Korogocho informal settlement in Nairobi, Kenya. *Reprod. Health* 17:79. doi: 10.1186/s12978-020-00938-3
- Mavhandu, A. E., Adekola, A. P., Kutame, A. P., and Mavhandu-Mudzusi, A. H. (2022). Enhancing school-based sexuality education in rural areas of South Africa: Educators' perspectives. *J. Educ. Soc. Res.* 12:300. doi: 10.36941/jesr-2022-0115
- Mkumbo, K. (2012). Teachers' attitudes towards and comfort about teaching school-based sexuality education in Urban and Rural Tanzania. *Glob. J. Health Sci.* 4, 149–158. doi: 10.5539/gjhs.v4n4p149
- Moyo, Z., and Perumal, J. (2019). Challenges faced by teachers living with HIV. *South Afr. J. Educ.* 39, 1–10. doi: 10.15700/saje.v39n1a1490
- Msutwana, N. (2021). Meaningful teaching of sexuality education framed by culture: Xhosa secondary school teachers' views. *Perspect. Educ.* 39, 339–355. doi: 10.18820/2519593x/pie.v39i2.23
- Munyai, H. S., Makhado, L., Ramathuba, D. U., and Lebese, R. T. (2022). Challenges on sexual health communication with secondary school learners, Limpopo Province. *Curationis* 45:2321. doi: 10.4102/curationis.v45i1.2321
- Murunga, W., Nyakangi, F. V., Onguss, M., Njagi, J., and Bangha, M. (2019). *Health and education resource centre*. Paris: UNESCO.
- Ndou-Mammbona, A. A., Adekola, A., and Mavhandu-Mudzusi, A. H. (2022). An ethnographic study of Vhavenda cultural practices concerning marriage and its impacts on HIV/AIDS management. *Afr. J. Gen. Soc. Dev.* 12, 113–134. doi: 10.31920/2634-3622/2022/v11n4a6
- Noon, E. J. (2018). Interpretive phenomenological analysis: An appropriate methodology for educational research? *J. Perspect. Appl. Acad. Pract.* 6, 75–83. doi: 10.14297/jpaap.v6i1.304
- Politt, D., and Beck, C. T. (2017). *Resource manual for nursing research: Generating and assessing evidence for nursing practice*. Philadelphia, PA: Wolters Kluwer.
- Sarma, H., Islam, M. A., and Gazi, R. (2013). Impact of Training of teachers on their ability, skills, and confidence to teach HIV/AIDS in classroom: A qualitative assessment. *BMC Public Health* 13:990. doi: 10.1186/1471-2458-13-990
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., et al. (2017). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Qual. Quant.* 52, 1893–1907. doi: 10.1007/s11135-017-0574-8
- Sim, J., and Waterfield, J. (2019). Focus group methodology: Some ethical challenges. *Qual. Quan.* 53, 3003–3022. doi: 10.1007/s11135-019-00914-5
- Smith, K., and Harrison, A. (2013). Teachers' attitudes towards adolescent sexuality and life skills education in rural South Africa. *Sex Educ.* 13, 68–81. doi: 10.1080/14681811.2012.677206
- WHO (1986). *Ottawa charter for health promotion*. World Health Organization. Available online at: <https://www.who.int/publications/i/item/WH-1987> (accessed June 16, 2024).
- Wood, L., and Roller, L. A. (2014). Designing an effective sexuality education curriculum for schools: Lessons gleaned from the South (Ern) African literature. *Sex Educ.* 14, 525–542. doi: 10.1080/14681811.2014.918540
- Zulu, J., Blystad, A., Haaland, M. E., Michelo, C., Haukanes, H., and Moland, K. M. (2019). Why teach sexuality education in school? Teacher discretion in implementing comprehensive sexuality education in rural Zambia. *Int. J. Eq. Health* 18:116. doi: 10.1186/s12939-019-1023-1