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Parental Attitudes towards Sex Education to Teenage Girls in Vhembe District of Limpopo Province

K.G. Netshisaulu[1], M. L. Netshikweta[2] and T. G. Tshitangano[3]

School of Health, University of Venda, South Africa
E-mail: [1]<Khathu.Netshisaulu@univen.ac.za>, [2]<Netshikweta@univen.ac.za>, [3]<takalani.tshitangano@univen.ac.za>

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ABSTRACT The study explored parental attitudes towards sex education to teenage girls, in Vhembe district of Limpopo province. A qualitative, explorative, descriptive, and contextual design was used. Population comprised all mothers residing at Tshandama village aged 35-55years, whose teenage girls were pregnant or gave birth within a year during the time of study. Non probability, snowball sampling method was used to select five mothers, and was determined by data saturation. Data were collected through unstructured interview, which was directed by one question: "What are your attitudes towards giving sex education to your teenage girls"? Tech's eight step process was used to analyse data. Results revealed that parents have negative attitudes towards giving sex education to their teenagers as they don't understand the importance thereof. Culturally it is a taboo to discuss about sexual issues with children (including teenagers and adolescents), as they believed that it would mean giving them permission to engage in sexual activities. They were also afraid that teenagers would become immoral and disrespectful for elders. Parents are still focussing so much on culture. Parental attitudes towards sex education to teenagers deserve attention in order to improve sexual and reproductive health of teenagers as they are future parents.

INTRODUCTION

It is indeed ironical that while sex is such an important aspect in our lives; many parents and elders in South Africa hardly play any significant role in providing scientific knowledge. Since talking about sex is a taboo in the South African society, teenagers and adolescents cannot freely approach their parents for guidance. Also, those who seek guidance from parents are not satisfied because the latter try to evade discussion or are not able to give satisfactory answers.

This is an era of sweeping social change, in which teenagers and adolescents are always bombarded with substantial information on sex; unfortunately, most of the information they receive is wrong and full of myths and misconceptions which are carried throughout their lifetime. This trend, however, is challenging because channels through which they receive sexual information include social media and friends, and it is so unfortunate that sex education promoted through these channels is devoid of morality in the sense that in many ways it contradicts the value system practiced in South African societies (Lebese et al. 2013; McCracken et al. 2015).

Poor knowledge about conception, contraceptive practices and beliefs among teenagers has been identified as a matter of concern (Wight 2007). Khoza (2012) also reported that several investigations have been conducted regarding the practice of sex education. Findings showed that it is possible to improve practices of sex education and its delivery in the whole country of the Republic of South Africa (RSA), including the rural areas of Limpopo province.

The government has also made the dissemination of information of contraceptive use and prevention of unplanned pregnancies for teenagers under the age of 16 years, one of the targets set for the National Health Service (NHS). This is seen when the Choice on Termination of Pregnancy Act (CTOP) came into being in the interest of the health of the nation, the occurrence of conceptions under the age of 16 was targeted to be reduced by at least fifty percent (50%) by the year 2015 (Karra and Lee 2014).

Parents are not only expected to act as role models, but also to communicate freely with their children on issues relating to sexuality. From the literature reviewed, it would appear that parents have difficulties in communicating with their teenagers on issues relating to sexual matters (Konwea and Mfrekemfon 2015). Ahman and Shah (2004) also supported this view and pointed out that lack of sex education from parents makes peers and the mass media the usual sex educators for teenagers, resulting in teenagers being misinformed.

This was also supported by Mohammad et al. (2012), who indicated lack of communication between young people and their parents as a cause of concern, as it leads to teenagers having inaccurate information regarding sexuality, contraceptives and pregnancy. In their study, Lebese et al. (2013) indicated that in the United Kingdom, parents have also been found to be minimally involved regarding transmission of sex information to their children; in cases where they involve themselves, they do it in a manner that encourages misconceptions. According to Ziyani et al. (2005), many obstacles that prevent clear communication about sex between parents and children were reported, particularly, culture. Despite the attention devoted to sex education, very little attempt has been made towards involving parents in sex education programmes, hence researchers have become increasingly concerned about parental involvement in their children's sex education.

A Nigerian study by Amoran et al. (2007) reported that teenage exposure to sex education by parents was also found to be an important practice which prevented early sexual activities resulting in unplanned pregnancies by teenagers. This was also supported by Karra and Lee (2014), who stated that if parental involvement in sex education of their daughters and sons improve, parental role in transmitting attitudinal and behavioural norms regarding reproductive behaviour will also be enhanced and strengthened.

Sex education involves more than sexual development and reproductive health; it encompasses interpersonal relationships, affection, intimacy, body image, values and gender roles. Education on sexuality can come from a wide range of sources including home, school, peers, media and religious institutions; but of major importance, is the sex education that takes place at home. Parents are a child's first source of sexual health learning as daily occurrences in the home provide opportunities for discussions on sexuality, making parents the primary sex educators of their children (Konwea and Mfrekemfon 2015; Nyarko et al. 2014).

Amoran et al. (2007), asserted that lack of adequate knowledge about sexual matters and contraception amongst South African adolescents predisposes them to increased pre-marital sexual activity, increased risk of Sexually Transmitted Infections (STIs) including Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS) as well as early and unwanted pregnancies which end up in termination. They are growing up in the world in which they experiment more, make choices and take risks and learn by their own experiences rather than by those of others.

Even though Life Skills and Life Orientation programmes have been introduced in the school curriculum at the General Education and Training (GET) as well as Further Education and Training (FET) phases in South Africa; teenagers still seem to be uninformed regarding sexual and reproductive health information. Therefore, this study sought to explore parental attitudes towards sex education to teenage girls in Vhembe district of Limpopo province.

MATERIAL AND METHODS

Study Design

A qualitative, explorative, descriptive and contextual design was used. The study sought to answer the following question: "What are your attitudes towards giving sex education to your teenage girls"? The study was conducted in the participants' homes, and those are settings where sex education should take place. Observations were made to complement the narrated information. Participants' descriptive viewpoints were narrated in the form of quotations and literature control.

Population and Sampling

The population for this study comprised all mothers to teenage girls who gave birth to babies within a year, and residing at Tshandama village in Vhembe district of Limpopo province**.** A non-probability, snowballs sampling method was used as the researchers relied on referrals from interviewed participants and a sample of five participants was reached after data saturation. Criteria for inclusion were that an individual should be a mother: (1) residing at a selected village (2) to a pregnant teenager, or whose teenage girl has given birth within a year during the time of study (3) aged 35-55years.

Data Collection

Data was collected at the respondents' homes, where an unstructured face to face interview session was conducted based on a single

question: *'what are your attitudes towards giving sex education to your teenage girls?'* The method ensured that content should focus on crucial issues of the study, whilst allowing for exploration of unexpected and potentially significant responses to be framed from particpants' perspectives. Follow up and probing were made, and these stimulated more questions from the discussion. For the purpose of administering the interview guide, English was used as a medium of instruction; therefore, was anticipated that it would pose a problem for participants who were not conversant with the language. However, research team members who are Venda speaking did verbal translation, and this enabled participants to express themselves in their mother tongue (Tshivenda) which facilitated deeper discussion.

Ethical Consideration

Procedures for informed consent, anonymity, confidentiality, participants' voluntary participation as well as withdrawal were adhered to, in order to ensure ethical integrity and minimise any risks related to participation in the study. Procedures were approved by the Ethics Committee of the University of Venda, prior to commencement of the study. Trustworthiness was ensured by adhering to the following criteria: credibility ensured through prolonged engagement with the participants and peer review of the research process; transferability ensured by dense description of methodology and context of the study; conformability and neutrality ensured by the use of an independent coder.

Data Analysis

The narrative data from unstructured interviews were analysed using Tech's eight phases thematic analysis approach as cited by Creswell (2009). Raw data from each transcript were read and categories identified and marked using different colours. Categories with similar meanings were grouped together and themes were then described to represent the clustered categories. Themes and sub-themes identified using this approach form the evidence-base from which this research draws its conclusions. Literature control was conducted after data analysis, and that was aimed at forming the foundation to support the findings of this study during discussion of results (Creswell 2009).

RESULTS

Results indicated that parents have negative attitudes towards giving sex education to their teenagers, based on culture. Themes and sub themes which reflect parental attitudes towards sex education to teenage girls, emerged from the interview session as well as data analysis, and are summarised in Table 1.

Table 1: Themes and sub- themes reflecting parental attitudes towards sex education to teenage girls

Themes	*Sub-themes*
1. Lack of Effective Communication about Sexual Issues Between Parents and Their Teenage Girls	1.1 Failure to understand the importance of parental sex education
	1.2 Lack of parental readi ness to discuss about sexual issues
	1.3 Discussion about sexual issues with teenagers re sults in engagement in sexual activities
2. Culture	2.1 Sex education is taboo
	2.2 Talking about sex with teenagers represents immorality and disre spect for the elders

Theme 1: Lack of Effective Communication about Sexual Issues between Parents and Their Teenage Girls

Sub-theme 1.1: Failure to Understand the Importance of Parental Sex Education

Participants indicated that they are prepared to discuss about anything with their teenagers in order to help them become responsible parents, except sexual issues for there is no reason. One participant stated:

"I don't see the reason why parents should discuss about sexual issues with their children, that is something natural. They will experience it as they grow and become married."

When asked about how they handle menstruation issues, participants expressed that girls are told about menstruation only after attaining menarche. The following are the statements indicated by some of the participants:

"I delegate the aunt to talk about menstruation with my teenage girls, only after me-

narche. The discussion only focuses on cleanliness during menstruation, and that they must hide it for men not to see any blood. That is how it is done, I also learnt about it that way."

"Menstruation is a monthly occurrence that shows that a girl is grown up. That is all we say to the girls, the rest is not necessary."

Sub-theme 1.2: Lack of Parental Readiness to Discuss About Sexual Issues

On response to whether sexual and reproductive health information can be imparted by other people rather than parents, some participants stated that teachers and nurses should give such information; whereas others expressed a negative response.

"I think that the relevant people to talk about sexual issues with the teenagers are the teachers, because they have been trained on how to teach children. Therefore, they must also talk about sexual issues."

"Nurses should talk about sexuality with the teenagers, but they must not go deep into the topic and should not give them injections and pills for family planning."

One of the participants indicated a negative response:

"Neither teachers nor nurses should talk about sexual issues with our children, because they will make them go mad."

Sub-theme 1. 3: Discussion about Sexual Issues with Teenagers Results in Engagement in Sexual Activities

Participants further expressed their fear about holding discussions regarding sexual issues with their teenagers; and one of the participants stated that:

"I am afraid that if I talk about sex with my children, they will think that I am giving them permission to engage in sexual intercourse. It is better to keep quite they will realise that I don't like that."

Theme 2: Culture

Sub-theme 2.1: Sex Education Is a Taboo

Participants expressed negative attitude towards giving of sexual and reproductive health information to teenagers. They expressed that their culture does not allow them to discuss about sexual and reproductive issues with their children. The following is a quotation as expressed by one of the participants:

"According to our culture, it is a taboo to talk about sexual issues with the children."

Participants further stated that culture only allows them to hold discussions with their girls when preparing them for marriage.

"It is important to prepare girls on how to relate with the in-laws, that is why we hold several discussions with them before they are married. This is done to help them sustain their marriages, but such discussions do not involve sexual issues."

"According to culture, girls are never informed about sexual issues, instead, emphasis is put on the fact that, no matter what happens; a married woman should never divorce her husband and come back home."

Sub-theme 2.2: Discussion about Sex with Teenagers Represents Immorality and Disrespect for the Elders

One participant said: *"I will never open that discussion with my children, because discussing about sexual issues is so humiliating, and makes teenagers to lose respect for their elders."*

The other respondent stated that: *"I don't want to talk about sex with my children because whenever they see me getting in the bedroom with their father, they will think we are busy doing what I have been discussing with them about. Therefore, they will never respect us again."*

DISCUSSION

Participants are not ready to discuss about sexual issues with their teenagers and some don't even understand the reason why. On response to whether sexual and reproductive health information can be imparted by other people rather than parents, some participants stated that teachers and nurses should give such information; whereas others expressed a negative response. This is also supported by Konwea and Mfrekemfon (2015), who reflected the results of a survey carried out for the sexual health charity, Marie Stopes International (MSI), one in five parents believed that their children

would find out about sex issues themselves; some believed that schools should be the main source of advice about sex and relationships whereas only a few were intending to discuss sex with their teenagers. Khoza (2012), asserted a similar view when she indicated that many parents are not ready to discuss sexual issues with their children; they assume that they will get the information from schools. This is also supported by Amoran et al. (2007), who stated that children engage in sexual activities at a very early age due to lack of knowledge; as parents seem not to be ready and prepared to impart sexual information to their children.

Participants further expressed their fear that holding discussions about sexual issues with their teenagers will encourage them to engage in sexual activities in order to experiment with sex.

Okunifia (2005) reflected a similar view when indicating that parents hesitate to make sex education available to their teenagers out of fear that the teenagers would interpret that as permission to engage in sexual activities, leading to promiscuity accompanied by sexually transmitted infections and future infertility. He emphasized that parents thought it was improper to discuss sexual matters with their children, as a result, teenagers engage in unprotected sex not knowing that they will fall pregnant, and when they realize that they are pregnant, they opt for termination. This was also supported by Karra and Lee (2014) as well as Konwea and Mfrekemfon (2015), who stated that young people often learn about sex informally from their friends and media as their parents do not open up to them for fear of promiscuity. These sources however often spread misinformation on aspects such as sexuality, contraceptives, sexually transmitted infections and pregnancy (Unterhalter et al. 2015).

Participants expressed a negative attitude towards giving of sexual and reproductive health information to teenagers. They expressed that their culture does not allow them to discuss about sexual and reproductive issues with their children, as it is viewed as immoral and disrespectful for elders. Instead, culture only gives them the mandate to hold several discussions to prepare teenagers to relate properly with the in-laws so as to sustain their marriages.

The above supports what has been indicated by Mohammad et al. (2012), that cultural barriers and respect for elders in respect of sexuality issues compounded the problem, as neither parents nor teenagers could initiate the conversation, making teenagers not to have information regarding sexuality and this forces them to experiment with their bodies, leading to unwanted pregnancies that sometimes end up in termination. According to Lebese et al. (2013), most mothers would not even discuss about menstruation with their children, or if they did, they would simply inform their children that it was a process of growing up without giving them full details about what to expect and how to prevent pregnancies; and all these are blamed on cultural issues.

CONCLUSION

Parents have negative attitudes towards giving sex education to their teenagers; they don't understand the importance thereof, are afraid that teenagers would become immoral, engage in sex and become disrespectful for elders. They are still focussing so much on culture and the way they have been socialised. Parental attitudes towards sex education to teenagers deserve attention in order to improve sexual and reproductive health of teenagers as they are the future parents. There is a need to educate parents, particularly women about sexual issues so that they have better understanding, this will enable them to support sex education to girls.

RECOMMENDATIONS

School Health Promotion programmes must involve parents as well as educators in addressing reproductive health issues affecting the youth. Parents should be equipped with knowledge and skills to enable them to adequately communicate with their children about sexuality.

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