

**Strengthening comprehensive sexuality
education within the curriculum in the
early grades**

by

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requirement for the degree**

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DECLARATION

I, Jennifer Kinnear, hereby declare that this M.Ed dissertation: ***Strengthening comprehensive sexuality education (CSE) within the curriculum in the Early Grades*** to be my original work and that all the sources I have consulted have been acknowledged.

Signature

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ETHICS CERTIFICATE



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Jennifer Kinnear has obtained, for the research described in this work, the applicable research ethics approval. I declare that I have observed the ethical standards required in terms of the University of Pretoria's "*Code of ethics for researchers and the Policy guidelines for responsible research,*"

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SUMMARY

STRENGTHENING COMPREHENSIVE SEXUALITY EDUCATION (CSE) WITHIN THE CURRICULUM IN THE EARLY GRADES.

The National Policy on HIV, STIs and TB, (DBE, 2017) aims to address and mitigate factors that contribute to high rates of teenage pregnancy, HIV infections and unhealthy sexual and reproductive health decisions by adolescents. The policy sets a policy goal “to accelerate implementation of a comprehensive strategy” for addressing “increased knowledge, cognitive skills and information about safer sex, life skills in general.” (DBE, 2017). The Foundation Phase Curriculum and Assessment Policy Statements (CAPS) Life Skills is where it is possible to take a Comprehensive Sexuality Education (CSE) approach to introduce relevant, age- and grade-appropriate knowledge and concepts in the early grades. This provides an opportunity for increasing the knowledge-base for good decisions related to healthy sexuality and reproductive health in learners, as early as grades R to 3.

The intention of equipping young learners in the Foundation Phase with appropriate and relevant knowledge and skills is to strengthen what decisions they will make about their own sexual behaviour and so reduce their own risky behaviour later as adolescents. There are however some gaps in content in the Life Skills Curriculum and Assessment Policy Statement (CAPS) for grades R to 3. Teachers need support to be able to teach Sexuality Education (SE) effectively in the classroom.

The aim of this qualitative study is to identify how CSE can be incorporated in the CAPS in the early grades and determine what support teachers need to teach SE in the curriculum effectively, taking a comprehensive approach to strengthening its inclusion in the curriculum. To this end, the study’s primary research question “How can CSE be strengthened in the Life Skills curriculum in the Foundation Phase?” was used to guide semi-structured interviews with Life Skills Foundation Phase teachers and heads of department in selected schools as well as Life Skills district-based subject advisors in Gauteng. In order to answer this question the following sub-questions were asked:

- What is meant by CSE and SE?
- What are the gaps in the current LO curriculum?

- What kind of support do teachers need to assist them to implement the CSE programme?

Foundation Phase Life Skills teachers, heads of department and district subject advisors provided their own understanding of the challenges associated with teaching SE in the early grades and identified what factors exist in the classroom that most challenge their daily teaching of SE in the Life Skills curriculum. They identified the following: lack of teacher knowledge and understanding of teaching CSE in the early grades, content gaps in the curriculum and lack of support from different stake holders and resource materials. Foundation Phase Life Skills teachers, heads of department and district subject advisors were able to make recommendations on what kind of support they needed, which methodologies would best support their teaching and raised their own preparedness, confidence and comfort levels to teach the SE content effectively. The subject advisors, who were not always Life Skills-specific subject specialists, provided important data on what is needed to support curriculum implementation and contributed significant information for setting up support for teachers and districts in their teaching of SE within Life Skills. From the study recommendations, policy makers and curriculum developers, as well as teachers in the classroom themselves, will be able to use the evidence to influence curriculum content, teacher methodology and curriculum support strategies to strengthen CSE in the Foundation Phase.

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TO WHOM IT MAY CONCERN

This is to confirm that the dissertation titled "Strengthening Comprehensive Sexuality Education within the curriculum in the early grades" by Jennifer Kinnear was proof read and edited by me in respect of language.

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Please note that no view is expressed in respect of the subject specific technical contents of the document or changes made after the date of this letter.

Kind regards

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KEYWORDS

Comprehensive Sexuality Education, Sexuality Education, Curriculum, Early grades

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1 CHAPTER ONE

INTRODUCTION AND ORIENTATION

1.1 INTRODUCTION

According to the AIDS Foundation of Southern Africa, sub-Saharan Africa is the region worst affected by HIV and AIDS and AIDS-related illnesses (Aids Foundation of South Africa, 2017). Bull, Nabembezi, Birungi, Kiwanuka and Ybarra (2010) state that globally more than 37 million people have been infected with the HIV. Sub-Saharan Africa remains the region most heavily affected by HIV, accounting for 67% of all young people living with HIV and for 75% of AIDS deaths in 2007.

The UNAID (2015) report states that South Africa has the biggest and highest-profile HIV epidemic in the world, with an estimated seven million people living with HIV. In 2015, there were 380 000 new infections while 180 000 South Africans died from AIDS-related illnesses. In the same year, News 24, a local online South African news medium, reported that more than 99 000 schoolgirls fell pregnant in 2013, which is a rate of about 271 pregnancies for every day of the year.¹

In response to these alarming statistics and in order to reduce the high rate of HIV and AIDS infection and unwanted teenage pregnancies, the South African Department of Basic Education (DBE), in conjunction with the Departments of Health (DoH) and Social Development (DSD), developed the Integrated Strategy on HIV, STIs and TB 2012-2016 (DBE, 2016) and the Draft Policy on HIV, STIs and TB, (DBE, 2013a).

The key components of the strategy is to increase HIV, STIs and TB knowledge and skills among learners, educators and officials; decrease risky sexual behaviour among learners, educators and officials; and decrease barriers to retention in schools, in particular, for vulnerable learners.

¹ Statistics South Africa General Household Survey, 2013

The diagram below represents the DBE’s Integrated Strategy on HIV, AIDS, STIs and TB, 2012-2016 in response to the global and local thinking on HIV, STIs and TB.

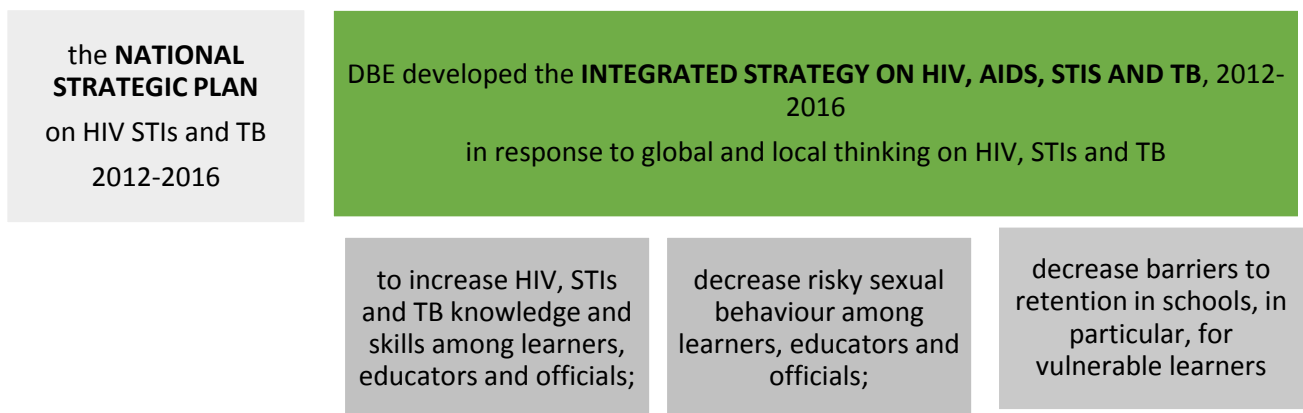


Figure 1-1: Diagrammatic representation of the links between the National Strategic Plan and the role educational programmes

The challenge is to define a strategy and a sustainable process that will ensure how the policy intent influences praxis. Given that knowledge acquisition is mainly located in the classroom, the intervention programme that is put in place to bridge policy into practice needs to be guided. The UNAIDS (2008) Global Report on the AIDS Epidemic reported that only 40% of young people had accurate and relevant knowledge about HIV and transmission. In response to this challenge, UNESCO did a review of sexuality programmes internationally in 2009, which resulted in the development of the International Technical Guidance on Sexuality education (ITGSE) that provides support to education, health and any other sectors for the development (Volume I) and implementation of effective school-based sexuality education programmes and materials (UNESCO, 2009).

It is envisaged that, together with other related social issues, HIV and AIDS and unwanted pregnancies can be addressed through specific and specified education programmes. The curriculum, with its structure of subjects and learning outcomes, is the core business of an education system. It is within the curriculum implementation that any intervention aimed at extending learner knowledge, and building skills and the application of that knowledge, will have efficacy.

According to the DBE (2011a) the National Curriculum and Assessment Policy Statement (CAPS) for Life Skills (in the Foundation and Intermediate Phases) and for Life Orientation (in Senior and FET phases) have been identified as the subjects where relevant, age- and grade-

appropriate Comprehensive Sexuality Education (CSE) knowledge and concepts will be included. The focus on what knowledge, values and attitudes need to be included through effective teaching and the application of that knowledge can be used to target behaviour change. This provides an opportunity for increasing the knowledge-base for good decisions related to healthy sexuality and reproductive health in learners earlier than Grade 8, as early as grades R to 3.

With the focus on a comprehensive approach to strengthening the incorporation of Sexuality Education (SE) into the school curriculum, this study investigates how teaching of SE knowledge, content, concepts and values can be supported. Teachers are the most influential people in the lives of almost twelve million learners in approximately twenty-six thousand public schools in South Africa (DBE, 2015) who can contribute to reducing risky sexual behaviour. Impacting on and supporting what teachers do in the classroom may be the opportunity needed to change learner behaviour in an informed, structured and outcomes-driven way. How this can be done and what it may mean for curriculum planning is the basis of this study.

1.2 RATIONALE

As the director for National Curriculum and Assessment Policy, Monitoring and Support for General Education and Training (GET), I managed policy formulation and curriculum development for all subjects and, in particular, for Life Skills (Grades R to 6) and Life Orientation (Grades 7 to 9). Alongside curriculum implementation, I also managed the Life Skills: HIV / AIDS Conditional Grant project, which was aimed at mitigating against risky behaviour of both learners and educators at school level and aimed at reducing HIV infection rates by providing relevant knowledge, care and support, developing peer support mechanisms and training teachers on core Sexuality Education content. The project was a core component of, and provided key evidence for institutionalising, the DBE National Policy for HIV, STIs and TB (2017 to 2022). The policy addresses key areas of care, support and the improvement of teaching and learning to support a stronger focus on comprehensive sexuality education in schools.

Monitoring of implementation of the policy reported, amongst other factors, that gaps existed in the Life Skills curriculum content and that teachers did not have all the relevant conceptual

knowledge and teacher methodology to teach key sexual education concepts effectively (Kirby, 2011). To build teacher confidence levels to teach these concepts, scripted lesson plans (SLPs) were to be developed for each grade. Already the DBE has developed SLPs for Grades 4 to 12. SLPs for the early grades have not yet been developed, and will need research on what gaps exist in the Foundation Phase Life Skills curriculum, what teacher methodology and support are needed to effectively teach SE in Grades R to 3. This research will help identify these gaps and guide on the development of the SLPs.

The purpose of the study is to identify how the incorporation of CSE can be strengthened in the CAPS in the early grades once the gaps have been identified. If providing relevant, age-appropriate content is aimed at changing the behaviour of learners and supporting them to make good choices about their own sexual and reproductive health, then Comprehensive Sexuality Education knowledge and associated skills must be included appropriately within the subject Life Skills in the early grades.

An important strategy for the South African context is to ensure that CSE is taught within the current CAPS, in particular within the Life Skills subject. The significance of this study is to recognise that, whilst there are a number of opportunities within the Life Skills CAPS to teach Comprehensive Sexuality Education concepts, there are gaps within CAPS that need to be identified before these concepts can be aligned with the concepts in CAPS. Aligning concepts in this way needs to remain age-appropriate, so that teaching and learning within the Annual Teaching Plan remain intact and that there is conceptual progression across all the grades in the Foundation Phase.

1.3 PROBLEM STATEMENT

This study will be guided by the following research questions:

1.3.1 Primary research question

How can the incorporation of CSE be strengthened in the Life Skills curriculum in early grades?

1.3.2 Secondary research questions

In order to fully investigate the primary questions, the following secondary questions need to be addressed:

- What is meant by CSE and SE?
- What are the gaps in the current Life Skills curriculum?
- What are the limiting factors in terms of taking a comprehensive approach to incorporating SE in the school curriculum?
- What kind of support do teachers need to assist them to implement the CSE programme?

1.4 CONCEPT CLARIFICATION

Throughout the study I will refer to the important concepts set out in my title. These concepts are clearly explained below and defined in the next section.

1.4.1 Comprehensive sexuality education

Comprehensive sex education (CSE) is described as a curriculum-based process of teaching and learning that include a focus on the emotional, cognitive, physical and social dimensions or aspects of sexuality. Whilst the teaching includes what knowledge children and young people need to know, it also recognises the need for the development of skills, values and attitudes that will empower them to a) understand and ensure the protection of their rights throughout their lives, b) consider their choices and how these will affect their own well-being, c) realise their health, well-being and dignity and d) develop respectful social and sexual relationships later in their lives (UNESCO, 2018)

Comprehensive sexuality education is also described as an instruction method based on curriculum that aims to give students the knowledge, attitudes, skills and values to make appropriate and healthy choices in their sexual lives (Kirby, 2011). Further, according to the UNFPA (2014) Comprehensive sexuality education (CSE) has been defined as “rights-based and gender-focused approach to sexuality education, whether in school or out of school” and embraces a holistic vision of sexuality and sexual behaviour and personal development, not only focusing on sexually transmitted infections (STIs) and prevention of pregnancy (DBE, 2017)

1.4.2. Sexuality education

Sexuality education is a life-long process of acquiring information and forming, beliefs, values and attitudes. It aims to contribute to behaviour change, including reducing unprotected and unwanted sex, and reducing harmful behaviour, including sexual offences such as assault and abuse (Family Planning, no date). UNESCO (2009: 16) posits that Sexuality Education is rights-based, culturally- influenced, age-appropriate and scientific information needs to be curriculum-based.

The State Government Victoria Department of Education and Early Childhood Development (2011) describes sexuality education as meaning “different things to different people, but there is one thing all the experts agree on: it’s not just about biology.” WHO (2001) provides a definition that core to Sexuality Education is “the concept that is a natural part of human development through every phase of life and includes physical, psychological, spiritual and social components”. Kirby (2011a: 2) posits that effective sex and STI/HIV education programmes will delay risky sexual behaviour when supported by “adolescents’ right to accurate and balanced information about sexuality that is relevant to their lives and can help them make better decisions about relationships and sexual behaviour”. This supports current discourse that sexuality education is not sex education.

Sexuality education encompasses a range of topics that are tailored to the age and developmental level of the child. This is what is called age-appropriateness. A child aged four to six years learns for example about topics such as friendships, emotions, different parts of the body, and what good touches and bad touches are to them. These topics are also relevant for older children and adolescents but are then taught at a different level. Gradually, other topics such as puberty, family planning and contraception are introduced. For most young adults, sexual relationships are built on principles similar to those of the social relationships learnt in early life. Children are aware of and recognise these relationships long before they act on their sexuality and therefore need the skills to understand their bodies, relationships and feelings from an early age (UNESCO, 2009).

1.4.3 Curriculum

The term *curriculum* refers to the academic content, knowledge and skills that spell out what learners are expected to learn and what teachers are expected to teach. The UNESCO Quality

Framework for Education (2017) defines curriculum as the intended learning outcomes or planned expectations, which include knowledge, skills, values and attitudes, expected to be achieved at the end of a learning process that can happen in both a formal and non-formal setting.

Kelly (1999) further explains three kinds of curriculum: planned curriculum, received curriculum and then the hidden curriculum. Curriculum that is laid down as policy to guide implementation is the planned curriculum. How learners experience the curriculum is the received curriculum. The hidden curriculum is what is taught and experienced implicitly. Morris and Adamson (2010) define another aspect of curriculum, which is the null curriculum, which looks at what content or conceptual development has been excluded from the formal curriculum.

According to the South African Curriculum and Assessment Policy Statement (CAPS) for the Foundation Phase (DBE, 2011: 4), the curriculum “gives expression to the knowledge, skills and values worth learning in South African schools. This curriculum aims to ensure that children acquire and apply knowledge and skills in ways that are meaningful to their own lives. In this regard, the curriculum promotes knowledge in local contexts, while being sensitive to global imperatives”.

1.4.4 Early grades

For the purpose of this study, early grades refer to Grades R to 3. In the South African context, these grades are classified as the Foundation Phase (DBE, 2002). Learners in the Foundation Phase (Grades R to 3) could, according to Notice No. 2432 of 1998, and the National Education Policy Act (NEPA) (Act No 27 of 1996), range between 5 and 10 years of age. According to Louw (2014) these are learners who receive elementary or primary education in the early years of their lives.

1.5. LITERATURE REVIEW

Current literature and news reports on the high rate of child abuse and sexual violence have emerged to highlight the need for a focused intervention on educating learners on sexual risks, protection against harmful behaviours and making learners aware of the right to be protected in the early grades. News 24 reports on sexual assault on 54 learners in just one Gauteng

primary school (November 23, 2017) reported on young learners being lured for cash and then sexually assaulted, while another report provided evidence of a scholar patrol officer having sexually violated as many as 87 young learners at a school in Soweto, Gauteng (October 15, 2017).

The threatening sexual behaviour is not reported on in South African schools only. Several reports on associated sexual offences like sexting has been reported in UK schools with one incident alleging the involvement of a five-year old boy among nearly 400 learners under the age of 12 involved in the sending and receiving of explicit sexual content (Express News, July 11, 2017). This report highlighted a further challenge in dealing with sexual offences and that is the responses and feelings of parents when confronted with their children's sexual abuse. Parents feel anxious about their children learning sexuality education content at school and yet find it difficult to take responsibility for educating their own children about SE and related SE information.

Comprehensive Sexuality Education (CSE) emphasises a holistic approach to human and sexuality development. It is a rights-based approach to ensuring that the knowledge base, conceptual development, value-related constructs that make up the knowledge area of Sexuality Education (SE) are taught and supported comprehensively (UNFPA, 2010; UNESCO 2009). CSE has been recognised globally as key to helping young people assert their sexual and reproductive rights, yet it was found that most students have not received appropriate sexuality education by the time they leave high school (Constantine, Slater & Carroll, 2007). As an approach to teaching and learning of SE, CSE includes addressing what support and resources teachers need in the classroom, what teacher training best prepares teachers for teaching SE and what content gaps exist currently in the curriculum (Kirby, 2011 and Rooth, 2005).

UNESCO (2009) identifies the primary goal of SE as the process whereby children and young people become equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV. When young people perceive themselves to be at risk for pregnancy or HIV, they are more likely to adopt protective behaviours (Kirby, 2007). In South Africa, the need for SE has in many cases been largely reduced to mean the need for appropriate information about HIV and AIDS. Thus SE has

become the educational response to the HIV pandemic (Francis, 2010). This has impact on how effectively SE is incorporated into the curriculum.

According to Haberland (2015) young people worldwide are at elevated risk of STIs, HIV and unintended pregnancy and risky sexual behaviour (DBE, 2013b). HIV and AIDS represent one of the biggest challenges to the health and wellbeing of young people in South Africa. Sexual activity is common in this age group (12-17), with over a third (37.5%) of secondary school learners in grades 8 to 11 in public schools reporting sexual experience (Reddy, V, Sandfort, T & Rispel, L, 2009). Young people continue to report high-risk sexual behaviour despite sound knowledge about sexual health risks (Reddy et al, 2009; Shisana et al., 2009).

HIV prevalence among children aged 2–14 years is 2.5% while prevalence among 15–24 year olds is 8.6% (Shisana et al, 2009). Reddy et al. (2013) found that the age of a learners' first sexual experience is a factor for concern and that the earlier a young person has sex, the greater their risks are of HIV infection and unplanned pregnancy. Kirby (2011) asserts that risk and protective factors are important determinants of behaviour and, in the early grades, "Learners are directly and indirectly affected by the context in which they live, which has implications for their attitudes, behaviours and self-esteem" (Ahmed, 2009: 6).

Educationally, there needs to be some prior early intervention in the schooling programme that will expose learners to the knowledge they need and at the same time look at what factors will reduce the high-risk behaviours with regard to their own sexual and reproductive health. UNICEF (2010: 17) suggests that "As *all* young people will confront their sexuality at some point in time, universal access to information and skills are required early on to enable them to make informed choices".

As the threat of sexual violence and exposure to risky sexual behaviour spreads globally, countries are more focused on educating their learners on the dangers of sexual violence as a means of protecting their rights to safe, healthy learning environments in schools. According to BBC News (June, 2018) Kenya is preparing learners on how to defend themselves against paedophiles and rapists. Learners are given skills training in self-defence and in raising their voices effectively to report on what is happening to them. The report on *Child Sexual Abuse in Sub-Saharan Africa – A review of literature* (East, Central and Southern African health Community, January 2011) reports on "the form, nature and magnitude of child sexual abuse"

(CSA) in the region and makes recommendation for strategic guidelines to be developed to mitigate the scourge of CSA.

To mitigate these threats and to purposefully intervene in what learners should know about fostering safe relationships and making healthy choices for their own lives, Sexuality Education needs to be a formal part of the school curriculum. “Formalised sexuality education, as opposed to peer education and extracurricular activities, is well placed to reach a majority of children and young people” (WHO, 2015) in school rather than programmes like peer education and extra-mural activities offered in an informal way. Although parents are “important sources of learning about human relationships and sexuality, especially for younger age group many parents feel uncomfortable or unprepared to tackle sexuality education themselves and are supportive of schools taking on this role. Moreover, young people often prefer to have additional sources of information other than their parents, because the latter are felt to be too close” (WHO, 2012; Tanton, Jones, Macdowell, Clifton, Mitchell, Datta & Lewis, 2015).

1.5 THEORETICAL FRAMEWORK

A theoretical framework “provides an overview of perspectives and research results with reference to the proposed topic” (Ferreira, 2012: 34). If SE is to be taught effectively within Life Skills CAPS, and if the inclusion of SE is to bring about behaviour change in learners, then the approach taken to incorporate SE needs to be better supported. This will ensure a long-term interventionist approach to changing current rates for HIV infections and unwanted teenage pregnancies. For this study, the theoretical framework used is the Behaviours-Determinants- Intervention (BDI) Logic model. The BDI model is “a useful tool for designing, strengthening and evaluating programmes to reduce sexual risk-taking, pregnancy, HIV and other STDS” (Kirby, 2004).

As a health intervention addressed in an education programme, the policy needs to spell out the “plans and actions that are undertaken to achieve specific health (care) goals within a society” (WHO, 2010). The health goals should be clear, measurable targets of what behaviours or outcomes are to be changed (WHO, 2010) after the intervention. The BDI model postulates that, once a health goal has been identified then there is a need to determine what

factors (protective and risk factors) are relevant and may impact on achieving the health goal. From this, an intervention can be described for facilitating or mitigating against those factors that will impact reaching that health goal. In the DBE policy context, changing sexual behaviour is a focus of the health goal and is targeted from the Foundation Phase by providing age- and grade-appropriate knowledge, skills and values on sexuality education. Later adolescent sexual behaviour can be influenced with early grade intervention.

The model facilitates later adolescent sexual behaviour being influenced through an early grade intervention by providing appropriate, relevant knowledge to learners as early as in the Foundation Phase.

The BDI model is diagrammatically represented as follows:

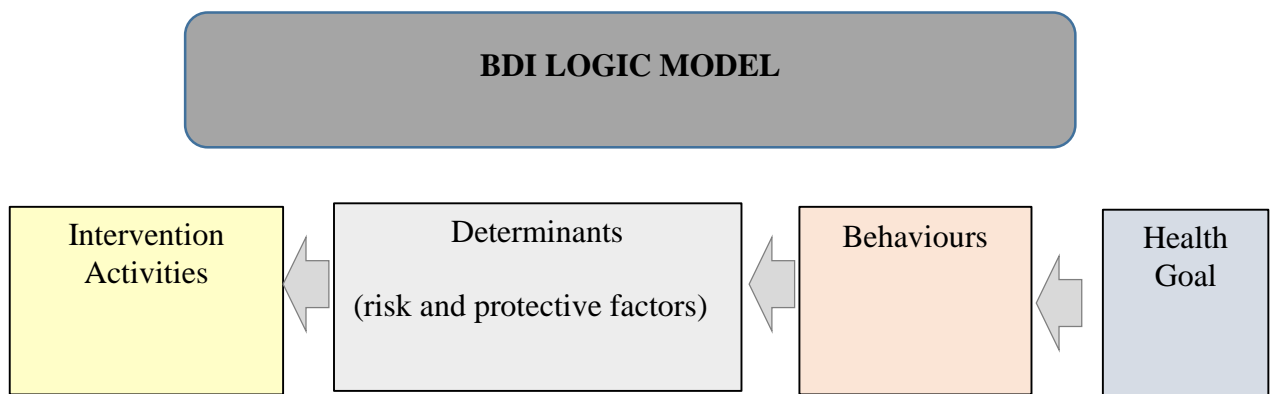


Figure 1-2: BDI Logic Model

The researcher used the BDI model to link current policy with what would be needed to impact positively on behaviour change in the early grades, and how policy will influence practices in the classroom focused on teaching, learning and assessing of CSE. At a school level, it does mean that there can be greater connection between health priorities and educational programmes related to CSE. The primary recommendations will be about strengthening how CSE is taught, learnt and assessed based in the early grades. The BDI model provides an evidence-based approach to identifying gaps in content and what support teachers would need for influencing how CSE is taught in the Foundation Phase. There is also an opportunity to identify the factors that would influence the community and parental understanding of content and how to support for CSE and associated behaviour change

The BDI model is built on Social Learning Theory, which is grounded in the belief that “human behaviour is determined by a three-way relationship between cognitive factors, environmental influences, and behaviour” (Kirby, 2011). This will support the interpretivist approach to this study, which “is concerned with how the social world is interpreted, understood, experienced or produced ... based on methods of data generation which are flexible and sensitive to the social context” (Hughes, no date: 1).

1.6 RESEARCH METHODOLOGY

In this section the researcher will elucidate the rationale behind the specific method(s) used in this study, with an explanation of the research strategy employed.

1.6.1. Research design

A research design is the overall plan for connecting conceptual research problems to the pertinent empirical research (Creswell, 2013). In other words, the research design expresses what data is required, what methods are going to be used to collect and analyses this data, and how all of this is going to answer the research question. A research design is not related to any particular method of collecting data or any particular type of data; any research design can, in principle, use any type of data collection method and can use either quantitative or qualitative data. The methods for this study will be discussed in this section.

1.6.1.1. An interpretivist paradigm

Epistemologies are defined as general orientations about the world and the nature of research that the researchers holds (Creswell, 2009). This research is conducted from a social constructivist paradigm because I was keen to gain an understanding of the participants’ views of CSE in the early grades and how the curriculum can be strengthened to support this phenomena. Social constructivism is described by Creswell (2009) as the participants views are of significance, since they construct and give meaning to their world.

My reasons for choosing social constructivism for this study are because it allowed for the interpretation and understanding of the participants’ world. According to Nieuwenhuis (2007),

this can be seen as one of the strengths of a qualitative approach, as this approach will give the researcher a deeper understanding of the participants' views.

In this study open-ended questions were used when interviewing the participants. Open-ended questions gave the participants an opportunity of sharing their views without inhibitions. Creswell (2009) emphasised that open-ended questions should be asked to allow the researcher to listen carefully to what people are saying about their experience of CSE.

1.6.1.2. Qualitative research approach

This study followed a qualitative research method in order to explore the views of Life Skills Foundation Phase teachers, Life Skills heads of department and district-based Foundation Phase subject advisors on how to strengthen Comprehensive Sexuality Education in the CAPS curriculum for early grade learners. The qualitative research method can be defined as an "inquiry in which the researcher collects the data in face-to-face situations with selected participants." (McMillan & Schumacher, 2006).

The researcher used qualitative research, because it allowed for the collection of data in its natural setting, where the participants experienced the issues of CSE that are being researched (Creswell, 2009). The potential challenges are included where the researcher makes a wrong or incorrect interpretation of what is being said, heard or understood (Creswell, 2009). To avoid such pitfalls, several investigators, sources and methods ought to be used to compare findings with each other. This will eliminate alterations by means of misinterpretations. For this purpose, the researcher used several methods of collecting data such as interviews, practical engagements with participants and document analysis. This allowed for participants to engage practically with the process of linking what policy mandates with what is needed by classroom praxis for Comprehensive Sexuality Education.

Another caution to this study was the formulation of the questions, which the researcher made sure were not sensitive or threatening nor caused any discomfort amongst the participants but that "they allow greater spontaneity and adaptation of the interaction between the researcher and the study participant" (Mack et al, 2005: 15). Participants needed to feel comfortable about

having a limited understanding and views on content they may not necessarily have much knowledge on and comfortable with the researcher probing for further responses.

1.6.1.3 Research type

The term research design, according to McMillan and Schumacher (2006: 117) can be defined “as a plan for selecting subjects, research sites, and data collection procedures to answer the research question(s).” This study will follow a qualitative research design, by conducting qualitative, phenomenological research.

The purpose of phenomenological research is to understand the lived experiences of others (McMillan & Schumacher, 2006: 120), to investigate a phenomenon itself (Morgan & Sklar, 2012: 74) and to set aside the researcher’s own experience in order to understand that of the participants (Creswell, 2009: 13). A phenomenological research paradigm has been selected for this study, so as to assist in obtaining information from teachers, subject advisors and district officials on their views of strengthening CSE in the curriculum for early grade learners

The strength of phenomenological research is that it allowed me to study a small number of subjects through extensive engagement with them, in order to develop patterns and relationships (Creswell, 2009: 13).

1.7 RESEARCH METHODS

The following methods were used in support of this study.

1.7.1 Participants

The researcher made use of purposive sampling to access participants who are knowledgeable and informative about the phenomena under study (McMillan & Schumacher, 2006). Purposive sampling can be defined as selecting participants according to pre-selected criteria relevant to a particular research question and refers to the process used to select a portion of the population for the study (Nieuwenhuis, 2007), which in this study are Life Skills teachers and subject advisors who are currently teaching and supporting implementation of

CAPS. The purposive sample of participants, “who can provide rich data about the phenomenon to be researched” (Creswell, 2008: 214) would bring varying levels of subject knowledge, various levels of comfort and confidence and a range of values and attitudes (Francis, 2012). Based on the sample of participants to be included in the study, the researcher made use of semi-structured interviews so that participants are encouraged to communicate their attitudes, beliefs and values as a central purpose of such interviews.

The research consisted of interviews with teachers who are currently teaching Life Skills in the Foundation Phase, with Foundation Phase Life Skills heads of department and with district-based Life Skills subject advisors who support Foundation Phase Teachers and support the implementation of the CAPS curriculum. The main research site that all participants in the five schools are from is Gauteng.

1.7.2 Data collection

1.7.2.1 Data collection process

Ethical approval was obtained from the University of Pretoria (Appendix A). Data collection was conducted over a period of three months in different phases. The first phase was a pre-data collection phase. During the pre-data collection phase the researcher conducted semi-structured interviews with one Foundation Phase (Grade 2) teacher and one Foundation Phase subject advisor in a district that is not one of the districts selected for the study. This exercise was used to determine whether or not the questions set in the semi-structured interviews were relevant and could be answered. Phase 2, included approaching the subject advisors who were nominated by the district to participate and to get their consent to participate further in the study. The subject advisors guided on which Foundation Phase teachers in the selected schools they felt would be able to participate effectively and matched the criteria set in Section 1.7.1. Permissions were secured from all participants in the sample. Phase 3 included informing all willing participants of the process of data collection, as well as setting an appointment with willing participants to conduct the semi-structured interviews. The next phase entailed conducting the semi-structured interviews with all participants. The participants agreed to do the interviews in June, which was mid-year examination time, but was the best time to do the interviews with them. Interviews took place in the teachers’ classrooms at the participating schools, and in office spaces of the subject advisors in the districts. This meant that the participants did not have to travel to any additional location, and participation was not

a financial expense to participants, which was a constraint raised by participants and may have impacted on their participation. Phase 5 involved the analysis of all the data that was collected.

1.7.2.2 Data collection methods

The data collection methods mainly consisted of semi-structured interviews between the researcher and teachers, subject advisors and district officials participating in the study. Semi-structured interviews are predetermined questions but allow room for questions that were not determined beforehand (Maree, 2007: 87). The reasoning behind the data collection method lay in building confidence of the participants to share their views, opinions and assumptions freely based on what they already know about the Life Skills subject knowledge domain. McMillan and Schumacher (2010: 355) state that interviews are conversations, prompted by predetermined questions, by the researcher to gain knowledge about a certain problem. Throughout the data collection process, the researcher made use of journal notes to document all discussions, relevant conversations and anecdotes, thoughts and questions that arose from participants as well as written notes that teachers used to express their thinking (Gambold, 2010 as cited in Mills, Durepos & Wiebe, 2016).

1.7.3 Research context

Schools are a potentially promising space where positive change can be made in social and cultural norms (WHO, 2013). Primary schools were the main focus of this study, and the only criterion for the selection of the schools was to have Grade R as part of formal Foundation Phase for schools that were selected. Preselected criteria relevant to the research question (Creswell, Ebersohn, Eloff, Ferreira, Ivancova, & Jansen, 2010) was set out before-hand, ensuring that relevant data could be collected.

The selection of the two districts was influenced by the South African Government's South African School-based Sexuality and HIV Prevention Activity², a donor-funded programme aimed at reducing HIV infections in learners and educators by assisting the Department of Basic Education (DBE) to implement high quality, evidence-informed sexuality and HIV

² A partnership School-based CSE programme funded by USAID managed by the Education development Centre (SA)

prevention education programmes. Johannesburg North and Johannesburg West are focus districts within the DBE Comprehensive Sexuality Education project.

1.7.4 Data analysis

According to Creswell (2009), data analysis involves preparing the data for analysis, conducting different analyses, moving deeper into an understanding of the data, representing the data and making an interpretation of the meaning of the data. The following data analysis steps were followed

Step 1: Transcription

Step 2: Organising the data

Step 3: Reading through the data

Step 4: Coding the data

Step 5: Identifying themes

Step 6: Interpretation of the data.

1.7.5 Trustworthiness

The term trustworthiness refers to the validity and reliability associated with qualitative research (Guba, 1981). The following table explains the four aspects of trustworthiness, as described by Guba (1981), and outlines how the researcher of this study will ensure trustworthiness:

Aspect of trustworthiness	Description	How was it achieved in this study?
Credibility	Refers to the richness and quality of the data and research.	The researcher made use of triangulation and member-checking in order to assure the accuracy of the findings.

Transferability	Refers to the degree in which the research can be transferred to other contexts.	The researcher provided readers and external researchers with highly detailed methodology, data collection, and analysis strategies. The background and circumstances of the study are clearly explained.
Dependability	Refers to the assurance that research findings are consistent and can be repeated.	The researcher conducted, analysed, and presented the study whilst taking the dependability of results into account. The researcher reported the processes undertaken in the study to enable external researchers to repeat the study.
Confirmability	Refers to how the research findings are supported by the collected data; it is a process by which to eliminate researcher-bias.	In order to enhance the study's confirmability, the researcher demonstrated how the collected data correlated with the research findings by drawing comparisons between participant responses and by interpreting data fairly and without bias.

Table 1-1: Four aspects of trustworthiness (Guba, 1981) and its relevance to the study

1.7.6 ETHICAL CONSIDERATIONS

The ethical principles, as stipulated by the Ethics Committee of the University of Pretoria, were upheld through the course of this study. These principles included the voluntary participation of all participants – letters and information meetings were used to inform all participants. Informed consent was obtained from all participants in this study. All ethical principles, such

as honesty, avoiding harm, informed consent, privacy and confidentiality, as described by Burton and Bartlett (2009), were complied with regarding all participants in this study.

The present study included Life Skills Foundation Phase teachers, Foundation Phase heads of department and district-based subject advisors as participants. Two interview questionnaires (Appendix B) were prepared and used during the interviews conducted with the participants; therefore, a number of ethical considerations were considered before, during, and after the conducting of the research. Participants were assured that their participation in the study was voluntary. Interviews were recorded openly with the consent of the interviewees (Bogdan & Biklen, 2003) and all participants were assured of their right to privacy, confidentiality and anonymity (Cohen, Manion & Morrison, 2007). The researcher treated all information gathered from all participants with confidentiality at all times (De Vos, Strydom, Fouché & Delpont, 2002).

Furthermore, the researcher communicated and clarified the participants' option to discontinue and withdraw from the study at any time, should they have wished to do so. The personal information and identity of the participants were kept anonymous and protected; this was achieved by the dedication of the researcher to uphold the mutual understanding of confidentiality between the researcher and participants. In reporting the research findings, the researcher referred to the participants as Teacher 1 (T1) and Subject Advisor (SA1), etc. Heads of department were referred to as T7 and T8.

Moreover, the GDE and the ethics committee at the University of Pretoria clearly stipulated all the ethical and legal considerations to uphold during the undertaking of the present study, as the study took place within one district in the Gauteng Province. The protection of all participants from personal, psychological, and physical harm as well as the confidentiality of the identities of teachers was assured by the researcher at all times throughout the study.

1.8 SUMMARY

Chapter 1 provided an overview of the research rationale, problem statement, and research questions. Furthermore, a literature overview was provided, along with a summary of the

research methodology and theoretical framework. Lastly, key points of the study's ethical considerations were described.

2 CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

In Chapter 1 the researcher provided an orientation to the study and gave a brief outline of the literature review, theoretical framework, concepts and research methodology. Chapter 2 provides an in-depth literature review and discussion on the theoretical framework on strengthening CSE within the curriculum in the early grades. The literature review will also include information on current policies relating to CSE, the importance of CSE in the early grades, factors that need to be taken into consideration for the strengthening of CSE in the early grades namely: gaps in CAPS, teacher development, attitude of school management teams, teachers, parents, subject advisors, cultural and religious factors and the age-appropriate content area on CSE for early grades.

Comprehensive sexuality education (CSE) has attracted growing interest and attention over recent years. This is demonstrated and reinforced by increased political commitment globally and the development of expert guidance, standards, curricula and other tools to strengthen the implementation of CSE in practice. Across the world, there are a wide range of different approaches to delivering sexuality education (UNESCO, 2015).

This section will also highlight some of the conceptual gaps that exist in the Foundation Phase Life Skills curriculum in South Africa. It will also provide information on Comprehensive Sexuality Education (CSE) concepts that can be introduced to young learners in the Foundation Phase. The researcher will highlight how the introduction of these concepts can be strengthened and supported in the classroom.

2.2 THE IMPORTANCE OF CSE IN THE EARLY GRADES

The early grade years (R-3) is the time when a child meets, learns about, and communicates first with his family and then extends to the environment, namely the school. Talking about sex, sexuality, bodies and relationships in an open, honest way plays a big role in young child's sex education and sexual development. Kurtuncu, Akhan, Tani and Yildiz (2015) state that this is a critical period in the child's (young learner's) life where he is learning the fastest and his personality is being formed. The child (learner) needs guidance from a source knowledgeable about areas of development. One of these areas is the sexual development of the child (learner).

According to Raising children.net (2017) it is also important to be prepared for answering a young learner's questions about sex. It is never too early to talk about sex to a young learner. Talking about sex, sexuality and bodies to young learners can help them to understand that sex and sexuality are normal, healthy parts of life. It can also make later conversations easier. The main message to get across to young learners from early on is that he/she can come to you for open, honest and reliable information, and that he shouldn't feel scared or embarrassed to ask you about sex and sexuality. This open conversation between teacher and learner builds on a trusting relationship. This can prevent child sexual abuse or inappropriate sexual advances on young learners.

The widespread movement to educate children about child abuse may not be teaching children about other human sexuality dimensions. Brick (1985) states that there is a need for a more balanced approach to implement sex education in elementary schools. Children in Grade R to 3 ask simple and direct questions, however by 5th and 6th grade, questions are more urgent and indicate the need for a comprehensive family life education programme. Both Robinson & Davies (2017) agree that there is a need for building strong ethical and respectful relationships and sexuality literacy early in life, which are foundational to understandings of children's sexual citizenship, and to their health and well-being. According to www.education.vic.gov.au (2018) the latest national research has revealed that most young people learn about sex and

sexual health (93%) from school-based sexuality education programmes and therefore it is significant that these programmes are incorporated into the school curriculum.

2.3 THE DIFFERENCE BETWEEN SEXUALITY EDUCATION AND COMPREHENSIVE SEXUALITY EDUCATION

In Chapter 1, the researcher presented a brief explanation of the concepts Sexuality Education (SE) and Comprehensive Sexuality Education (CSE). In this section, I will provide a more detailed explanation of the difference between sexuality education and comprehensive sexuality education. According to Edwards and Louw (2009:19) Sexuality Education is a lifelong process that “provides correct factual information, relevant values, attitudes and skills” and that “assists towards appreciation of one’s sexuality” and “guides towards informed and responsible decision-making”. The terms “sexuality education” and “sex education” are often used interchangeably. Kearney (2008) also defines sex education as "involving a comprehensive course of action by the school, calculated to bring about the socially desirable attitudes, practices and personal conduct on the part of children and adults, that will best protect the individual as a human and the family as a social institution." Thus, sex education may also be described as "sexuality education".

The Sexuality Information and Education Council of the United States (SIECUS), (2004: 7) suggests that SE creates “a positive view of sexuality” that encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. The Federal Centre for Health Education (2015) explains that sexuality education aims to develop and strengthen the ability of children and young people to make conscious, satisfying, healthy and respectful choices regarding relationships, sexuality and emotional and physical health. Sexuality education does not encourage young people to have sex.

Rutgers (2018) state that young people are naturally curious about sex and sexuality. Young people have the right to receive adequate education to make well-informed choices in

relationships and their sexual lives. Comprehensive Sexuality Education (CSE) means providing information and guidance about the physical and emotional aspects of growing up and starting relationships. Formal, effective sex education can happen in or out of school, but it must always be based on fact. To be comprehensive it should not focus solely on sex and sexuality, but emphasise the importance of forming healthy relationships. Young people should gain self-esteem and understand how to protect their physical and emotional well-being. They should understand the consequences of having sex and the importance of safer sex. Young people should learn that they have sexual health rights. UNESCO (2009: 1) recognises CSE as an “age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information. The Global Report (2015: 8) on CSE states that “the objective of CSE is to ensure that young people are receiving comprehensive, life skills-based sexuality education to gain the knowledge and skills to make conscious, healthy and respectful choices about relationships and sexuality”.

2.4 POLICY CONTEXT WITHIN SOUTH AFRICA

2.4.1 Policies

A policy, in general, is a law, regulation, procedure or administrative action to advance a desired outcome. Sanelli (2018) states that policies and procedures are an essential component of any organisation. Policies address important issues, such as what constitutes acceptable and unacceptable behaviour. Relative to sexual health, the desired results are young people who have the information, education and skills to make healthy, responsible decisions and access sexual and reproductive health services.

CSE is one of the most important tools to ensure that young people have the information they need to make healthy and informed choices. Parker, Wellings and Lazarus (2009) indicated that according to most European Union member states and Norway, policies have played an important role in shaping the provision of sexuality education so that it can be implemented with ease. France, Australia and especially the Netherlands have better sexual health-related

policies in comparison to sexual abstinence-based policy in the United States of America (Weaver, Smith & Kippox, 2007).

Since 2000, South Africa's Department of Basic Education (DBE) has contributed towards formulating policy and strengthening the policy context around HIV prevention and increased knowledge of HIV, STIs, TB and other related diseases through its Life Skills CAPS among school-going learners. Francis (2009: 4) further implies there are "broader needs for education around issues of sexuality and relationships and this should allow for flexibility of the Life skills/orientation curriculum statements." The key components of the DBE Policy for HIV, STIs and TB 2017 to 2022 (2017) is to increase HIV, STIs and TB knowledge and skills among learners, educators and officials and to achieve the health goals set up by the DBE in the National Strategy Plan (2017 to 2022) and the Integrated Strategy for HIV, STIs and TB 2012 to 2016 (DBE, 2012), which sets up health goals that drive how the education sector will respond to the health needs associated with prevention, treatment, care and support for learner, educators and school based support staff.

Different policy mandates influence the implementation of programmes aimed at addressing the impact of sexuality and comprehensive sexuality education on learners, educators and management at school level. Whilst there are definite health goals spelt out in these policies, there is also an integrated role for education in achieving these goals. Kirby (2002) states one of the ten Characteristics of Effective Programmes for Sexuality Education is that a (health) behavioural goal must be incorporated to guide the health focus and learner performance as well as including that teaching methods, and materials that are socially and culturally relevant should be included. The following figure provides an illustrative glance at the policy context and related policy mandates that need to be taken cognisance of when defining how Comprehensive Sexuality Education will align with current DBE interventions:



Figure 2-1. Illustrative DBE policy context

Each of the policies listed have their policy goals and key objectives towards ensuring that the identified health goals are achieved. The relevance of Goal 2 “increased **knowledge, cognitive skills and life skills that will empower them** in general and on HIV and TB in particular, to inform the life choices of all learners, educators, school support staff and officials to protect them from infection and disease”, is that the CAPS has to be responsive to the policy objective that “age- and developmentally-appropriate Comprehensive Sexuality Education will be provided in schools”. The curriculum will include comprehensive scientifically accurate, realistic, non-judgmental information on HIV, STIs, pregnancy and TB” (DBE, 2017: 7) and build “the capability and capacity of educators, school-based support teams and other identified partners and personnel” (DBE, 2017: 7) to support the incorporation of CSE into the curriculum. It is within the context of this goal that mechanisms for strengthening CSE within the Life Skills subject can be phrased and consideration can be given to what aspects of delivery can be included.

2.4.2 Care and support for early grade learners

Due to the global manifestations of problems such as violence and sexual exploitation, child protection is an important response that inspires a wide range of international policies and programming (Ruiz-Casares, Collins, Tisdall & Grover, 2017). All children have the right to live free from emotional, physical and sexual violence. According to MiET (2015: 2), the Department of Basic Education through the adoption of the Care and Support for Teaching and Learning (CSTL) Framework, which is a Southern African Development Community (SADC) initiative that was adopted by Education Ministers in 2008, endorses the educational rights of all children, including those who are most vulnerable, to be protected through schools becoming inclusive centres of learning, care and support. This programme ensures that schools are safe and conducive learning environments and that risks “that have a negative impact on the enrolment, retention, performance and progression” on learners are mitigated (www.education.gov.za/Programmes/HealthPromotion/CSTL, nd).

According to the South African Police Service, 18,524 cases of sexual abuse were reported to the police in 2013 / 2014, an average, of 51 cases every day (Krieger, 2016). The Optimus study findings showed that sexual abuse of children and adolescents is widespread and possibly worse than previously estimated in South Africa. The study found that one in three children have had some experience of some form of sexual abuse, which is persistent over the course of children’s lifetimes, and regrettably present in their everyday lives. The data also shows that boys and girls are equally vulnerable to sexual abuse, although the forms might vary (Lannen, 2016).

2.4.3 Foundation Phase learner and CSE

For the purposes of this study an important consideration about the Foundation phase is that it aims to develop “the kind of learner envisaged is one who will be inspired by values, based on respect for democracy, equality, human dignity, life and social justice (DBE, 2002: 3). These values will drive the content and conceptual development within all subjects in the Foundation Phase. Regarding CSE, learners should have age-appropriate knowledge, values

and skills. According to the Constitution of the Republic of South Africa, (1996) and DBE (2011a) this will ensure learners will be able to make informed decisions regarding personal, community and environmental health” and “should know and exercise rights and responsibilities as guaranteed in the constitution.

The kind of foundation phase learner envisaged is important for determining what is age-appropriate in the selection of which concepts should be included in the Sexuality Education curriculum content. SIECUS (2004: 13) supports that content included “should be appropriate to the age, developmental level, and cultural background of students”. The UNESCO International Technical Guidelines on Sexuality Education (ITGSE), revised (2014), provide guidance on how the main key concepts are “separated into four age groups (5-8 years; 9-12 years; 12-15 years and 15-18+ years) intended for learners at primary and secondary school levels. The learning objectives are logically staged, with concepts for younger students typically including more basic information, less advanced cognitive tasks, and less complex activities” (p 34) and “the learning objectives are sequenced to become increasingly cognitively complex with age and developmental ability” (p 35). There is a slight difference in the age specification of the first and second levels of the ITGSE and the Foundation Phase in South Africa. The only implication is that, when mapping concepts for alignment to the Foundation Phase CAPS, cognisance needs to be taken that selected concepts may cut over the first two age levels in the ITGSE.

The developmental ages and dimensions for the social, intellectual, physical, emotional and moral development of a learner in the Foundation Phase are important to consider when defining what comprehensive sexuality education concepts are to be included within the current Life Skills CAPS. Different dimensions of what learners between the ages of 5 and 9 in the Foundation Phase typically include can be summarised as follows:

Characteristics of learners in this phase	
<p>INTELLECTUAL</p> <ul style="list-style-type: none"> • Vocabulary may still be limited but their language development is more noticeable and better influenced • Use questions to explore new constructs or knowledge – ask “why” often • Comfortable communicating in groups • Eagerly learn from their peers and need guidance from an older person or adult • Can make most sense of things they are engaged with in the “now” – future and past experiences are not too emphasised 	<p>SOCIAL</p> <ul style="list-style-type: none"> • Play is an important part of learning • Will try new activities but need adult praise • Eager to try new activities, especially when led by an adult • Will explore more confidently, and open to trying new equipment and play materials • Often choose a “best friend” to explore friendships and rely on that friend in a group situation
<p>PHYSICAL</p> <ul style="list-style-type: none"> • Learning is effective using free play • Enjoy and learn from cooperative games • Enjoy small group interactions • Improved body coordination and better muscle coordination is observed • Reliance on adult modelling and directing their behaviour and actions is still important • Still need periods of rest during the day and between activities 	<p>EMOTIONAL</p> <ul style="list-style-type: none"> • Eager to identify with older children who have observable common characteristics, especially at play • Enjoy more responsibilities and may even show selfishness in maintaining their role • Can still feel fearful of new or intimidating activities, strange people and / or unknown environments • Comfortable in same-sex peer groups • Moving towards appreciating differences of opinion
<p>MORAL</p> <ul style="list-style-type: none"> • Often have a rigid sense of what is wrong and right, and may judge their peers based on this • Will admire what older learners do even if the behaviour is negative • Accepting of peer influences and mimic behaviour when at play • Enjoy roles and responsibilities given to them • Can be very loyal and will explore independence with a close peer 	

Figure 2-2: Characteristics of a learner in the early grades

These characteristics will help scope the content, teacher methodology, support learning materials and help consider the learning styles of learners in this phase of development.

2.4.3 Curriculum and CSE

A curriculum is what you want children to learn and what you plan to teach. Curriculum should be based on what is known about child development and learning for any given age range. Developmentally Appropriate Practice (DAP) means teaching children where they are (developmentally), as individuals and as a group, and helping each child reach challenging but achievable goals (Copple & Bredekamp, 2009). The curriculum in the early grades guides the teacher in determining these achievable goals; what knowledge, skills, and dispositions (attitudes) you want learners to learn and develop. It is recommended that a good curriculum should be a written document that is *used* in planning experiences for children. With the high rate of child sexual abuse a detailed comprehensive sexuality education curriculum is necessary.

In its report, UNESCO (2013) indicates that there has been an increased focus recently on strengthening curricula in numerous countries, although this remains a critical need. Reviews of curricula show that increased attention is required to promote the development of key competencies, as well as to examine how gender norms, religion and culture influence learners' attitudes and behaviour. Although CSE content must be adapted to reflect local contexts, there are certain core topics that are essential to maintaining quality and meeting international standards. Indicators have been developed to measure whether sexuality education programmes meet 'essential' and 'desirable' criteria.

According to UNESCO (2015), for the effective teaching of CSE content, the content must respond appropriately to the specific context and needs of young people in order to be effective. This adaptation of the content is central to culturally relevant programming, and includes understanding the messages that cultures convey around gender, sex and sexuality. Depending on the age and grade level of the learners the content of CSE should be adapted accordingly. The content of the CSE curriculum for young learners between the ages of 5-8 years mainly focus on "relationships; friendship, love, tolerance, inclusion respect, tolerance, gender" (UNESCO, 2018). As with all curricula, CSE must be delivered in accordance with national laws and policies.

The Department of Basic Education has recognised that purposeful and content specific focus on CSE is required within the Life Skills programme in the Foundation Phase. The health goal of changing or improving risky behaviours in later grades aims to start with including necessary SE content as early as Grades R to 3 (DBE, 2017). Explicitly stated is that “the provision of quality Comprehensive Sexuality Education has been identified as a game changer to accelerating prevention.” (DBE, 2017:17).

According to DBE (2011a), The Foundation Phase CAPS Life Skills is where a Comprehensive Sexuality Education (CSE) approach is possible to introduce relevant, age- and grade-appropriate knowledge and concepts in early grades. This provides an opportunity for increasing the knowledge base for good decisions related to healthy sexuality and reproductive health in learners, as early as grades R to 3.

CSE is taught through the CAPS Life Skills subject under the topics Personal and Social Well-being in the Foundation Phase (Grades R to 3) (DBE, 2011a). Content and concepts related to CSE does not exist on its own, but is integrated into the topics in Life Skills. Kirby (2011) states that the opportunities within CAPS are specific and limited for where CSE can be included. How CSE is to be incorporated into CAPS relies on an analysis of CAPS, the identification of where CSE content can be included and what teachers will need to support the teaching of CSE.

Curriculum content in the learning programme in the Foundation Phase lays the foundational knowledge in the Foundation Phase, which underpins learning in the other phases (DBE, 2003). In his research Kirby (2011) identified content gaps in sexuality education in the curriculum in South Africa that prevent adequate and appropriate implementation of sexuality education as outlined in the *International Technical Guidance on Sexuality Education (ITGSE): An evidence-informed approach for schools, teachers and health educators*. He has identified that the South African CAPS specify broad topics to be covered during each grade, term and week and the number of hours allowed for different topics but very limited information on CSE. Identifying gaps in content and then finding ways in which the gaps can be filled has

further implications for teacher development. The table below indicate the gaps identified in the Foundation Phase curriculum and the recommendations on how to strengthen the CSE content in the curriculum.

Kirby (2011) examined the topics and sub-topics in Life Skills in CAPS and mapped them out against the characteristics for effective programmes in the ITGSE Vol II (Ages 5 to 8). The topics and sub-topics were not deconstructed into concepts that would be taught in units in a daily programme. The following emerged from the comparison:

Recommended by ITGSE, Volume II: Ages 5-8	Included in CAPS: Grades R-3
Families and marriage	Family, e.g., who belongs, what we do and celebrate
Friendship, love, relationships	Qualities of a good friend
Tolerance, acceptance and respect in relationships	Manners, e.g., being kind and showing respect
Basic values	
Commitments	Children's rights and responsibilities
Peer pressure	
Decision-making	
Types of communication, e.g., communication "yes" and "no"	Ways to communicate, saying "no", good ways to express what we feel, how to say no to abuse
Help and support	People who help us in community

Gender	Jobs people do at home, jobs at work
Human rights	
Recognition of differences between male and female bodies (without spelling them out), changes during puberty	Body parts (sexual not specified)
Basic reproduction	
Body image	
Body rights and privacy, sexual abuse	Keeping body safe, “yes” and “no” feelings, safe and unsafe situations, how to say no to abuse
Expressions of love, sexual activity and maturity	
Basic rights and responsibilities of parenting	
Disease	
Rights & needs of people living with HIV	

Table 2-1: A Comparison of Topics Recommended to Be Covered In ITGSE Volume II (Ages 5-8) and CAPS (Grades R-3)

The table shows where the alignment of SE content with CAPS is evident, as well as where there are gaps in SE content that is required for learning in the Foundation Phase. The mapping will be used for planning what SE content gaps will be addressed across the Foundation Phase and used to make recommendations for addressing the gaps.

By teaching appropriate content in the Foundation Phase, learners are exposed to relevant and age-appropriate content, good decision-making and good values and attitudes that will support decisions about their sexual and reproductive health later in their lives (Kirby, 2011: 31). Francis (2011) in Beyers (2013) states that teaching about sex and sexuality empowers

learners not only to prevent negative outcomes, but also to establish healthy attitudes towards sexuality.

The intention of equipping young learners in the Foundation Phase with appropriate and relevant knowledge and skills is to strengthen what decisions they will make about their own sexual behaviour and so reduce their own risky behaviour later as adolescents. Baxen and Breidlid (2009: 2) suggest that “providing children with sufficient knowledge may serve to delay their sexual debut and enable them to make informed decisions regarding their sexual practices and behaviours”. The merit of including SE in the curriculum is further supported by UNESCO (2009) “notes the significance of addressing sexuality and gender issues in all stages of schooling”.

Explicitly stated is that “the provision of quality Comprehensive Sexuality Education has been identified as a game changer to accelerating prevention (DBE, 2017:17). Ahmed et al. (2009) and Thaver and Leao (2012) agree that the integration of sexuality education in the school curricula has been considered favourably in many countries, including South Africa and has the potential to be one of the most important and effective mechanisms for making children knowledgeable and aware of sexuality education.

2.4.4 Teacher Development

According to Bell and Gilbert (1994) cited in Evans (2002) teacher development can be viewed as teachers learning, rather than as others getting teachers to change. In learning, the teachers are developing their beliefs and ideas, developing their classroom practice, and attending to their feelings associated with changing. Davids (2009) states that the quality of education in South Africa has been an issue of much debate. National consensus in the media has been that South African education is not on par with international standards, even lacking behind some less developed African countries.

The Department of Education (2011b) acknowledges that education is a national issue that requires intervention not only from government structures, but from all South African citizens, as restructuring our education system is a collaborative effort that requires input from all South Africans. The Integrated Strategic Planning Framework for Teacher Education and Development in South Africa, 2011-2025 (ISPFTED) further states that the overall quality of education is determined by the quality of professional training offered to teachers. The challenges facing Teacher Education and Development (TED) in South Africa are considerable. They include a lack of access to quality TED opportunities for prospective and practising teachers

The inclusion of SE and CSE content brings a newness of teaching approach and methodology, which implies a dedicated look at teacher training and support. Considering the legacy in education and that the method of instruction was primarily didactical teaching and rote learning (Väyrynen, 2004), it is not surprising that most educators are challenged by and feel uncomfortable with a more facilitative approach to teaching comprehensive sexuality education to learners (Glover & Macleod, 2016). The teaching of Life Skills requires a more facilitative approach to teaching and learning (DBE, 2011). Despite changes in government policy, little has changed in the teaching methodologies in black schools since the apartheid regime (Ahmed, et al. 2009), didactical teaching and rote learning still predominate. In the Foundation Phase, the Learning Programme Policy Guidelines (DBE, 2003: 78) identified that content teaching requires a more heuristic, practical and creative approach and “requires a shift from a content-based progression to a skills-based progression in teaching, learning and assessment”.

2.4.5 Teacher knowledge, competence and comfort level

Most people would agree that an understanding of content matters for teaching. This content knowledge is unique, a kind of subject-matter-specific professional knowledge (Ball, Thames & Phelps, 2008). Teacher knowledge is certainly a component of teacher professionalism and according to Francis (2012) teachers lack the skills and knowledge to teach sexuality education. Professional competence involves more than just knowledge. Skills, attitudes, and

motivational variables also contribute to the mastery of teaching and learning. As professionals in their field, teachers can be expected to process and evaluate new knowledge relevant for their core professional practice and to regularly update their knowledge base to improve their practice and to meet new teaching demands (Rooth, 2005).

Grangeat (2007) states that while it must be recognised that a wide variety of factors interact to impact on the quality of the education system, teachers' poor subject matter knowledge and pedagogical content knowledge are important contributors. Teaching resources and learner support materials are important only insofar as teachers have the knowledge and competence to interpret and utilise them effectively. In order to address these challenges, processes are needed that: enable individual teachers to identify their own learning and professional development needs and to access opportunities to address these needs; and identify system-wide priorities for teacher development that are applicable to groups of teachers.

In a survey conducted by the final year Bachelor of Education degree students at the University of Pretoria, it was found that sexuality education was one of the five topics which teachers found a challenge to teach in public schools (Venketsamy, 2016). Most teachers in the public school context have not received appropriate training or knowledge to teach the content of sexuality education (Thaver & Leao, 2012). Currently there is no comprehensive approach taken to include SE in the CAPS curriculum.

Educators are considered to be well positioned to play a role in sexual health promotion in the Foundation Phase. The subject of Life Skills, within which sexuality education is taught, is now a formalised subject within the school curriculum that aims to equip learners with skills in order to live meaningful lives in a transforming society (DBE 2011a). Not all teachers teaching Life Skills are trained or comfortable teaching Life Skills/Orientation (Rooth, 2005).

According to UNESCO (2015) delivering high-quality CSE requires adequate training and capacity. Teacher training remains limited in scope, and, if provided at all, is usually delivered only through in-service training. Consequently, teachers often feel uncomfortable and avoid discussing sensitive issues like sexual behaviour, sexuality, and how students can access contraception and obtain referrals for SRH services. They also do not consistently use participatory methodologies to engage pupils fully in health and life skills education.

The teachers are the single most important factor in any family life education programme. Experienced early grade teachers already have the personal and teaching skills necessary for good sexuality educators, and often after brief training in the subject matter, can integrate family life units into their lesson plans (Brick, 1985). Various studies point to the fact that teacher development programmes in South Africa do not prepare teachers to teach the content of sexuality education. Helleve et al. (2009: 55) suggest that “Effectiveness as a sexuality education educator is not merely dependent on having the appropriate knowledge, but also on displaying skills for teaching”. This is corroborated by Francis (2009: 31) who suggests that “the preparation of teachers with strong pedagogical content knowledge and the development of a critical consciousness would be considered key characteristics for successful teaching in sexuality education”. Ahmed et al (2009: 4-5) indicate that many teachers “appeared anxious and uncomfortable in talking about sexuality” and that “educators’ level of comfort and confidence in teaching sexuality education depended on their level of knowledge (Francis, 2012).”

Although much research has been done in South Africa on the value of including SE into the curriculum and teacher perception and attitudes towards teaching SE, the gap in literature is that there is no specific model or approach that can be followed to support and strengthen the implementation of the policy and to have SE effectively included in the LO CAPS, especially in the Foundation Phase. There is a degree of uneasiness amongst teachers, who felt that teaching sexuality in general was culturally more challenging than teaching about HIV and Aids (Mbanaga, 2004).

According to Eisenbery (2011) a teacher's capacity to provide sexuality education may be hampered or enhanced by a number of factors. Teachers reported both positive and negative interactions with parents, regarding parents as highly influential on school administrators and policy. Teachers reported many organisational level challenges, including their administrators, district policy, and structural factors such as time and financial resources. Generally, research shows that there is a need for educators to locate teaching about HIV and AIDS and sexuality within the broader scope of 'sexuality education', where it is taught in relation to the following: relationships, values, attitudes and skills; culture, society and human rights; human development; sexual behaviour; and sexual and reproductive health (UNESCO, 2010) but how that is done is not specified (Rooth, 2005).

2.5 OTHER FACTORS IMPACTING ON STRENGTHENING CSE IN EARLY GRADES

This study will explore other factors that may impact on the strengthening of CSE in the curriculum in the early grades.

2.5.1 Subject advisors

A subject advisor is a member of the education personnel, who is responsible to “ facilitate curriculum implementation and improve the environment and process of learning and teaching by visiting schools, consulting with and advising school principals and teachers on curriculum matters” (DoBE, 2013, p.11). Subject advisors, as instructional leaders, have a significant responsibility of providing quality support and instruction to schools (Pansiri, 2008). Scholars generally concur that change is a complex and complicated process (Harris, James, Gunraj, Clarke & Harris, 2006; Hargreaves & Fink, 2006; Hatch, 2009) so subject advisors should be well capacitated in assisting schools with policy implementation that will positively influence instructional improvement. In his thesis, Shozi (2014) states that subject advisors are the key to instructional improvement in any school.

According to DBE (2016) the post of Subject Advisor in a province, district or circuit is a specialist post that requires the incumbent to be a subject specialist in their field, demonstrating both depth of content knowledge as well as its pedagogy. The position of

Subject Advisor exists to ensure that for every subject there is specialist capacity to monitor and support the implementation of the curriculum in the relevant subject; provide and or source relevant teaching and learning material to improve performance in the subject; ensure that teachers have all the requisite curriculum and assessment documents for the subject; support teachers in effectively delivering the curriculum in the classroom; and support teachers in strengthening their content knowledge.

DBE (2013a) states that Subject advisors provided support to Life Skill educators in various capacities that included on-going support and feedback on an ad hoc basis for educator difficulties with lesson content and delivery; school visits on a term basis for review of subject portfolios and adherence to work schedule, lesson observations. According to Venketsamy (2016) subject advisors confirmed that many of the Life Skill teachers were untrained and were teaching the content (sexuality education) that they had little or no knowledge of. Subject Advisors were able to support teachers only during the cluster meetings with certain problems. They too indicated that they were not fully knowledgeable about the subject content of some topics and especially sexuality education (DBE, 2013).

2.5.2 PRINCIPALS AND SCHOOL MANAGEMENT TEAM (SMT)

The principal is a key agent in school improvement and curriculum implementation. He or she is responsible for promoting a healthy culture and climate, for supporting teacher leadership, for building and sustaining the school improvement teams, and for planning, organising and monitoring school improvement endeavours (Zepeda 2013). His or her role is characterised by instructional, transformational and managerial leadership responsibilities (Valentine & Prater 2011). In this regard the principal's role as instructional leader relates directly to student achievement and its improvement and ensuring that learners are in a safe and conducive environment.

Maponya (2015) agrees that the role played by the principal as instructional leader worldwide is critical due to its direct and indirect impact on learner achievement. In South African primary

schools the role of the principal as instructional leader in improving learning achievement is a pressing issue, especially the content around sexuality education.

According to www.education.vic.gov.au (2018) school leaders provide the overall support for the sexuality education programme. Generally this is through: endorsing the development and ongoing provision of a programme that best meets the learning needs of the learner population, ensuring appropriate consultation through the school council, committing the necessary staff time and resources supporting staff training to ensure teaching staff have the ability to teach and assess sexuality education against the Essential Learning Standards, demonstrating an understanding of the importance of sexuality education, communicating support for sexuality education to the school community and driving the 'shared responsibility' approach to sexuality education.

A positive view toward school-based sexuality education was found for both school principals and teachers. However, time devoted to sexuality education is too restricted, and teaching strategies are too verbal to expect changes in attitude and behaviour (van Oost, Csincsak & De Bourdeaudhuij, 1994).

2.5.3 Attitude and role of parents

The role of the parent or care giver is a crucial part of the shared responsibility of sexuality education and the school leader actively supports the programme's parent engagement activities (www.education.vic.gov.au. 2018). There are numerous competing messages about sexuality in the world. Many are misinformed and sensationalist, yet are often presented in highly communicative styles, through pop videos, advertisements, internet blogs, mobile phones, film, reality TV and television serials. According to Helleve et al., (2009) a South African study has also identified parental absence and failure to teach learners life skills as a key reason motivating educators to provide learners with sexuality education.

The UNESCO (2015) report clearly indicates that engaging parents and communities in the implementation and scale-up of CSE is critical, both to ensure that there is support for the subject among the school community, and to enhance overall understanding of the issues facing adolescents and young people. Strategies and tools for community engagement, including work with faith communities, have been developed in all regions of the world and are reviewed for this study. Despite some reports to the contrary, most parents are supportive of school-based sexuality education and many parents report feeling uncomfortable discussing sex or relationships with their children. While young people often seek information about sex, sexuality and relationships from their peers, the internet or other sources, sexuality education that is delivered by trusted and trained adults is proven to be more effective in promoting healthy sexual behaviour.

According to Wellings cited in Walker (2006) there is substantial evidence that talking with children about sex and relationships in the family enables children to be more confident in discussing sexual matters. Research found that Australian, unlike Chinese parents, considered their involvement important, alongside supporting the school sexuality education, wishing their children to be more informed than they felt themselves as young people according to Berne cited in Walker (2006).

2.5.4 CULTURAL FACTORS

Culture is one of the factors that can be detrimental to implementation of CSE. In a study (Beyers, 2013) most teachers in South Africa indicated discomfort to teach some of the aspects of CSE owing to cultural reasons. Adults are not allowed to deliberate on matters related to sexuality with children. This is because there is a cultural belief that discussion of issues that pertain to sex with children will enable them to acquire a lot of information on sexuality which will propel them to apply it (Beyers, 2011; Vayrynen, 2004). Again, discussion of sexual matter between a child and an adult is regarded as a taboo (Walker & Milton, 2006; UNESCO, 2015). Because of this taboo, if an attempt is made to teach children about sexuality, they do not participate because of embarrassment.

The cultural acceptability of using the word “sexuality” would be questionable given the taboo associated with the use of this word. Sexuality education is the subject name used more widely internationally and in many school programmes. The contrast in the name given to this subject area by each country could suggest comfort level and the cultural acceptance of sexuality education. The name “sex education” can also be perceived by parents as the notion of “the birds and the bees” – only encompassing the biological facts of life and limiting meaningful discussions about emotions, relationships and other aspects of sexuality importance.

2.6 THEORETICAL FRAMEWORK

A theoretical framework “provides an overview of perspectives and research results with reference to the proposed topic” (Maree, 2012: 34). Grant and Osanloo (2014: 12) posit that “the theoretical framework is the foundation from which all knowledge is constructed (metaphorically and literally) for a research study. It serves as the structure and support for the rationale for the study, the problem statement, the purpose, the significance, and the research questions”. A theoretical framework is derived from an existing theory (or theories) in the literature that has already been tested and validated by others and is considered a generally acceptable theory in the scholarly literature. Merriam (2001) as quoted in Grant and Osanloo (2014: 16) proposes that a theoretical framework is the lens through which the researcher views the world.

The selection of a theoretical framework is informed by the researcher’s understanding of three important constructs, which form part of the study: the problem, purpose, significance and research questions (Grant and Osanloo, 2014). The consideration of these constructs in the context of this study has influenced the selection of a logic framework that would allow for the investigation of what kind of intervention is needed, which targets desired behaviour change and that is informed by the health goals being targeted by policy.

The value of a logic framework, according to Vogel (2012), Auriscombe (2011) and DFID (2012), is that a detailed description is given of how proposed programme activities will lead

to the achievement of the stated outcomes through measurable and visible outputs, and allows for a consideration of assumptions and risks in the process. Vogel (2012: 27) posits that logic frameworks were intended “to summarise an in-depth participatory discussion with project stakeholders about the goals the project would contribute to, very much in the terrain of ‘theory of change thinking’. The intention was that it be used to analyse external dependencies that would influence the programme’s effectiveness”. The programme logic model is generally accepted as the most useful way to unpack the practical implementation of the theory of change (Auriacombe, 2011:7). For this reason the Behaviours – Determinants – Intervention (BDI) Logic Framework has been selected as the theoretical framework for framing a strategy to strengthen how CSE will be incorporated into the Life Skills CAPS in the Foundation Phase.

2.6.1 Value of the BDI model

The BDI model is “a useful tool for designing, strengthening and evaluating programmes to reduce sexual risk-taking, pregnancy, HIV and other STDS” (Kirby, 2004: 3). Kirby (2004: 11) states that “creating BDI models means creating causal models” and showing linkages or pathways (p 2) between the health goal and the targeted behaviour. The BDI model postulates that, once a health goal has been identified then there is a need to determine what determinants or factors (protective and risk factors) are relevant and may impact on achieving the health goal.

From this, an intervention can be described for facilitating or mitigating against those factors that will impact reaching that health goal. In the DBE policy context, changing sexual behaviour is a focus of the health goal and is targeted from the Foundation Phase by providing age- and grade-appropriate knowledge, skills and values on sexuality education. Later adolescent sexual behaviour can be influenced with early grade intervention.

The BDI model is diagrammatically represented as follows:

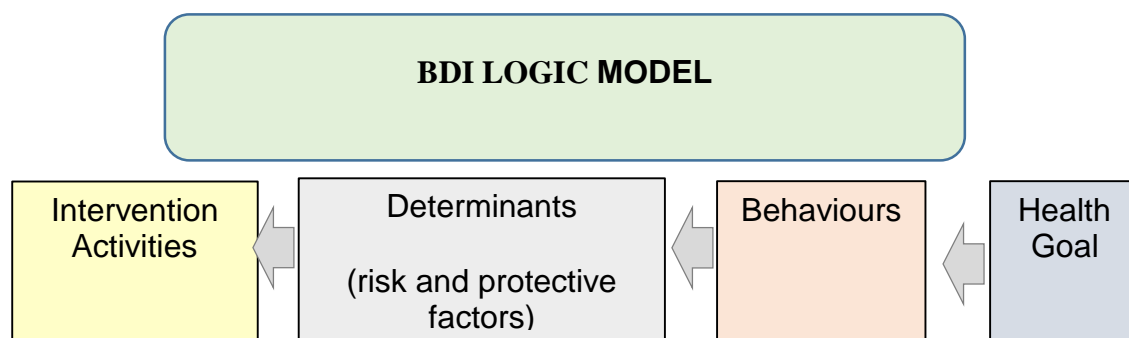


Figure 2-3: BDI Logic Model

The value of considering the model when describing an intervention in the Foundation Phase is that the model facilitates later adolescent sexual behaviour being influenced through an early grade intervention by providing appropriate, relevant knowledge to learners as early as Grades R to 3. Practical applicability is then that, using the BDI model to link current policy with practices in the classroom, the determinants, targeted behaviours and intervention activities can be addressed directly in the teaching, learning and assessment tasks.

The model facilitates later adolescent sexual behaviour being influenced through an early grade intervention by providing appropriate, relevant knowledge to learners as early as in the Foundation Phase. The researcher will use the BDI model to link current policy with practices in the classroom focused on teaching, learning and assessing SE. At a school level, it does mean that there can be greater connection between health and educational programmes. I will make recommendations for strengthening how SE is taught, learnt and assessed based on an evidence-based approach to identifying gaps in content, skills development and value-building for the Foundation Phase. There is also an opportunity to build community and parental understanding of and support for SE, and associated behaviour change.

2.6.2 Links to a Theory of Change

How the BDI model will be phrased and used depends on what Theory of Change will be drafted to ensure that the outcomes in the health goals are achieved. Vogel (2012: 6) postulates that "the 'Theory of change' is an outcomes-based approach which applies critical thinking to the design, implementation and evaluation of initiatives and programmes intended

to support change in their contexts. It is being increasingly used in international development by a wide range of governmental, bilateral and multi-lateral development agencies, civil society organisations, international non-governmental organisations and research programmes intended to support development outcomes”.

The relevance of the DBE Policy for HIV, STIs and TB 2017 to 2022 being a multi-sectoral and integrated policy lends itself to drafting a theory of change that is outcomes-based. This is supported by thinking that Theories of Change are based on theoretical assumptions made on why the policy or programme will be successful (reach its outcomes), or not. A basic, fundamental theoretical and practical understanding of the social problem to be addressed is needed to develop a theory of change. In this way policies could be built on a solid knowledge base on what the stakeholders perceive to be working in both theory and practice (Auriacombe, 2011:6).

On a broad level of what change is envisaged, the targeted change could be phrased as: if SE is to be taught effectively within Life Skills CAPS, and if the inclusion of SE is to bring about behaviour change in learners, then the approach taken to incorporate SE needs to be better supported. How this will happen is driven by the Theory of Change that, when stated, will design an intervention that starts with the health goal to be achieved, considers the behaviours to be targeted and identifies the determinant (or risk and protective factors) that impact on achieving the health goal. Any intervention proposed and institutionalised needs to provide the logic frame that links behaviours with health goals and determinants to be considered (Kirby, 2012).

Representing the process graphically shows the logic steps that can be followed:

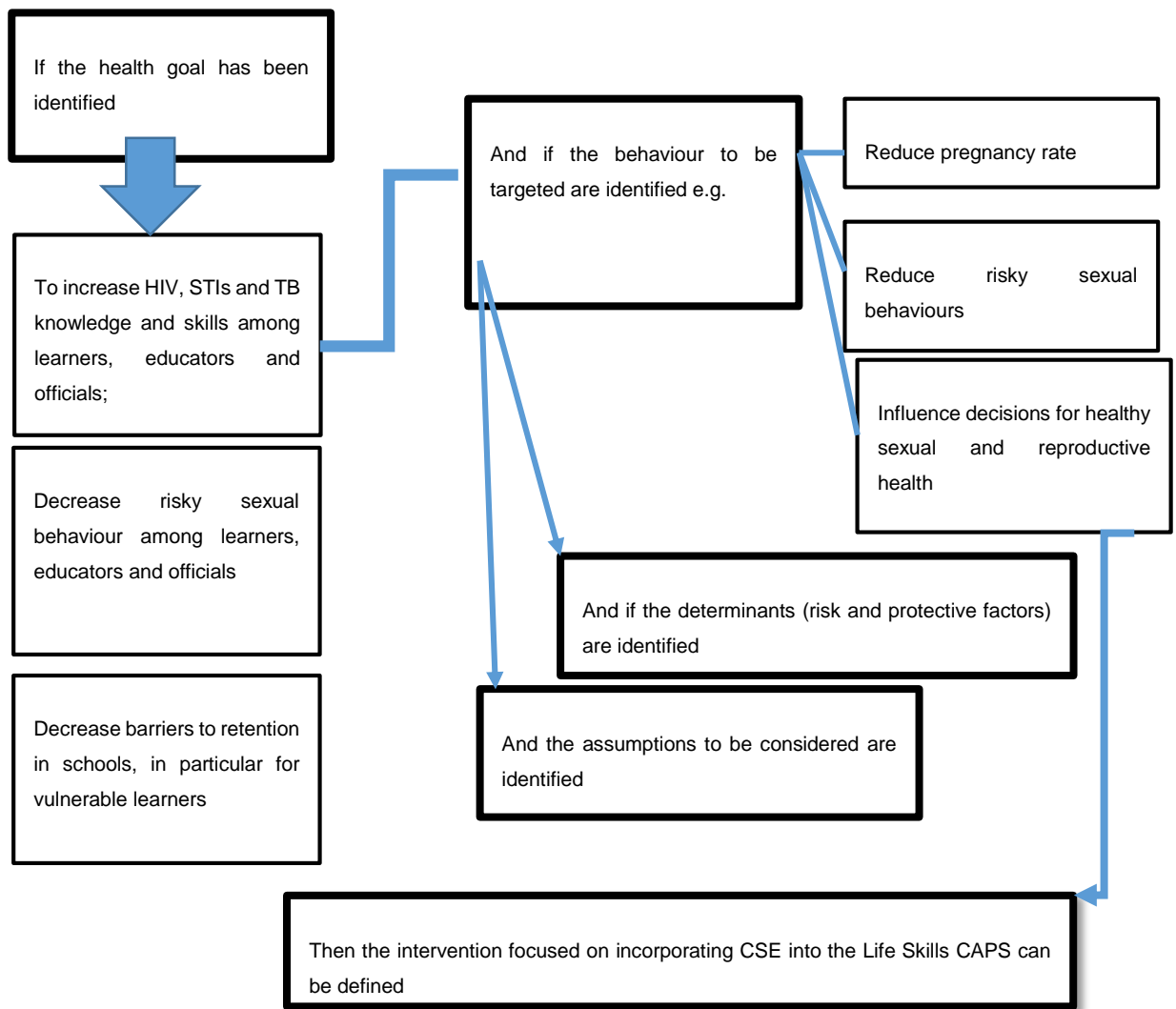


Figure 2-4: Role of health goals in determining behaviours

From determining what the health goals want to achieve, and by stating the behaviours to be targeted, other assumptions necessary for determining the intervention is important. Auriacombe (2011) reminds us further that the central idea in theory of change thinking is making assumptions explicit. “Assumptions act as ‘rules of thumb’ that influence our choices, as individuals and organisations. Assumptions reflect deeply held values, norms and ideological perspectives” (p7) and include “issues related to the environment or context” that cannot be controlled (Vogel, 2012: 22). For example, UNFPA (2015: 17) cites that “since there is an economic divide in the school system in South Africa, the same curriculum content may not be suitable for all”. This is supported by further examples like “broader socioeconomic and political factors that are key to the success of programmes” (Ahmed et al.; 2009:6) and “the

diminishing roles of parents in controlling their children” (Thaver & Lesaio, 2012:3), which remain factors that cannot always be controlled but have an impact on how Sexuality Education is delivered. Further factors will be explored during the structured interviews with teachers and district officials.

2.7 SUMMARY

In this chapter, the researcher reviewed literature on CSE and its importance in the early grades. A detailed discussion followed on the value of using the BDI model (theoretical framework) to make sense of the process that links health goals, behaviours and what Comprehensive Sexuality Education content needs to be taught in the early grades within the Life Skills CAPS in the Foundation Phase. It is clearly observable that there are conceptual links that exist between Comprehensive Sexuality Education content in the ITGSE and CAPS. Factors that impact on the teaching and learning of Comprehensive Sexuality Education in the early grades emerged as important factors to consider.

3 CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In Chapter 2, the researcher conducted a detailed and in-depth literature review of issues pertaining to the strengthening of comprehensive sexuality education in the early grades curriculum. In Chapter 2, I also highlighted factors that affect the strengthening of comprehensive sexuality education in the early grades curriculum. The chapter further recognised that the conceptual gaps in the CAPS-Life Skills curriculum could be strengthened and mapped against the International Technical Guidelines on Sexuality Education (ITGSE). The chapter also focused on how the BDI model helped to identify the gaps in the Life Skills curriculum in the Foundation Phase and what Sexuality Education concepts can be taught in the early grades.

In this chapter the researcher explained the research methodology and design that was used to support the nature of engagement with Foundation Phase Life Skills teachers and district officials and to establish a good evidence base for this study on strengthening CSE curriculum in the early grades. The research design within an interpretivist paradigm is important as it provides the framework for and strategy of how the research would progress (Mack, 2010; Creswell, 2011; Mouton, 2001). The researcher described the specific research methods used for the collection of data as well as the analysis techniques that were used. Attention was given to the ethical considerations and the need to ensure the integrity of the study, including credibility and trustworthiness.

3.2 RESEARCH DESIGN

A research design is the overall plan for how the conceptual research problems and empirical research is connected (Creswell, 2012). In other words, the research design expresses what data is required, what methods are going to be used to collect and analyse this data, and how all of this is going to answer the research question. McMillan and Schumacher (2010: 23) posit research design as “the different elements within a research process” that is followed to conduct the research. A

research design is not related to any particular method of collecting data or any particular type of data; any research design can, in principle, use any type of data collection method and can use either quantitative or qualitative data.

The design, which includes the paradigm, approach and type of research for this study will be discussed in this section.

3.2.1 An Interpretivist Paradigm

A paradigm or epistemology is defined by Creswell (2009: 6) as “general orientations about the world and the nature of research that a researcher holds”. According to Maree (2007: 15), an epistemological paradigm is “the lens through which one approaches knowledge in research”. Maree (2007: 54) further states that “a paradigm for qualitative research, focuses on people’s social construction of their ideas and concepts.”

Mack (2010) postulates that interpretivism emphasises the ability of an individual to interpret a phenomenon and use the interpretation to construct meaning. Further, the word *interpretation* is defined as a way of understanding human meanings and their behaviour, in its natural setting, without interfering in the process (Mills, Durepos & Wiebe, 2010; Cohen, Manion & Morrison, 2007). Interpretivism posits that “research can never be objectively observed from the outside”, but must rather be observed from the inside through the participants’ own experience (Mack, 2010: 4). For this reason, the participants in this study were practising early grade Life Skills teachers and Foundation Phase subject advisors who provided accounts of the challenges experienced from their own teaching and supporting of the implementation of Sexuality Education content.

Constructing knowledge within the interpretive paradigm is proposed as a democratic process, engaging the researcher and participants (Brundrett & Rhodes, 2013). These authors argue that knowledge is constructed from multiple perspectives and that “the element of subjectivity” (2013: 4), which interpretive and qualitative research are criticised for, is acknowledged and declared. This study allowed for participants, both teachers and subject advisors to provide

their own understanding of the challenges associated with teaching Sexuality Education content in the Foundation Phase and provided first-hand, authentic evidence for the study. The participants provided feedback on what they needed to support their teaching of this new content. From their own teaching, the participants were able to identify what factors existed in the classroom that most challenged their daily teaching and made recommendations on what kind of support was needed. The selection of the different schools in two different districts ensured a diversity of school contexts, and hence a rich collection of associated cultural, contextual and social factors.

3.2.2 Qualitative Research approach

With consideration for the rationale and characteristics of this study, a qualitative research approach was deemed appropriate. Qualitative research, according to Thomas (2010), is considered naturalistic and exceptionally suitable for when studying educational phenomena in authentic educational settings like the school. The school is that unit that provided social and cultural phenomena to be investigated.

In order to derive valid generalisations and representations from data collected in a study, the aptness of a specific methodology needed to be determined with regard to the context, purpose and nature of the research (Thomas, 2010). A qualitative research approach would typically be used to study social and cultural phenomena within the social sciences (Thomas, 2010). In this study feedback was analysed for what it included with regard to social and cultural factors that impacted on the teaching and learning of comprehensive sexuality education content.

Denzin and Lincoln (2005: 4) advocate for the use of qualitative research methods within an interpretivist paradigm, which “involves an interpretive, naturalistic approach to its subject matter; it attempts to make sense of, or to interpret, phenomena in terms of the meaning people bring to them”. Smit (2003: 2) suggests that “*qualitative and interpretive research can extend the comprehension of the vastness and complexity of such policy processes and may*

facilitate a deeper, sophisticated and more complex understanding, enabling and supporting the policy implementation process". Interviewing Foundation Phase teachers who are teaching Sexuality Education within the Life Skills CAPS, allowed the researcher to gain an in-depth understanding of the challenges they experience in dealing with this topic. Furthermore, interviews with subject advisors indicated some of the challenges they experienced in supporting teachers in the foundation phase in the teaching of comprehensive sexuality education.

For this study, the policy context and how it influences practice at classroom level was significant. Using the selected qualitative methods provided useful findings on how to revise and review the policy context and generated good recommendations for strengthening policy implementation.

3.2.3 Research type: Multiple case study

Case studies are in-depth investigations of a single person, group, event or community. Typically, data is gathered from a variety of sources and by using several different methods (e.g. observations & interviews). Maree (2007) explains that a case study research follows ways which allow the researcher to look at an event or real-life phenomenon with the goal to discover why certain matters arise within the event. For the purpose of this study, the researcher made use of case studies to explore and understand how to strengthen the comprehensive sexuality education curriculum in the Foundation Phase. Creswell (2008) states that case studies can also involve multiple cases where more than one case gives insight to the phenomenon being studied. For the purpose of this study, the researcher involved teachers, district officials, and curriculum advisors as part of the case study to elicit information and advice on strengthening comprehensive sexuality education curriculum in the foundation phase.

3.3. RESEARCH METHODS

Brundrett and Rhodes (2013: 13) explain the importance of understanding the difference between the terms 'methodology' and 'methods' because the terms are often used

interchangeably and argue that it “is one of the most contested and challenging issues in research” (p2). In this study, the selection of research methodology and methods was influenced by the researcher’s understanding that the research participants would bring evidence that is “subjective and based on experience and insight” (Brundett and Rhodes, 2013: 3) and the “lived experiences of the participants” (Guba and Lincoln, 1994, In N. K. Denzin & Y. S. Lincoln (Eds.), (Ibid, 1995: 105). Thomas (2010) posits that research is constructed with underlying philosophical assumptions about validity and knowledge development, including assumptions about the importance of selecting research methods appropriate to a particular study.

“Methodology” refers to the “broad system or body of practices and procedures that will be employed to investigate a set of phenomena” whereas ‘methods’ can be described as the “actual analytical approaches that will be employed in the research process” (Brundrett and Rhodes, 2013, p.13). According to Crotty (1998), the term ‘methodology’ refers to the strategy underlying the choice and use of research methods while methods are the specific techniques and procedures used to collect and analyse data (Crotty, 1998: 3). The appropriateness of a specific methodology with regard to the context, purpose, and nature of the research needs to be determined so that valid generalisations and representations can be derived from data collected in a study (Thomas, 2010). Typically, qualitative research methodologies are used to study social and cultural phenomena within the social sciences (Thomas, 2010), which was particularly relevant to this study that was conducted in a school context.

For the researcher in an interpretivist paradigm, interpretive methodology is directed at understanding a phenomenon from an individual’s perspective, investigating interaction among individuals as well as the historical and cultural contexts which people inhabit (Creswell, 2009: 8). Research methods in an interpretivist paradigm are subjected to being relative. Relativism is the view that “reality is subjective and differs from person to person” (Guba & Lincoln, 1994: 110). More recent research by Henning, van Rensburg & Smit (2004: 20) supports Crotty (1998) and Guba & Lincoln (1994) in their exposition of “knowledge being constructed not only by observable phenomena but also by descriptions of people’s intentions,

beliefs, values and reasons” was important to this study. The research and interpretation of findings was influenced by the social contexts (Henning et al, 2011).

Furthermore, qualitative research, according to Thomas (2010), is considered naturalistic and exceptionally suitable for studying educational settings and processes. The importance of researching directly in the school context, and in recognising that “qualitative researchers study participants' knowledge and practices” in their own contexts, was that teachers and the district officials could be regarded as researchers in their own right (Brundrett and Rhodes (2013). Teacher knowledge and perspectives are significant evidence gathered from the school-based research. For this reason, the researcher was able to conduct an in-depth literature study of the gaps in the current CAPS curriculum in the Foundation Phase as understood from teachers' own knowledge and experience using the participants' understanding and experience of the CAPS content.

3.3.1 Research site and participants

This section describes where the research took place and the steps taken to select the participants for the study.

3.3.1.1 Research site

The research site is significant in this study because the study focused on the strengthening sexuality education within the curriculum. Curricula are implemented in schools. District officials are responsible for ensuring the proper implementation and support of the curriculum at school level. Teachers are responsible for the translation of the content of the curriculum, to make it meaningful for teaching, learning and assessment. Thus the research site chosen for this study were schools and a district office in Gauteng.

3.3.1.2 The selection of participants

According to McMillan and Schumacher (2010), participants are the people who participate in a research study and from whom data is obtained in order to answer the research questions posed. The participants for this study were practicing South African Life Skills Foundation

Phase teachers and Life Skills district subject advisors. Participants were selected using purposive sampling. Nieuwenhuys (2007:9) defines this purposive sampling as an approach for “selecting participants according to pre-selected criteria relevant to a particular research question”. Purposive sampling ensures that there is some measure of knowledge and understanding of the phenomena under scrutiny (McMillan & Schumacher, 2006).

Sampling criteria for participants

All participants selected for this study were practising Life Skills teachers and district officials. Other preselected criteria relevant to the research question were thus used to select participants (Creswell et al., 2010). The following pre-requirements assisted in defining the sample of teachers selected:

- All teachers must have taught the content in the Life Skills Annual Teaching Plan (ATP) during their teaching years.
- They all had to be familiar with the Life Skills Policy documents (CAPS-Life Skills Gr R to 3).
- They must agree and give consent to participate in the study.
- District officials must be only from the selected districts.
- They all must be currently supporting Life Skills teachers in the selected schools in the district.
- District officials must agree and give consent to participate in the study.

Sampling criteria for schools within a district

Selecting the schools and districts was as important as the selection of participants in ensuring a purposive sample (Maree, 2014). The following selection criteria for identifying participating schools were used:

- Schools in the two districts, Gauteng North and Johannesburg West districts were selected.
- The school principals had to agree to the research being conducted at their schools.

A purposive sample of eight (8) teachers from across grades R to 3 from five (5) different schools were selected. Two (2) district subject advisors participated in the research from two (2) different districts in Gauteng. These teachers formed part of a homogenous sample who are currently teaching Life Skills, using the ATP, for their respective grades that they were teaching. One of the teachers from each school was a Foundation Phase head of department. Implied in this is that they were familiar with the different topics and related sub-topics and content to be taught each term. It was assumed that, even if they were not experienced teachers, they had the ATP to give them guidance on teaching methods, resources could be used and what assessment could be done to assess learner performance in each of the activities suggested in the ATP.

Selecting five different schools provided more opportunity to research whether school contexts play a role in teacher support and whether teachers could relate to the links between teaching new content and school management support. Schools are a microcosm of their communities and Wilson (2013: 9) postulates schools lead on their own transformation “with localised impact being no less significant in its ‘benefit to the wider community’ through the dissemination and diffusion of local experience.” In support of the role of the school as reflective of community values and context, Kirby (2004: 19) asserts that “the values and social and cultural context of the community” play an important role when determining the feasibility of policy and programme changes. Including the school within a district as a unit of analysis was aimed at providing links between school contexts and what support was needed to effectively strengthen and implement CSE.

The district subject advisors provided their experience and perspectives on how teachers could be supported in their teaching.

It was important to evidence the comfort levels of the participants about what they felt about the incorporation of Sexuality Education into the Life Skills curriculum content. Participants who felt reluctant to talk about their understanding of and attitudes towards including SE into the teaching of Life Skills in the Foundation Phase were able to engage with others who had different views. Using focus group discussions helped expose these teachers to the fact that other teachers too felt reluctant or held very strong views about the content to be taught.

Having had participants discuss in a group where the questions and topics were structured and very deliberately linked to finding out particular information from them, helped them build their own confidence to express their concerns and challenges.

3.3.2 The Role of the Researcher

Nieuwenhuis (2013) posits that the researcher, when collecting qualitative data, is perceived as the research instrument, and the researcher's subjectivity plays a key role in the data gathering process (Ibid, 2013:79). In this study, the researcher engaged with teachers and district officials to gain a comprehensive understanding of the "lived experiences of participants." The primary goal of this study was to acquire an in-depth understanding of the lived experiences of participants. Consequently, in this study, the researcher was the primary research instrument and collected data first-hand from the participants.

Guba and Lincoln (1994:111) refer to the relationship between participant and researcher when maintaining that individual constructs are elicited and understood through interaction between researchers and participants, while Creswell (2009:8) adds that there is a strong notion of trust in this relationship as participants are being relied on as much as possible. In this study the researcher took the role of participant observer and reflective practitioner by participating in the research at school-level with the teachers and district officials and recorded what was observed from the interviews with participants (Lacono, Brown & Holtham, 2009). The researcher analysed the data to establish if there were any trends or common themes that emerge from the findings, and then established a framework against which recommendations could be made for strengthening and supporting the incorporation of SE into the Life Skills CAPS content.

Given the research methods used, as the researcher had to be sensitive to how the engagement was handled with participants and, at the same time, as a participatory observer, the researcher encouraged honest participation of teachers and district officials and assured them of the confidentiality with which their responses would be analysed and managed. All questions were structured to ensure the questions were open-ended and allowed for open

engagement by the participants. The researcher was cognisant that often and unintentionally researchers may “assert their beliefs when they choose what to research, how to research and how to interpret their data” (Edge & Richards, 1998: 336). The researcher remained guided by evidence from the literature review that questions are structured to ensure that the role of the interviewer was to be “flexible, objective, empathic, persuasive, a good listener” (Fontana & Frey 2000: 652 in Denzil & Lincoln, 2005: 209). Denzil and Lincoln postulate that “the subjectivity of the researcher *and* of those being studied becomes part of the research process” (2005: 34) and that “the researcher reflections on their actions and observations in the field, their impressions, irritations, feelings, and so on, become data in their own right, forming part of the interpretation, and are documented” (2005:ibid). The researcher conducted her own focus group interviews with all the participating teachers at each school. All group discussions were recorded and / or video-taped, the data analysed and research findings and recommendations reported and shared with participants.

3.3.3. Data Collection

Focus group interviews were used to collect data. Open-ended questions, informed by the evidence from the literature review conducted, were used to guide the focused group discussions with participants. The aim of using interviews was to see the world through the eyes of the participant (Nieuwenhuis, 2007: 87) and to elicit views and opinions from the participants (Creswell, 2009: 179). According to Mack et al., (2005: 43) focus groups allowed for “identifying group norms, eliciting opinions about group norms and discovering variety within a population”. Participants were from different dispositions and had their own attitudes towards SE teaching. They also came into the interview process with different knowledge and experience. According to Mack, et al. (2005:43) participating in focus group discussions allowed for dynamic conversations and reactions from all participants. The researcher was allowed to participate in the discussion and guide the reflection of participants of their own experiences of teaching SE. Participants made significant and worthy recommendations of their needs for the strengthening of the CSE curriculum in the early grades.

Participants in this study brought their diverse knowledge and experiences from their classrooms and shared willingly with the group. They varied in a range of understanding about how Sexuality Education can be conceptually aligned to CAPS content and implemented.

With the approval of the Gauteng Department of Education (GDE), selected district Life Skills subject specialists, schools and teachers were provided with the rationale for their participation. Clear outcomes for what the interviews aimed to achieve were shared with participants. What was expected during the interview was shared with the participants' beforehand. A structured interview schedule was used to elicit responses from participants on those focal areas considered crucial for eventually recommending a support strategy. Greef (2002: 302) indicates that interviews are especially suitable when dealing with controversial and personal issues, as in this case with regard to the Sexuality Education content that is to be taught by teachers within the curriculum.

3.3.4 Data Analysis

According to Maree (2014), researchers within the interpretive paradigm prefer an inductive data analysis strategy, due to the interpretive approach's potential to assist in identifying multiple realities that might be present in the data. This process involved condensing raw data into a summary format, establishing if there was a correlation between the research objectives and the findings, and then developing a framework of the underlying structure of what was evidenced and noted in the raw data (Thomas, 2003). The data that was collected from the group interviews was "transcribed, and presented and reported on as textual data" (Maree: 2013: 6).

The focus group data provided the opportunity to analyse the strength with which "an individual holds an opinion and can express that opinion, and allowed for the participant's judgement or perspective" (Mack et al, 2005: 52). When considering collective feedback from participants, focus group data can sometimes reveal shared understandings or common views. These common views and consensus provided an evidence-base for making recommendations for how the incorporation of Comprehensive Sexuality Education can be strengthened.

The following figure depicts this data analysis procedure that will be evident throughout Chapter 4:

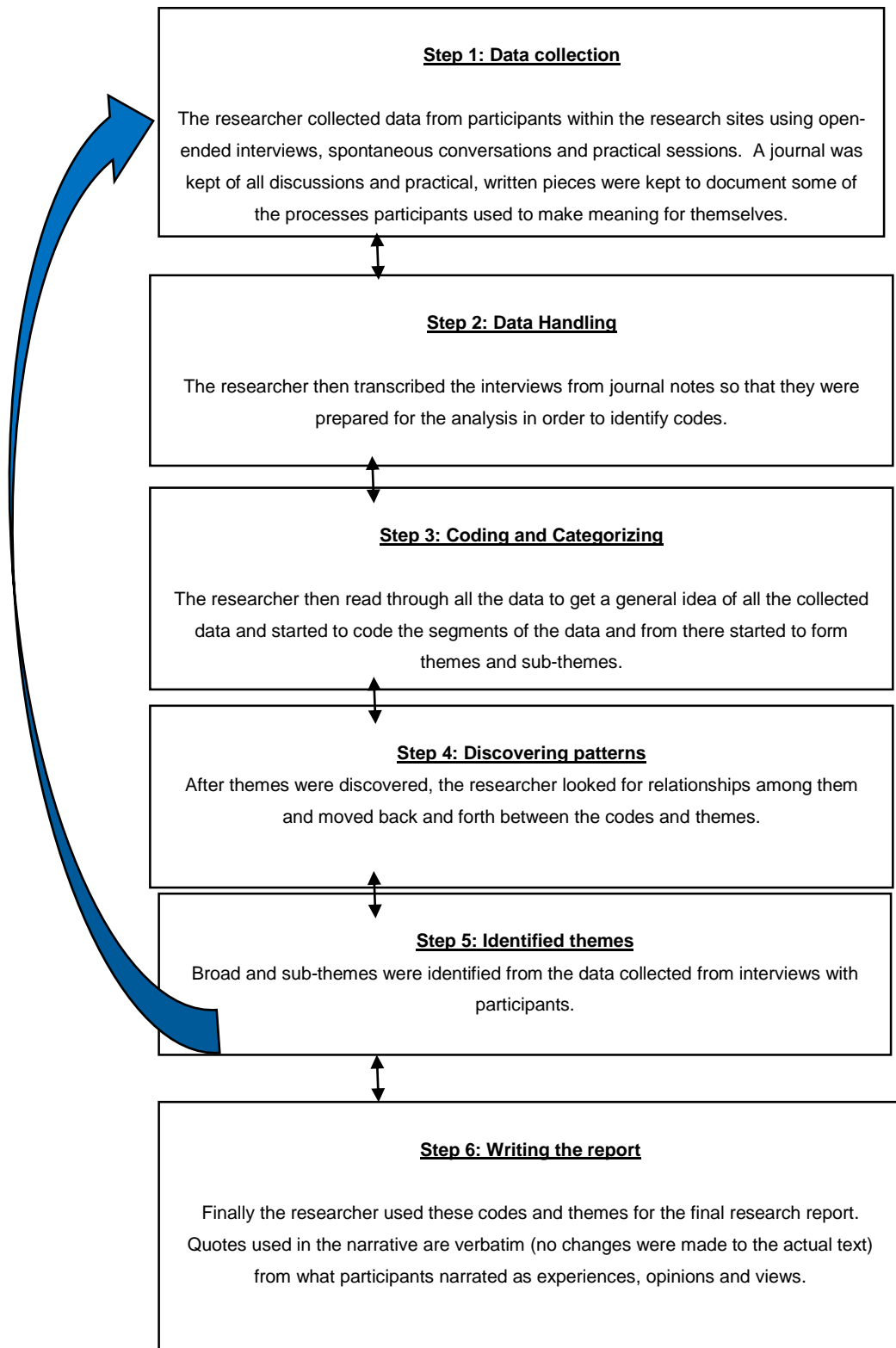


Table 3-1: The data analysis process (McMillan & Schumacher, 2010: 368; Creswell, 2008: 244)

Saldana (2009: 22) suggested that, for a novice researcher, it might have been easier to use hard copies and do coding from there, before moving to a computer. Although this was a laborious process, it gave me a good idea of the emerging themes and sub-themes. McMillan and Schumacher (2006: 367) maintain that one should look for repetitive ideas, meanings and information in the codes that could possibly form a category. All the codes were colour coded accordingly and after thorough investigation of these codes, the researcher discovered the categories and themes in which I could place the codes. I discovered a relationship among the categories and could therefore recognise distinctive patterns.

3.3.5 Validation of the findings

Various techniques were used to validate the data in order to assure that the findings are accurate and credible (Creswell, 2008). The first aspect is trustworthiness with the focus on: transferability, credibility, dependability and conformability and the second aspect is that of triangulation.

3.3.5.1 Trustworthiness

Di Fabio and Maree (2012: 140) define trustworthiness as “the way in which data is collected, sorted and classified, especially if it is verbal and textual”. Guba and Lincoln (2005) propose four criteria for judging the soundness of qualitative research and offered these as an alternative to more traditional quantitatively-oriented criteria. The following elements of trustworthiness can be distinguished, namely dependability, credibility, transferability and conformability

Dependability refers “to the stability and consistency of the research process and methods over time” (Di Fabio & Maree, 2012: 140). This was achieved by ensuring that the questions structured in the interview schedule were relevant and clear. The quality of transcription of the data, documentation, methods and the interviews was a priority and contributed to the dependability of the evidence.

The *credibility* or the truth value of data refers to factors such as the significance of results (Di Fabio & Maree, 2012: 140). This was achieved by ensuring that there was no bias or unfair analysis but that evidence remained authentic pieces of information.

Transferability refers to the degree to which the results of qualitative research can be generalised or transferred to other contexts or settings. Transferability is established by providing readers with evidence that the research study's findings could be applicable to other contexts, situations, times, and populations (Guba & Lincoln, 2005). The transferability of findings is discussed in Chapter 5.

Conformability refers to the degree to which the results could be confirmed or was able to be corroborated by others. Qualitative research tends to assume that each researcher would bring a unique perspective to the study. There are a number of strategies for enhancing conformability. To prove conformability, one can conduct a data audit that examines the data collection and analysis procedures and makes judgements about the potential for bias or distortion (Guba & Lincoln, 2005). From the data obtained in this study, generalisations, findings and recommendations were made.

3.3.5.2 Triangulation

Triangulation is regarded as an approach that ensures validity and establishes trustworthiness of the data that was found through various methods of collection (Marvasti, 2004). Triangulation is a way of "cross-validating" the data by comparing the different data that was found using different methods (McMillan & Schumacher, 2006). Instead of only making use of interviews with teachers and district subject advisors, the researcher also made observations of how teachers perceive and understand the curriculum. This was written down in a reflective journal as field notes. The researcher also reflected upon the interviews and made personal notes in my journal. McMillan and Schumacher (2010) maintain that the researcher often questions the data in order to understand it, but this study used triangulation as a means of assuring validity of the findings.

3.4. ETHICAL CONSIDERATIONS

Creswell (2009: 87) states that "researchers need to protect their participants, develop a trust with them, promote the integrity of research, guard against misconduct, and cope with new challenging problems". It was important to the researcher that, throughout the research process, the researcher abided by the ethical guidelines. (Maree, 2007: 300).

3.4.1. Ethical Clearance

Ethical permission was sought from the Gauteng Department of Education to conduct interviews with school management and to engage with the teachers of the sample schools as well as to engage with and receive information from the relevant district offices. Where data was used from existing monitoring and evaluation processes or feedback on relevant evaluation processes, ethical permission was sought to use the existing data sources, results and findings.

3.4.2 Informed consent

Informed consent is the process of providing participants with written and/or verbal instructions that should be signed or verbally consented by them and provides the participants with a general idea of what the research project is about and how privacy will be maintained throughout the study (Marvasti, 2004). According to Creswell (2008) informed consent should include the importance of voluntary participation, that the participants are in no danger of harm and that their privacy and identity are protected. The ethical principles of informed consent, confidentiality and privacy, honesty and openness, access to findings and avoiding harm as described by Burton and Bartlett (2009: 32) was adhered to throughout the research and interview process. Informed consent was obtained from all participants involved in the study, from the relevant education departments as well as from the University of Pretoria's ethics committee. For the purpose of this study, the participants were given the consent forms (Appendix XXXX) where the research process was explained as well as my assurance that no harm would come to them.

3.4.3 Anonymity and Confidentiality

Marvasti (2004) defines confidentiality as the way in which the participants are protected from harm by having their identity and privacy protected. Confidentiality is when no participant's identity is revealed and that the researcher instead makes use of pseudonyms or code names to refer to the particular participant in the study. In this way participants remain anonymous. Both confidentiality and anonymity were used in this study. Measures to ensure anonymity were explained to participants and remained an agreement between participants and the researcher (Bogdan & Biklen, 2003:45). The research was conducted in an open manner with participants (Burton & Bartlett, 2009:34) and interviews held with the consent of the

interviewees (Bogdan & Biklen, 2003:45). Participants were allowed to refrain from participating in the study when they indicated such a desire. Participants, school names and district officials have remained anonymous. Coding of participants was one way used to ensure anonymity.

3.5. SUMMARY

This chapter provided a detailed description of the research methodology that the researcher used in this study on how to strengthen CSE in the curriculum in the Foundation Phase. The qualitative study allowed the researcher to make use of various data collection methods in order to collect data for the problem used to guide the research. The case studies focused the researcher on the nature and scope of the factors to be considered if the incorporation of CSE is to be strengthened in the curriculum. The role of the researchers, trustworthiness and ethical considerations were discussed.

In the next chapter, the data analysis process will be discussed and the findings of this study will be presented.

4. CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.1. INTRODUCTION

This chapter will focus on the data collected from the participants of this study namely teachers and subject advisors. The results of the study are presented and discussed in detail. The main research question formed the basis of the data analysis: How can the incorporation of CSE be strengthened in the Life Skills curriculum in early grades? Both the main research question and the sub-questions were addressed by identifying specific themes from the collected data. The themes and sub-themes were determined through an in-depth analysis of the relationship between the theoretical framework of this study and the data collected. The data analysis strategies explained in Chapter 3 were followed. As the data was processed and analysed, correlations between the literature and data became clearly noticeable.

After the semi-structured interviews were conducted with the Foundation Phase teachers (T) and the Life Skills subject advisors (SA), all the data was documented and compared with journal notes taken during the interview process. This was done to identify and detect any new insight that could add value to or enrich the collected data. This also helped the researcher to clarify points that were unclear or needed to be elaborated upon. In this way, the data analysis process had already started during the data collection process.

4.2. RESEARCH SETTING AND PARTICIPANTS

As discussed in Chapter 3, the five schools selected were public primary school in two districts, namely Johannesburg North and Johannesburg West in Gauteng. All eight teachers (8) who participated in the focus group interviews were Black females. The two heads of department are experienced Foundation Phase teachers, with more than eight years of experience in teaching in the phase. The two subject advisors in the Foundation Phase were also Black females. Both subject advisors were Foundation Phase educators for more than eight years each, and both were appointed as subject advisors for Life Skills in the past four years. One of the subject advisors also served as a head of department at a school before being promoted to the district.

4.3. DESCRIPTION OF SEMI-STRUCTURED INTERVIEWS

The researcher will refer to participants as Teacher and Subject Advisor. Teachers will respectively be referred to as T1, T2, T3, T4, T5, and T6, the heads of department as T7 and T8, and the Subject Advisor will be SA 1 and SA 2. This is done to protect the anonymity of the participants, as well as the school. All participants agreed and had given their consent willingly to participate in this study. Informed consent was obtained from all participants and these were signed without any duress or intimidation.

The researcher's first point of contact was the two district Life Skills subject advisors who work with identified schools and with the teachers selected for the study. The study proposed that teachers be interviewed as focus groups in each of the districts selected, with teachers from Grades R to 3 participating in the group together.

Prior to the focus group interview, the subject advisors informed me that teachers were administering and marking the June assessment and would not be able to meet as groups. Both subject advisors were also involved in the monitoring of the June assessment. The researcher then contacted each early grade teacher and subject advisor who indicated their willingness to participate in this research study. An appropriate time was scheduled with each teacher and subject advisor, without affecting their working hours.

The semi-structured interview was held with the participants (teachers) in their classrooms, since this venue was the most convenient place for them, and for subject advisors at their offices in the district. Before beginning with the interview, the researcher made sure that all ethical criteria were fulfilled, especially anonymity and confidentiality. The researcher informed all the participants of the interview process again. The researcher enquired from the respondents if they would be comfortable to be audio recorded, using my smartphone and also if I could take down notes in my notebook. Six of the eight teachers and both subject advisors agreed to being recorded, except for two of the teachers. In keeping with the ethical principle of "respect", I informed both the teachers that I would not record them. They however agreed to me taking notes. I clearly informed the participants that the notes would assist in the analysis of the data. Once again I reiterated that confidentiality and anonymity would be observed at all times. All teachers and subject advisors agreed to that.

It was observed that the semi-structured focus group was a positive experience for the participants. They felt comfortable to share their experiences with the researcher. Both teachers and subject advisors were eager to share their experiences, because they are aware of the impact CSE has in the early grades. The common feeling I observed among the participants was a one of relief to share their personal feelings and experiences. T 3 and SA1 both expressed their views as follows: “...we are truly grateful and appreciative that someone has taken the time to talk to us about a sensitive topic.” SA1 clearly indicated the importance of Comprehensive Sexuality Education and support for teachers in schools. She said “too often, teachers have to teach something that they don’t understand, and we must support anything that comes from the department. No one ask us about sexuality education.”

T4, as part of her appreciation for being interviewed mentioned “I’m glad you interviewing me on my own cos I’m a new teacher to Life Skills, I was gonna feel intimidated in front of others”. SA2 supported the idea of individual interviews. This is evident in her response “teachers will feel freer to be honest about especially challenged and cases in their classes if there was sexual abuse”.

The structured questions were useful in guiding participants to respond to the various issues related to Comprehensive Sexuality Education. The questions also gave insight into some of the issues and strategies teachers could handle in their classrooms.

4.3.1 Profile of participants

4.3.1.1 Teacher 1

The Grade 1 teacher was a young 32 year old who has been teaching for six years. She has been teaching Life Skills since 2016. She felt that she needed to be shown how comprehensive sexuality education could be part of her teaching of Life Skills and mentioned that “I would be willing to teach new concepts if it’s gonna protect our kids”. She linked the risks for sexual abuse with “my community is very poor and many kids are exposed to sexual risk”.

4.3.1.2 Teacher 2

Teacher 2 was a Grade 2, middle-aged, Zulu-speaking teacher. She had been teaching for over 26 years in the Foundation Phase. She was very passionate about her work and learners. She seemed rather reluctant to talk about comprehensive sexuality education. In no uncertain term she mentioned “I heard of sex education, but what is comprehensive sexuality education?” “Haaibo, this sounds very hard for me to teach”. One of the reasons she felt challenged to teach comprehensive sexuality education is that she has been teaching the same grade for many years. She indicated that “learners from my school also go to me church, where I am respected as an elder”. She was concerned about parents’ attitudes and willingness towards their children learning Comprehensive Sexuality Education.

4.3.1.3 Teacher 3

Participant 3 was a 45 year old teacher, with nineteen years teaching experience. She had moved from another school and was now in an acting capacity as a head of department for the Foundation Phase. She was trained in Foundation Phase CAPS and was confident that “*personal development and well-being can definitely include comprehensive sexuality education content*”. Her reservation was that “*some learners cannot even express themselves and may not have the right language level to express their feelings*”. She asked if the new content would be age-appropriate and consider language ability of the learners.

4.3.1.4 Teacher 4

Participant 4 was a trained Intermediate Phase teacher who had studied Life Skills as part of her university course and is currently teaching Grade 2. She was already exposed to some content related to Comprehensive Sexuality Education but mentioned that “*I don’t teach it because it is not clearly spelt out in the CAPS content*”. She saw the possibility of being able to include Comprehensive Sexuality education content into the ATP for Grade 2 because “*I plan with my Foundation Phase HOD and colleagues*” and she thought that “*planning and resources are important when including new content to give teachers support*”. She stated that she found the management at the school very progressive and willing to deal with community issues.

4.3.1.5 Teacher 5

Participant 5 had been teaching Grade 3 for seven years. Prior to teaching in the Foundation Phase, she has been teaching in Grade 4 for 8 years. In the interview she mentioned, *“There is a huge development gap between Grade 3 and Grade 4, and learners struggle when they get to grade 4 if they have not been taught fundamentals in the curriculum”*. When asked if Comprehensive Sexuality Education could be considered “fundamental” she raised the issue of content being relevant because learners are experiencing harm and risk but insisted that any new content need *“being at a level that children will not be confused by funny content”*. When asked to qualify “funny content” she gave examples like *“no teaching of condoms”, “no describing of sex acts like in some textbooks”* and *“information about HIV that scares learners especially if of their own parents have already got HIV”*.

4.3.1.6 Teacher 6

Participant 6 is a 45 year old teacher who has been teaching Grade R since the grade was introduced as part of the Foundation Phase in 2011, although she had previously taught Foundation phase for more than twelve years. She appreciated that the content for the Grade R Foundation Phase had become much more specified and with good resources provided since 2011. She was trained in Foundation Phase CAPS as well as in the Foundation Phase training that was conducted by the National Department of Basic Education on Reading and Numeracy. The latter training was mentioned because the kits used brought materials that she felt she could use in the teaching of Life Skills. One example given was that *“the Literacy Kit included a number of readers with stories that I can use to teach lessons on about Sexuality Education”*. The teacher linked what she listed as important content for Sexuality Education, like *“relationships and healthy living, with content in some of the stories used for Literacy development that teach about good habits at home”*;

“Some African stories in the books teach about respect and trust and it can be used to ask if all elders can be trusted”; and

“I can get these learners to draw (in Creative Arts) how they feel about things that might be a risk and bad for them in their homes and get them to tell their own stories. In the class. Grade R learners still have very good (strong) imaginations”.

4.3.1.7 Teacher 7

Participant 7 is a Grade 3 teacher and is also the Foundation Phase head of department. She is a lead teacher trained by the district to assist with ongoing training that is done at district level. She mentioned that “*the district identified me because I have very good school-based plans for support to learners who are under-performing and may be retained, especially in Literacy and Numeracy*”. When asked what some of the learning challenges learners demonstrate are, she explained that “*learners who perform badly mostly have emotional and social challenges like abusive home environments, they come to school hungry, some have parents who are ill with HIV or TB*”. She saw her role as head of department as one that gave her “*space to deal with realities behind poor learning and struggling learners*”.

4.3.1.8 Teacher 8

Participant 8 was the head of department for Intermediate Phase and was moved by the district office to act as head for the Foundation Phase in her school. The school has had poor results in the Annual National Assessments (ANA), which are external national school evaluations for Literacy and Numeracy in Grade 3, and she represents her school on the school improvement programme for under-performing schools. She saw huge value in including Comprehensive Sexuality Education because “*it will mean, as a school, we need to go into many of the real issues that cause learners to underperform like rape, hunger, and abuse and we can teach learners how to protect themselves*”.

4.3.1.9 Subject Advisor 1

Participant 9 is a 41 year old subject advisor. She was trained in Foundation Phase. She has had experience in teaching Grade 5 for five years. She taught Grade 3 for 4 years at her previous school before transferring to the district. She has a passion for teaching using inclusive approaches and raised her understanding that “*including Comprehensive Sexuality Education will allow teachers to teach inclusively and be very aware of kids who have social and emotional issues*”. She described the school contexts in her district as “*having to deal with*

many social factors like violence, broken homes and unemployed parents” and linked how comprehensive sexuality education could make teaching and learning “*easier for all if we teach about real life risks and struggles of learners*”. She highlighted one of her roles as a subject advisor is to support teachers in schools.

4.3.1.10 Subject Advisor 2

This participant is 38 year old who has recently been appointed as subject advisor. She is a qualified life coach, studied psychology and has had several short courses in mentoring and coaching. She saw the inclusion of Comprehensive Sexuality Education as “*an essential part of the curriculum to teach “relevant life skills, values and attitudes, which is not specific enough in CAPS. CAPS is more about knowledge but very little on skills and behaviours*”. One of her responses to including Comprehensive Sexuality Education was that “*including content for teaching sexuality will mean nothing if teachers are not trained properly. Not all teachers can sommer teach this*”.

4.4 DATA ANALYSIS PROCESS

Open-ended interview questions (See Appendix C) were used in order to gain the relevant data from each participating early grade Life Skills teacher and Foundation Phase Life Skills subject advisors. Teachers were asked to indicate the number of years teaching experience they had teaching in Life Skills while subject advisors were asked how many years they had been supporting teachers in the teaching of Life Skills.

It was important to establish participants’ familiarity with teaching to the Foundation Phase Life Skills CAPs. Both subject advisors were trained on the implementation of CAPS during the provincial CAPS Foundation Phase training conducted between 2011 and 2013. Both subject advisors (SA1 & SA2) indicated that while the training was focused on CAPS, it did not allow for an in-depth analysis of the content in CAPs and did not have any specific focus on concepts related to Sexuality Education in Life Skills. One subject advisor stated that “*...Life Skills concepts were clearly mapped out across grades and that there were natural links discussed across the themes found in Life Skills but no Sexuality Education concepts were isolated in*

the training". However, both agreed that *"the content in Life Skills could be linked with Sexuality Education concepts"* but both also found it difficult to say exactly *"which Sexuality Education concepts needed to be included for each grade"*. SA1 felt that *"the specification of Sexuality Education content should not be left to individual teachers to decide on"*. One of the teachers (T2) agreed by stating that *"I would be willing to teach Sexuality Education concepts if the concepts were specified against the related CAPS content"*.

A question on the policy context required that teachers indicate their knowledge and understanding of what policies were relevant for addressing Comprehensive Sexuality Education in schools. The questions enquired about teachers' understanding of Sexuality Education and Comprehensive Sexuality Education, as well as if there were any perceivable gaps in the current Life Skills CAPS content that teachers could identify. This was to establish if participants could link Life Skills content in CAPS with expected content for Comprehensive Sexuality Education in the ITGSE.

Questions were also asked to establish what challenges participants anticipated they would have teaching Sexuality Education content to early grade learners. Participants were asked what they thought some of the behaviours were that could be classified as risky behaviours displayed by adolescents. They also had to say if they could see signs of such behaviours in their learners already.

Subject advisors were asked what kind of support and which resources they thought teachers would need to teach new content within Life Skills CAPS in the early grades. Questions about the social, cultural and environmental factor evident in communities were prompted by literature on the important role played by external school factors on the successful implementation of Comprehensive Sexuality Education

After each semi-structured interview conducted, the interview was transcribed directly from the notes that were taken during the interview. The transcription process was done immediately

after the interview, to ensure that all the data that was collected and captured correctly and as accurately as possible.

The researcher thoroughly read through each interview several times, immersing herself fully in the data that was collected from the respondents. The researcher then filtered through each interview to pick up on what were generic considerations and what came up as unique contributions from participants. This was done to create a holistic matrix of issues and factors that were significant for including Comprehensive Sexuality Education in the curriculum in the early grades. Similar responses and emerging issues were then drawn together into themes and used to organise participants' responses.

Each theme was structured to have sub-themes, and these sub-themes were used to structure the data and conduct a "thematic analysis" (Creswell et al, 2010). The themes were investigated against information provided by the theoretical framework. The themes and sub-themes are discussed in Section 4.5.

4.5 RESEARCH RESULTS

The researcher assured "participants that every effort will be made to ensure that the data they provide cannot be traced back to them in reports, presentations and other forms of dissemination" (Crow and Wiles, 2008: 2). They were informed that a coding system will be used in the analysis and reporting.

Table 4-1 indicates the codes used to reference research finding from participants.

Participant	Code
Teacher 1	T1

Teacher 2	T2
Teacher 3	T3
Teacher 4	T4
Teacher 5	T5
Teacher 6	T6
Teacher 7	T7
Teacher 8	T8
Subject Advisor 1	SA 1
Subject Advisor 2	SA 2

Table 4-1: Coding of participants

As the data analysis process progressed, four main themes emerged, each with several subthemes. Figure 4-1 is an overview of these themes and subthemes. These themes and subthemes will also be discussed in detail in this section.

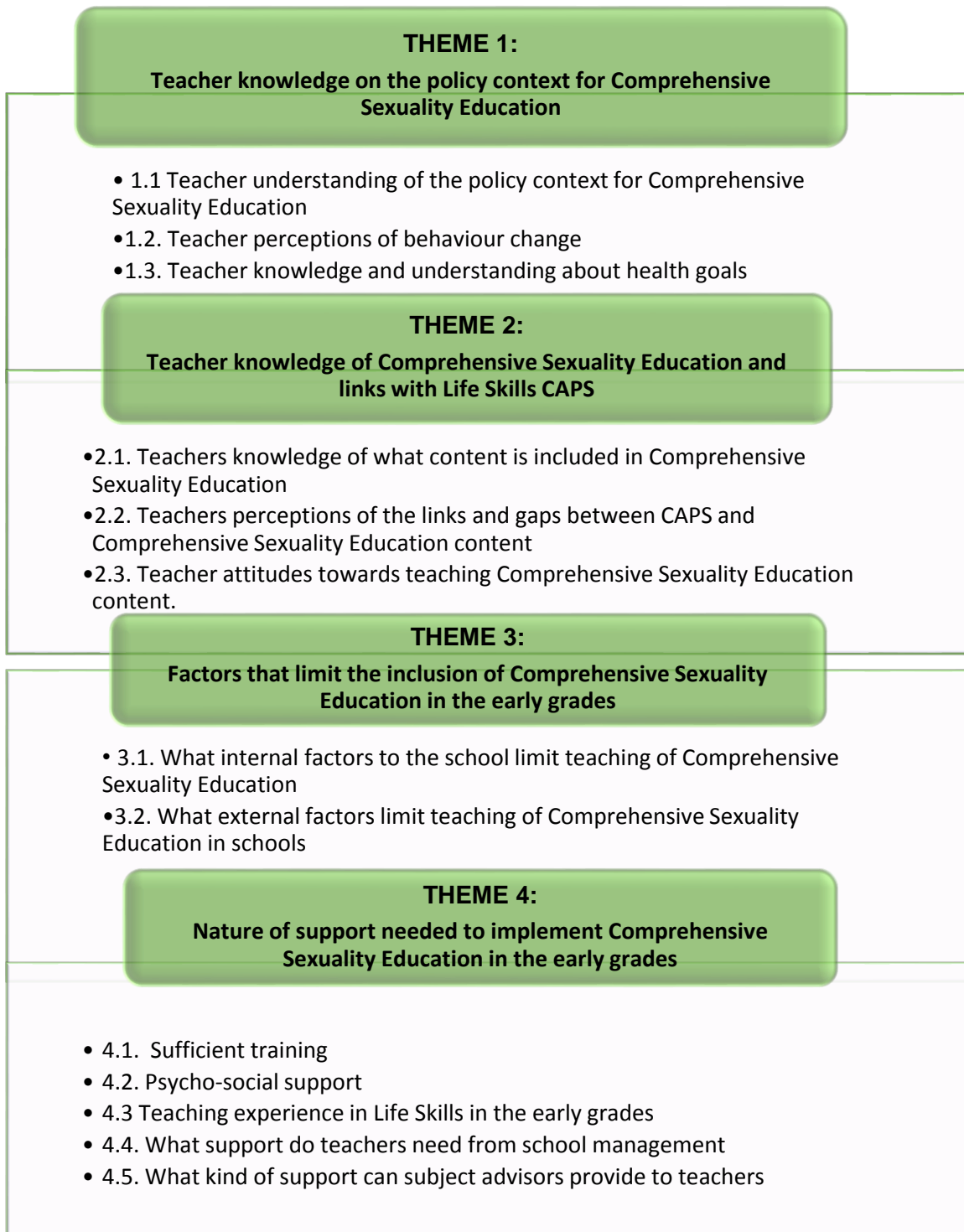


Figure 4-1: Themes and subthemes emerging from the data

4.5.1 Theme 1: Teacher knowledge of the policy context for Comprehensive Sexuality Education

Theme 1 addresses what teachers know and understand about the policy context relevant for including and supporting Comprehensive Sexuality Education. The policies relevant to this study, as spelt out in Section 2.4., focus on what health goals and behaviours are targeted so that learners have healthy sexual and reproductive lives later in their adolescence. What subject knowledge and content is taught in the early grades will influence the behaviours and decisions learners will make later in their lives. The *International Technical Guidance on Sexuality Education* (UNESCO, 2009) proposes an age-appropriate set of topics and learning objectives that constitutes a CSE programme for ages 5 to 18+. CAPS structures the content for appropriate grades based on the age group of learners defined in Section 1.3.4. as determined by national policy to include learners from 5 to 9 in the Foundation Phase.

Section 2.4.1 highlighted the content gaps in CAPS and possible mapping with content in the ITGSE that teachers will teach. Life Skills CAPS provides the specified age-appropriate, grade-specific content to be taught for Grades R to 3. Teachers have to be familiar with the subject content knowledge for Life Skills CAPS and be able to understand and teach to the linkages mapped with content from the ITGSE relevant to each grade as well as consider what behaviours are being targeted.

4.5.1.1 SUB-THEME 1.1: Teacher understanding of the policy context

Participants were asked which policies they thought were related to Comprehensive Sexuality Education to establish their familiarity with the policy context. All participants could name Life Skills CAPS and the Annual Teaching Plan as the policy most relevant to their teaching in the classroom. When the list of relevant policies was then provided to the participants, and the brief summaries and policy goals shared, T3, T4 and T7 observed that “*the language of the policy isn’t favourable to help us understand, “we don’t ever get policies at our school”*” and “*there’s so much sense and what relates to Life Skills that we can use in the policies*”, respectively. SA 1 and T8 respectively observed that “*if the behaviours to be achieved is put into CAPS*” and “*not only Life Skills teachers need to know these policies*”. Both SA 1 and T8 mentioned that as curriculum managers at district and school level, they could benefit from

understanding the policies more and would value being exposed to the policies in their district and school subject meetings.

The profile of teacher knowledge on relevant policies is represented in Table 4.2

Current policies	T1	T2	T3	T4	T5	T6	T7	T8	SA1	SA2
The Life Skills CAPS in the Foundation Phase	√	√	√	√	√	√	√	√	√	√
The Annual Teaching Plan in the Foundation Phase	√	√	√	√	√	√	√	√	√	√
DBE National Policy on HIV, STIs and TB (June, 2017)									√	√
DBE Screening, Identification, Assessment and Support (SIAS) Policy	√	√	√	√	√	√	√	√	√	√
The National Strategic Plan on HIV, STIs and TB, 2012 – 2016									√	
DBE School Pack to support HIV Life Skills programme					√				√	√

Table 4.2. Teachers' knowledge of policy context

Participants had varied responses about how they thought they could use the policies once they were exposed to the policy content. SA 2 was “*familiar with the documents in the DBE*

School Pack”, which were provided to schools to support the implementation of the DBE National Policy on HIV, STIs and TB for learners, educators and school support staff. The School Pack is not a policy document but is a set of guidelines on what prevention, treatment, care and support are available to mitigate the risks of HIV, STIs and TB. SA2 explained that she had been given the documents by her provincial subject advisor and used it *“in SIAS, we must refer learners for support. I work with my teachers to do this”*. Teacher 5 had used the referral process in the DBE School Pack *“because we have learners infected by HIV and we work with the local clinic to ensure learners get meds”*. None of the teachers indicated that they saw links between the DBE National HIV, STIs and TB policy and what or how they could teach in the classroom.

Participants felt that there was a need for them to be trained on, and the following will help orientate “classroom-based teachers”, to policy context:

“we don’t learn this when we do training as teachers” (T3) and *“I trained as a Life Orientation specialist but this was never told us”* (T1);

“our district subject advisors don’t even know this, they should tell us this” (T6);

“in the CAPS, it should be clear how policy fits into the curriculum” (T2);

“I have been teaching for so long and never ever was given in-service on this” (SA 2).

UNICEF (2010: 75) posits that although the impact of national policies and programmes are difficult evidence and measure, “the declining teen pregnancy rates in South Africa have occurred in parallel with the institution of an enabling policy environment for young people”. How the policy mandates are translated into practice through implementable school- and classroom-based teaching and learning was a concern expressed by participants.

4.5.1.2 SUB-THEME 1.2: Teacher knowledge and understanding about health goals

Section 2.6.1 proposes that the value of the model is that making clear the health goals allows for targeted behaviours to be identified. Kirby (2004) further postulates that the behaviours need for “the determinants (protective and risk factors) relevant to those behaviours to be identified because those determinants have direct influence or impact on behaviours.”

At the start of the discussion on health goals, none of the participants were familiar with what a health goal is nor how it was relevant to their teaching. The flow diagram in Figure 2 in Section 2.6.1 was used to get participants to interpret the health goal and its relevance to the purpose of Life Skills in the early grades, what the study areas included and which behaviours, values and attitudes are targeted in their teaching of Life Skills. T7 expressed that the health goals were *“useful to think about them as being achieved over the longer term. Much like outcomes”*. SA1 expressed that she could see value in the health goals *“if they were written into the CAPS Specific Aims they would help teachers to think about why we need learners to learn some of the content were include in Life Skills”*. T1, T2, T3, T6 and SA 2 interpreted the health goals even further by going directly into the CAPS for their grades and looking for links with the content in the study area Beginning Knowledge and Personal and Social Well-being.

After working through each health goal with participants and linking their understanding of the health goals with the Specific Aims and purpose of the study area Beginning Knowledge and Personal and Social Well-being, participants showed an understanding of the links between and the association of health goals and behaviours. They could practically make links in the example discussed.

When the researcher asked the question what a health goal was, participants T1; T2; T3 & SA1 contributed the following:

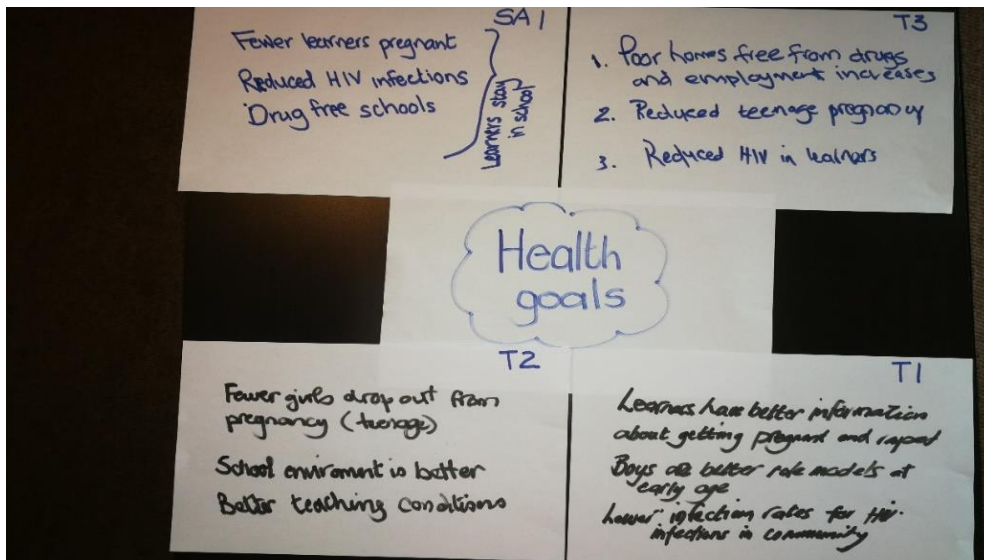


Figure 4-2: Interpretation of Health goals

Participants gave relevant contextual factors that would influence how health goals were set (Figure 4.1). With this understanding, teachers were then able to extend their understanding of the health goals to what behaviours could be targeted, and then what the risk and protective factors (determinants) are that would need to be considered (Figure 4.2). A significant observation from the process of teachers identifying risk and protective factors as determinants of behaviours, as represented in the example below, was that participants more easily identified the risk factors. T8 felt that they were “*more aware of what is the risks around us than what will work to address the risk (protective factors). We see what’s happening around but we can’t always address the challenges by ourselves*”.

Kirby’s finding on “In one school, the sisters or mothers of some of the students were sex workers standing in sight of the school on the highway waiting to be picked up by passing truckers. In these schools, students may be at particularly high risk of having unprotected sex with multiple partners in later years” (Kirby, 2011, p 34) was given as an example of risky behaviour that learners in the early grades were exposed to. Participants were asked what they thought protective factors were and none of them could formulate responses beyond “*Aaiyoo*” and “*oh my goodness*”.

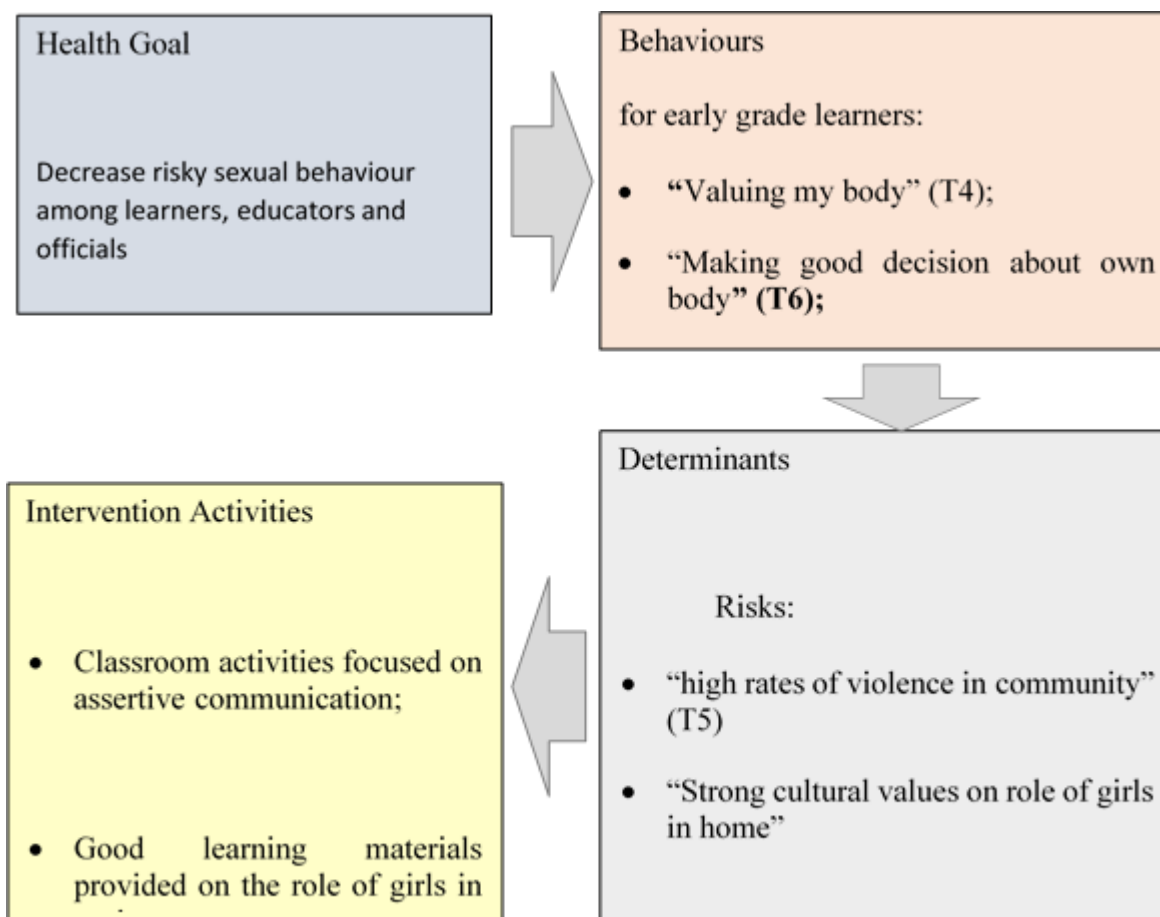


Figure 4-3: An example of linking health goals to interventions using the BDI model.

Participants were able to identify that achieving the health goals were dependent on the “behaviours of individuals like the learners, teachers and parents” (SA1) as well as “community cultures and values that are acceptable” (T4). T6 expressed that “if parents don’t know better then parents’ attitudes in the home will influence learners’ behaviours at an early age already” while SA 2 presented that in her district “factors like poverty and poor home conditions” were strong influence on learners’ behaviours with “even Grade 3 boys were found having anal sex with other boys their age, they see it from their teenage brothers and sisters”. UNICEF (2010: 21) confirms that “As the primary socialising agents of children, parents are a trusted source of information about sexuality for young people. Yet this represents a missed opportunity because most parents lack both knowledge and skill to talk openly about sex and felt

disempowered to parent their children in an environment that emphasises a rights-based culture for children”.

4.5.1.3 SUB-THEME 1.3: Teachers perceptions of behaviour change

Using Figure 4.2, participants examined what the behaviours were that could be changed later in a child’s life by focusing on what he or she learns in the early grades. CAPS content is grade- specific and provides annual milestones that could be used to influence what learners know, what values and attitudes can be developed in learners, and then what impact those will have on the overall achievement of the health goal.

Kirby (2004:6) postulates the need for clear “road maps specifying the causal pathways between programmes and behaviours” to be clear if behaviour change is to be effected. Policy directs practice in the classroom and for teachers in the early grades classroom practice is in the CAPS (DBE, 2002: 8). For participants there needs to be a clear link made between what they teach (the learning programme) and the behaviours being targeted.

All teachers agreed that changing the behaviour of learners was an important part of why Comprehensive Sexuality Education needed to be taught in the early grades. Eight out of the ten participants expressed confidence that learners were young enough to learn new behaviours and agreed that behaviour change in the early grades would have impact on behaviours later in life. T4 and T7 expressed that they were less optimistic that such young learners could change behaviours and raised conditions like “*learners can change behaviour if they will still stay in the same home they learnt the bad behaviours from*” and “*home environments contribute to bad behaviour and these kids are too young to know what not right about their behaviour*”.

Participants used words like “healthy relationships”, “looking after your own body”, “respecting the bodies of others” (T1, T5 and T7) to associate content in CAPS with what behaviour

changes may be desired. SA1 felt that *“there were many opportunities in the curriculum, even in the two other subjects (in the Foundation Phase) to address behaviour with the learners”*.

All teachers could list at least one behaviour that they felt were behaviours associated with teaching Comprehensive Sexuality Educations. Teachers went back to the current CAPS content to find the concepts they were looking for and then expressing them as behaviours.

Seven participants listed negative behaviours like “bullying”, “early sexual debut as teenagers”, “poor attitudes towards a healthy lifestyle”, “disrespectfulness to others”, “abuse”, “being safe” and “personal safety”. These were teacher-made links to what the gaps in CAPS that may need to be addressed.

Participants raised the importance of all teachers in the Foundation Phase working together with the Life Skills teachers and T3 felt that *“to ensure that learner have integrated learning opportunities, teachers should collaborate”*. Both SA1 and SA2 supported teacher collaboration across grades and agreed that subject advisors could *“support that teachers in the (Foundation) Phase plan together around what behaviour change would be relevant”* and that they *“can also help teachers develop integrated learning materials”* to promote behaviour change. This would also give more learning time *“if learners used what they learn in Life Skills in the Mathematics and Languages lessons”*.

All participants contributed that the value of the content in the Life Skills CAPS is that other themes and topics in Creative Arts, Physical Education and Personal Development and Well-being (DBE, 2011a: 9) could offer an opportunity for holistic development of the child. Section 2.4.3 supports this approach by providing the characteristics of the early grade learner and how learners learn in this phase.

4.5.2 Theme 2: Teacher knowledge of Comprehensive Sexuality Education and links with Life Skills CAPS

Theme 2 explores the information about what teachers know about Comprehensive Sexuality Education and what links there are with content in the Life Skills CAPS. The Life Skills CAPS does not have a specific study area or theme called Comprehensive Sexuality Education. Within the study area **Beginning Knowledge and Personal and Social Well-being**, certain content has been identified that relate to Comprehensive sexuality Education content and that will provide appropriate links for teaching Comprehensive Sexuality Education. Section 2.4.1 provides the detail of what content from CAPS could be linked to the content in the ITGSE, and also indicates where there are conceptual gaps in CAPS.

4.5.2.1. SUB-THEME 2.1: Teachers knowledge of what content is included in Comprehensive Sexuality Education

When asked what is meant by Comprehensive Sexuality Education, teachers almost all first went to describing what sex education is and how they understand it. This included responses like *“when to have sex”*, *“how are boys’ bodies different to girls’ bodies”*, *“what is meant by gender”* and *“should learners use condoms when they have sex”*. T4 raised *“the importance of providing a religious link when talking to learners about sex because learners have religious principles that are important in their families”*, which was challenged by T8 who felt that *“religions talk abstinence and this is not helping to stop learners having sex”*. T5 raised the point that *“sex education is focused on the act of sex and not on the readiness to have a sexual relationship”*.

The following definition of Sexuality Education was shared with the participants and then asked to say what they thought the content for Sexuality Education was and if it was different to sex education. The definition statements were selected purposely to guide teacher thinking on different aspects that a Comprehensive Sexuality Education programme needs to consider.

Teachers expressed that some of the definition itself was for the long-term outcome of making learners safe but that early grade learners needed to have age-appropriate information.

<p>Definition of Sexuality Education includes:</p>	<p>Teachers understanding of Sexuality Education included the following”</p>
<p>Preparing young people to know what good, safe relationships are, help them identify harmful (sexual) behaviour.</p>	<p>“who is my family”</p>
	<p>“young learners need strategies to communicate what happens to them”</p>
	<p>“Helping learners know good, safe home and community environments”</p>
	<p>“good touches and bad touches”</p>
	<p>“avoiding risks and risky behaviour”</p>
	<p>“developing self-esteem and good self-image”</p>
<p>Making decisions that could impact on their health and well-being later in life.</p>	<p>“knowing when and how to say NO” “getting proper information about healthy lifestyle and emotional health”</p>
<p>The right to lead healthy lives, and give them the tools they need to make healthy decisions.</p>	<p>“Looking after your body” and “learning correct information about how the body works” “about personal development” and “ensuring a healthy body and good mind” “children have the right to be protected”</p>

<p>To include discussions of abstinence and contraception to help young people avoid unintended pregnancy or disease.</p>	<p>“understanding safe and protected sexual relationships”</p> <p>“knowing what health services are available”</p> <p>“what abstinence may mean for these young learners – we can’t use language and words like this”</p>
<p>To provide appropriate age-appropriate information and skills necessary to help take personal responsibility for their health and overall well-being.</p>	<p>“only what young learners are ready for at their age”</p> <p>“using teaching approaches that are good for young learners”</p> <p>“finding practical methods like games”</p>

Table 4.3. Teacher understanding of CSE content

4.5.2.2 SUB-THEME 2.2: Teachers perceptions of the links and gaps between CAPS and Comprehensive Sexuality Education content

Participants were able to follow the mapping of what Comprehensive Sexuality Education content is appropriate in the ITGSE by looking at the mapping done against the CAPS content in Section 2.4. Teachers were able to link the ITGSE topics with specific content in the study area Beginning Knowledge and Personal and Social Well-being.

From the content gaps presented in Table 2.1 in Section 2.4.1, teachers were able to suggest possible links to be made with CAPS, although as suggested by SA 1, the links may be stronger *“if linked with the content in other study areas, like Creative Arts”*.

T4 and T7 raised the issue of how the age cohort in the age groupings in the ITGSE is different to the grade ages in Grades R to 3 that makes up the Foundation Phase in the South African system.

From the interviews with teachers, the researcher was confident that teachers would be able to understand the links and gaps in CAPS and, as observed by T8, teachers could teach the content “*but would need clear direction on how they would teach that content within CAPS*”.

4.5.2.3 SUB-THEME 2.3: Teacher attitudes towards teaching Comprehensive Sexuality Education content.

Although the teaching experience within Life Skills and Foundation Phase and the number of years of teaching in the classroom varied across the participants, all teachers agreed that the Comprehensive Sexuality Education content was necessary. T5 felt that given the short time she was teaching Life Skills at her school, “*I can see how clearly the content fits into the ATP and that makes me feel comfortable to teach it*”. T1 felt that even “*my Grade R would be able to do the content. It must just be clearly spelt out and done very practically*”. In support of this finding, Helleve et al (2009: 5) postulates that “numbers of years of teaching HIV, AIDS and sexuality and formal training to teach these subjects associated positively with teachers’ confidence”. SA1 and SA2 expressed that teaching, learning and assessment in the Foundation Phase is highly integrated across the subjects. “*although Life Skills is best suited for including Sexuality Education concepts, there is possibilities to teach (these) in all subjects if teachers integrate*” and “*Foundation Phase learners don’t learn in silos – they learn in a way that integrates knowledge*”. T1 made reference to “*selecting teaching methods that can be used to teach across all subjects*”. This is supported by DBE Overview that lists “integration” as an important principle of the curriculum, especially in early grades. Francis (2012: 53) supports that Life Skills is a natural “home for Sexuality Education” but confirmed that teachers found the subject content overloaded.

Ahmed et al (2009) found that teachers expressed conflict between their own personal beliefs and what they were often expected to teach about Comprehensive Sexuality Education but participants did not raise this as a major concern for them in this study. T6 expressed that she no longer felt that Comprehensive Sexuality Education was “*funny content*” but that it was relevant and “*I am familiar with CAPS so I can then also teach that content*”. T1 expressed that she would feel “*challenged if the content was explicit or more sexual because that’s not what I’m expecting to teach in Comprehensive Sexuality Education*”.

An important attitude expressed by both subject advisors was that teachers would feel protected “if the content is spelt out in policy” then “parents cannot confront teachers about content they may not agree to their children being taught”. This was strongly linked to teachers feeling unsure about what was expected of them as teachers to teach content that may be, as expressed by T7, “controversial and unacceptable.” T5 raised the importance of teachers feeling comfortable to teach new content. Francis (2012) confirms that how effectively teachers will teach about sexuality and health depends on their own comfort and confidence levels.

All participants expressed strong confidence that they could teach the Comprehensive Sexuality Education content indicated within CAPS and T1 and 2 stated, “*sure I can do it as I usually do when teaching the ATP*” and “*I could try different teaching approaches with my learners if this is the content*” respectively. SIECUS (2004: 85) confirms that “sexuality education is best taught using a variety of teaching methods” and that teachers’ “familiarity with a wide variety of methods for teaching about sexuality can be helpful” for effective teaching of Comprehensive Sexuality Education and building the confidence of teachers.

The participants in this study were all female and so none of the responses were linked to teachers’ gender and their attitudes towards teaching Comprehensive Sexuality Education. Helleve et al (2009: 5), in a comparative study between teachers from South Africa and Tanzania on teachers’ reflections on their confidence to teach Sexuality Education, noted that “There were no significant gender differences with respect to demographic characteristics of

the participants within each of the four sites”, where all participants within the two countries were female. There were, however, “significant differences between the male teachers” in another cohort in the same study. That there were only female participants in this study may be a limitation of the study for linking teacher gender, attitudes and confidence. This will be discussed in Chapter 5.

4.5.3 Theme 3: Factors that limit the inclusion of Comprehensive Sexuality Education in the early grades

SIECUS (2004: 13) proposes that although Comprehensive Sexuality Education is school-based it “complements and augments the sexuality education children receive from their families, religious and community groups, and health professional”. Factors that limit the inclusion of Comprehensive Sexuality Education are both internal and external to the school. It is important to note that the issues related to parental role and responsibilities were raised by participants as both internal and external factors to the school context. In this study, findings for all factors related to parents are discussed in Sub-theme 3.2 in Section 4.5.3.2 below.

4.5.3.1 SUB-THEME 3.1: What factors internal to the school limit teaching of Comprehensive Sexuality Education

Van Weesenbeeck et al. (2016: 10) posit that “the school context is thus characterised by many practical and organisational barriers” like planning, timetabling, safe environment and that “the school climate is often at odds with what the programme aims to strengthen”. Participants recognised that there would be limiting factors internal to the school that would challenge the inclusion of Comprehensive Sexuality Education.

T1, T2, T3 and T7 thought that although including the Comprehensive Sexuality Education content was possible in Life Skills as well as in other subjects, the participatory teaching methods required may challenge teachers not trained in those methodologies.

During the interviews participants were shown the graphic representation used by van Weesenbeeck et al. (2016) to guide discussions with participants on what the internal school context included, in particular about factors related to teacher and school organisational levels (**Figure 4-4**). T1, T2, T3, T4, T5 and T6 agreed with the factors about “*time in classroom for teaching*”, “*giving learning enough time*”, “*knowing the right methods to use so we don’t impact negatively on what learners need to know when they so young*” and “*our attitudes need to be positive*”. UNESCO (2015: 20) agrees that “CSE content must respond appropriately to the specific context and needs” of learners.

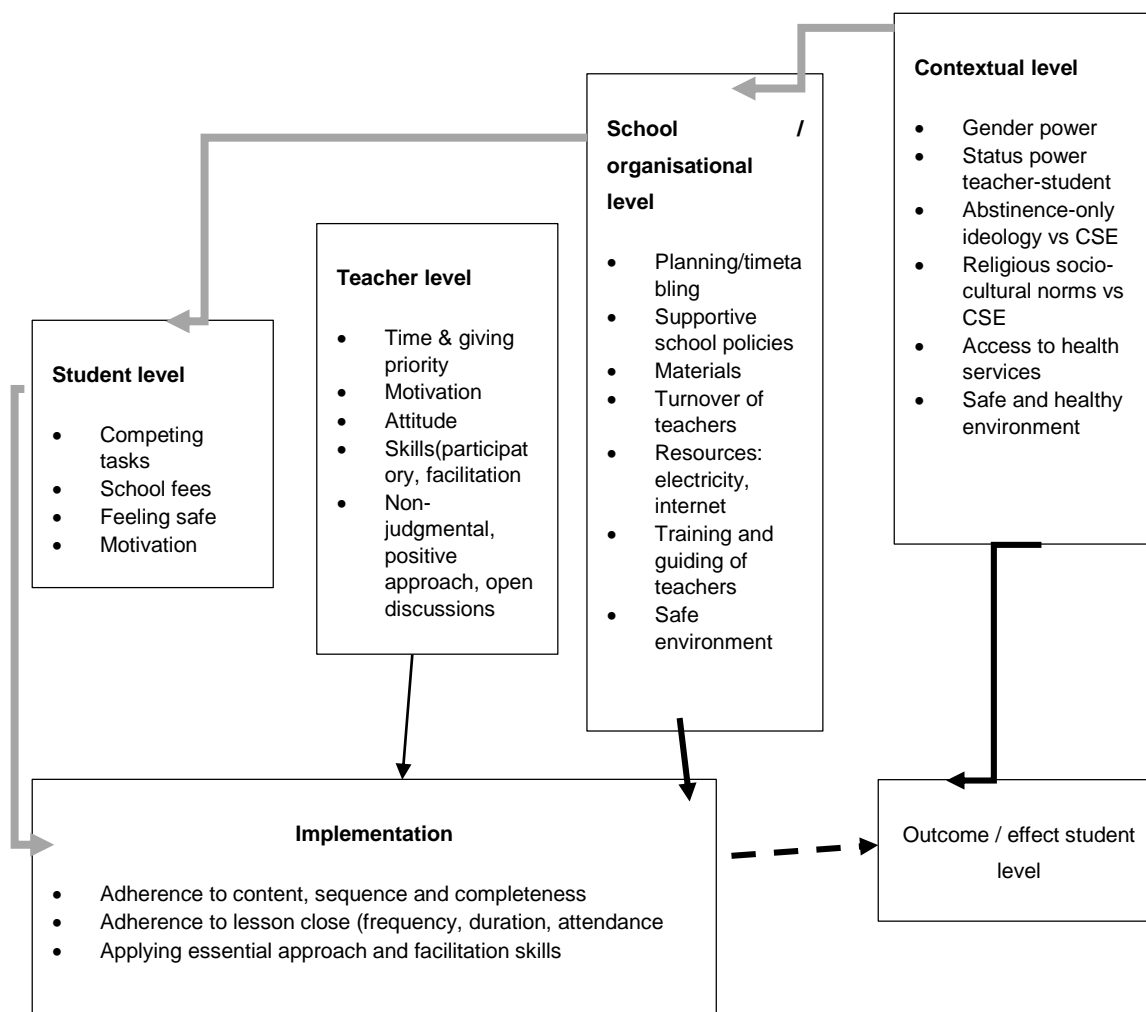


Figure 4-4: Context barriers to teaching CSE in schools

In addition, all participants raised the issues of resource provisioning as a limitation to teaching new content, which is a direct contradiction of what SIDA (2016) raises that “Sexuality education is cost-effective and builds on existing resources (teachers and curricula) requiring low cost investment on the part of donors and programmes”. T8 particularly raised how the paucity of resources like “*just the usual teaching and learning support materials (LTSM)*” was a constraint in the classroom and SA 1 saw the lack of resources as a challenge to the support she could offer “*Life Skills teachers who already have to teach everything with nothing*”.

Van Weesenbeeck et al. (2016: 2) confirms from their studies that “many challenges to the implementation and delivery of CSE in resource poor settings have been identified”. T2 and T4 mention very practical considerations like “*to give messages constantly to learners we need to have things like books, games, practical lessons*” and “*little posters that learners can see every day*” to support the teaching on Comprehensive Sexuality Education content.

Class size in the early grades is an important factor. In the early grades, given the social and emotional characteristics of a learner in the early grades as expounded in Figure 2.3 in Chapter 2, teaching methods need to facilitate play, learning practically and through discovery. Class size impacts on how easily teachers use practical teaching approaches. There was a difference in class size across the five schools, with T1 confirming 38 learners in her class versus T6 teaching as many as 45 Grade R learners. The subject advisors both confirmed that although the GDE was good on monitoring the application of the norms and standards for teacher: pupil ratios of 1:40 for primary schools, some schools in certain districts were faced with larger enrolments for Grade R. This may be influenced by the fact that Grade R as the first formal year of schooling has been disparately implemented since 2010 and “*some schools have large numbers of Grade R because there are no early childhood centres in some communities*”.

The role of the school management teams, of which the Life Skills head of department is a member, has had little or no training on Comprehensive Sexuality Education. This was raised

by both T7 and T8, who are heads of department at their schools, and by SA2 who felt that “*if SMTs don’t understand the content of Comprehensive Sexuality Education, then it won’t happen, no matter how good the teachers are*”. Kirby (2011) confirmed this in his report on school visits and his engagement with school principals when he reported that “Teacher utilisation in Life Skills is raised as a factor limiting effective teaching of Comprehensive Sexuality education in schools.” Both subject advisors raised concerns about teachers being trained and supported at school level in a particular year as they teach Life Skills in one grade and then re-allocated to another subject the following year after all the support invested in building their capacity and confidence to teach. T7 and T8 raised annual practices by some school management about their teacher-subject allocations where often little regard is shown for a teacher having being trained in Life Skills in the Foundation Phase. Van Weesenbeeck et al. (2016) support this from their own research conducted in a number of countries where the finding is that despite “certain criteria for schools to select teachers (e.g. being sex-education experienced, youth-friendly and open minded regarding sexuality), but schools often appoint teachers for practical reasons, not taking these criteria into account”.

4.5.3.2 SUB-THEME 3.2: What external factors limit teaching of Comprehensive Sexuality Education in schools?

A school’s context is influenced by and reflects the community that the school serves and participants raised contextual realities that could limit the teaching of Comprehensive Sexuality Education. SIDA (2016) posits that “Sexuality education should not be confined to the classroom but become more responsive to the ways in which the social environment outside schools profoundly influences sexual behaviour, especially for girls and marginalised youth.” Participants confirmed the influence of social, economic and cultural factors within the community on how schools function effectively and SA 2 felt “*even on the overall learner performance at our schools*” is dependent on the influence and impact of the surrounding environment. This confirms Kirby’s report that “in all the communities surrounding the schools, contextual issues were very evident -- poverty, lack of jobs and lack of opportunity were very important factors in the environment” (Kirby, 2011).

Participants recognised that the socio-cultural and religious values of the community would “influence how much a teacher could teach that may not fit into some cultures and traditions,”

that “somethings will be taboos in our cultures” and “learners will are too young to be confused by content that will go against their religious beliefs”. UNESCO (2015: 9) posits that “CSE content must respond appropriately to the specific context and needs of young people in order to be effective. This adaptability is central to culturally relevant programming and includes understanding the messages that cultures convey around gender, sex and sexuality”.

Participants saw parental attitudes and misconceptions as limiting to teaching Sexuality Education content effectively. The role of parents and the support they give the school was a contribution by all participants to the question of “who” is part of the school community. Participants raised realities faced by schools of parents not wanting to be engaged on many risky behaviours of their children. Participants expressed considerations like “parent’s denial”, “taboos to talk with children” and “it’s a parents role to talk to their children” about Sexuality Education. UNESCO (2015: 19) posits that “Parents can play an important role in communicating with their children about sexuality, relationships and well-being, particularly among younger age groups”. Although T7 and SA 2 expressed that the appropriate information that the child is ready for needs to be considered when parents themselves give information. SA 1 felt that “*parents should participate more at school level with the teacher and get what is appropriate for their children*”.

T7 mentioned that “*no local services and clinics*” to support learner referrals when needed would not support teachers getting learners to raise their health challenges. T2 felt that she “*would not want to send her learners home*” with messages related to Sexuality Education “*if the home was going to reject the messages because they do not support this kind of content being taught*”. This challenged SIDA’s (2016) postulation that “Effective sexuality education needs to be combined with accessible services and well-trained providers who have a high quality and unbiased knowledge of family planning commodities in particular”.

4.5.4 Theme 4: Nature of support needed to implement Comprehensive Sexuality Education in the early grades

As the interviews were being conducted, it was noticeable that early grade teachers admitted to not having sufficient knowledge or skills to effectively teach the content of CSE in their classes. This theme consists of information gathered from respondents on support and training for teachers to effectively teach the content of CSE and also to implement the policies pertaining to CSE.

4.5.4.1 SUB-THEME 4.1: Sufficient training

When the participating teachers were asked whether they felt that they were sufficiently trained to implement Comprehensive Sexuality Education in their teaching of Life Skills, all participants indicated two positions:

- Firstly, that they were inappropriately trained during CAPS training, where Comprehensive Sexuality education content was not dealt with or even included; and;
- Secondly, that content upgrade courses available in the in-service programmes at universities, which many teachers were accessing as part of their qualification upgrading, did not offer Comprehensive Sexuality Education modules as part of the Life Orientation programme.

T1 and T6 stated that they had both recently completed a teaching qualification as part of their Continued Professional Teacher Development (CPTD) programme but “*this content or focus was not included in the programme*” and “*Life Orientation at University doesn’t focus on this content or on how to teach it*”.

About the DBE’s in-service training offered to teachers on subject content, SA2 expressed that “*We don’t get trained properly and we don’t receive any support to be able to implement technology in our classrooms*”. An additional consideration by HEAIDS (2010) is to distinguish between the teachers participating in CTPD in-service training and those in Initial Professional

Teacher Development (IPTD) or pre-service training programmes as teachers in IPTD were “having reservations about their legitimacy” to teach such content “generally felt uncomfortable addressing sexuality related issues, thus emphasising the need for teachers to consider their identity as well as their position on teaching sexuality related issues” (p14).

Clearly the teachers had the willingness to receive training, but as indicated by the respondents, the training programmes were seemingly not sufficient in providing the relevant knowledge and skills to enable them to successfully implement CSE in their classrooms.

4.5.4.1. SUB-THEME 4.2: Psycho-social support

Rooth (2005: 31) posits that “Life skills education is broadly denoted as promoting the practice and reinforcement of psychological skills that contribute to personal and social development and the prevention of health and social problems, as well as the protection of human rights”. Participants linked targeted behaviours to possible social factors that influence and impact on behaviours and agreed that “*psychosocial factors would definitely be a big emphasis*” in the teaching and learning of Comprehensive Sexuality Education content within Life Skills”.

All participants raised that teaching some of the content that was identified in Chapter 2 as important knowledge for inclusion in a Comprehensive Sexuality Education would introduce a need for more psychosocial support for teachers and learners. T1, T2, T3, and T5 suggested that their “*own training and the training by the Department (of Basic Education) never focuses on what teachers go through*” and “*what help teachers themselves need is not considered*”, nor that “*learners will now have to deal face to face with situations that may cause emotional trauma. They will need support*”.

When asked about the process for psychosocial support expected from school-based and district-based support teams (DBSTs) by SIAS, teachers felt that already those structures were not functional. SA 1 felt that “*DBSTs don’t do what they are expected to do so it means subject advisors have to step in and offer such help*”. None of the participants felt they were adequately

trained to offer psychosocial support. T4 expressed that *“I don’t even think the DBST people know what this support entails”*. Kirby (2011: 34) stated a finding that “the number of schools that the provincial social workers or subject staff are responsible for is very large. Thus, most Life Orientation teachers in the classroom are pretty much on their own and cannot expect much support from the provinces”.

4.5.4.2 SUB-THEME 4.3: Teaching experience in Life Skills in the early grades

Except for T1 who had six years teaching experience in the Foundation Phase, all other participants had more than eight years teaching experience in the early grades. T6 had only seven years teaching Grade R but her twelve years’ experience helped *“to be able to teach at Grade R level in a very practical and play-focused way”*. Eight of the participants thought that the number of years’ experience was not the most significant factor for being able to teach new Sexuality Education content. Participants felt that the teaching of difficult topics related to Comprehensive Sexuality Education required competences and attitudes that would facilitate learning in the early Grades.

UNESCO (2015: 36) posits that “focusing on examining personal attitudes and values in order to improve comfort and confidence as well as the content and teaching skills required” supported participants’ motivation that teaching skills, good attitudes and open-mindedness were important qualities for a teacher teaching Comprehensive Sexuality Education. Participants used a numerical 6-point scale where 1 was most important and 5 was least important. These were ranked as follows:

Participants	Good attitudes	Open-minded	Relevant teaching	Empathetic	Trustworthy	Years of experience
T1	5	4	1	3	6	2
T2	5	4	3	1	6	2
T3	3	5	2	4	3	1

T4	2	3	1	6	5	4
T5	3	4	2	5	6	1
T6	2	5	1	3	6	4
T7	3	4	1	5	6	2
T8	2	3	1	4	5	2
SA1	4	3	1	5	6	2
SA2	3	4	1	6	5	2

Table 4-2: Participants ranking of attitudes to support teaching CSE

4.5.4.4 SUB-THEME 4.4: Support teachers need from school management teams

The head of department is part of the school management team and as such, together with the principal, is mandated by policy to “work with the school’s community to assure a school environment which is safe and secure, promotes well-being and is conducive to effective teaching and learning and promote the use of the wider community and its diverse resources to inform and support teaching, learning and curriculum development” (DBE, 2006: 9). Both T7 and T8 confirmed their roles as heads of department in the early grades to be responsible for “*building relationships between school and the home*” and “*having to monitor and evaluate how home environments are impacting on how learners perform and behave*”.

Van Weesenbeeck (2016) supports the role of the school as facilitating how “links to student supports the role of the school actively sought... that include communication with parents and the community”. The head of departments, through the planning of the learning programme with teachers, is best placed to mediate between home and the community and teachers and the classroom.

T4, T5 and T6 narrated their own experiences where the head of department was able to facilitate challenges that the learners' home environment imposed on the classroom. In the context of Comprehensive Sexuality Education, Kirby (2011: 36) suggested that, because of often low parental literacy levels "involving parents in special parent meetings or workshops... may be a better method for reaching parents" than merely sending home materials about difficult content.

4.5.4.5 SUB-THEME 4.5: Support required by teachers from Life Skills subject advisors

It was indicated by all of the participants that, although they agreed to the need and possibility of including Comprehensive Sexuality Education content into CAPS in the early grades, teachers needed sufficient support to teach effectively. The lack of support made teaching of Comprehensive Sexuality Education in classrooms to early grade learners a very challenging process. Participants explained that they needed support on several levels to be able to teach effectively. Participants qualified their request for support as follows:

T1: "CAPS has very little real time for teaching. The ATP is so full we hardly have time to teach CAPS";

T2: "We have to buy resources for our classes out of our own pockets. What resources will now be needed";

T5: "Our planning is in CAPS but some learners fall behind and the district people expect us to follow the ATP";

T7: "Will the school be responsible for getting learners help emotionally or physically if they disclose".

Participants expected to be sufficiently supported to identify appropriate methods and learning styles of early grade learners, having specific content and skills included in the CAPS content, and being supported with age-appropriate teaching and learning materials, as discussed in Sub-themes 4.5.2 and 4.5.3.

The need for support from their principals and school management teams was expressed strongly by T3 and T4, especially about resourcing of the classroom. SA2 raised that “*teachers who do not have relevant, effective resources struggle to teach concepts in the Foundation Phase*”. All participants recognised the need for classrooms to be well resourced and conducive to learning some of the Sexuality Education concepts to be included in CAPS. Kirby (2011: 34) confirmed that the structure and resources in classrooms was a factor to be considered especially as basic workbooks and teaching resources (other than the chalkboard) were not always available.

The support required from subject advisors was mostly qualified in line with the DBE Policy on the District organisation and functions, paragraph 50.1 that spells out that district-based subject advisors have the responsibilities of:

- Managing curriculum support including consultation with and advice to teachers,
- Facilitating inclusive education and reporting on school visits;
- Promoting and organising provision of professional development of educators in co-operation with the South African Council for Educators (SACE); and
- Providing correct and timely Learner and Teacher Support Material (LTSM).

T7 and T8 confirmed that “school-based in-service training of teacher” and “continually training and supporting teachers on new content is the only way to get teachers to teach effectively”.

4.6 CONCLUSION

In this chapter, the researcher aimed to present the research findings on scope within the CAPS as well as the experiences, attitudes and readiness of early grade teachers to include teaching Comprehensive Sexuality Education in the Life Skills curriculum. The findings were validated by the responses of participating teachers and subject advisors to the questions presented to them in semi-structured interviews.

The data gathered could be organised into key themes and sub-themes, which will provide evidence for expanding on the relevance of the study against existing literature and theoretical framework and making recommendations for the strengthening of Comprehensive Sexuality Education in the Life Skills CAPS in Chapter 5.

5. CHAPTER FIVE

INTERPRETATION OF RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

In Chapter 4, the data analysis strategies and research findings emerging from the analysis of the data were presented. The research findings were presented according to the themes and sub-themes that emerged from the analysis of data. The views, quotes and responses of participants were provided, with relevant evidences from the literature study to support the findings. This study focused on the participants' views of what Comprehensive Sexuality Education entails; the possible linkages of CSE topics to the Life Skills Foundation Phase CAPS; what the existing gaps in the Life Skills Foundation Phase CAPS are; while the kind of support needed to include CSE into CAPS in the early grades were presented.

Data analysis is the final step to interpreting and make meaning of the data that has emerged. According to Nieuwenhuis (2007: 111) this step is important for acquiring an analytic understanding based on which an explanation of the phenomenon being investigated can be formulated.

Chapter 5 presents an interpretation of the research finding so as to discuss the research findings with reference to the research aim (see Section 1.4.1), the relevant literature on Comprehensive Sexuality Education in the early grades (see Chapter 2), and the theoretical framework (see Chapter 2). Furthermore Chapter 5 aims to use the findings to answer the research questions that guided the study (see Chapter 1).

5.1.1 Primary Research Question

How can the incorporation of CSE be strengthened in the Life Skills curriculum in early grades?

5.1.2 Secondary Research Questions

- What is meant by CSE and SE?
- What are the gaps in the current Life Skills curriculum?
- What are the limiting factors in terms of taking a comprehensive approach to incorporating SE in the school curriculum?
- What kind of support do teachers need to assist them to implement the CSE programme?

To establish a comprehensive understanding of the research findings and to fully understand the issue under investigations, the researcher used the themes and sub-themes that emerged from the research finding (see Chapter 4) and together with the BDI model (Chapter 2), which aims to link what interventions are possible to support behaviour change, the researcher provided a comprehensive summary, final conclusions and made recommendations.

The literature review that was conducted (see Chapter 2) provided global and local perspectives and needs for the effective incorporation of Comprehensive Sexuality Education into The Foundation Phase Life Skills CAPS and educators' perspectives on what kind of support would be needed to achieve this.

By reflecting on current findings from the study against the literature review, it is evident that the inclusion of Comprehensive Sexuality Education content into the Foundation Phase curriculum and targeting of behaviour change of early grade learners are made possible when finding the content linkage within CAPS, together with a comprehensive support plan for supporting implementation.

5.2. EMERGING THEMES AND SUB-THEMES

In the process of interpreting the research findings, it is relevant that the themes and sub-themes emerging from the data analysis should be referred to again. The themes allow for the research findings to be organised in a way that makes recommendations specific to those themes. The table that follows provides the themes and sub-themes re-organised:

Themes	Sub-themes
1. Building Teacher knowledge	a. Understanding of the policy context
	b. Teacher perceptions of behaviour change
	c. Teacher understanding about health goals
	d. Inclusion of Comprehensive Sexuality Education content into Life Skills CAPS
2. Teacher development and training	a. Initial teacher development
	b. Teacher content knowledge upgrade in Life Skills in the early grades
	c. Teacher values and attitudes
3. Factors that limit the inclusion of Comprehensive Sexuality Education in the early grades	a. Limiting factors internal to the school
	b. Limiting factors external to the school
4. Support for implementation Comprehensive Sexuality Education in the early grades	a. Psycho-social support
	b. Support from school management
	c. Support from subject advisors
	d. Adequate resourcing
	e. Parental and community support

Table 5-1: Emerging themes and sub-themes (regrouped)

5.3. INTERPRETATION OF RESEARCH FINDINGS

5.3.1 Building teacher knowledge

5.3.1.1 Understanding of policy context

The findings of the research study confirmed that participants have varying levels of understanding of what the policies are that are relevant to the Foundation Phase. All teachers are aware of the Foundation Phase CAPS and Assessment policies. Teachers are familiar with the policy content in CAPS for the grades they teach and feel they teach their grade-specific content with confidence. Teachers were able to list the content within the Annual Teaching Plan for the grades they teach, however teachers were less confident about listing how conceptual progression was mapped across the grades. Regarding the policy requirements for assessing learners in life skills, all teachers were very familiar and were implementing with relative ease and confidence.

Apart from the CAPS and Assessment policies, teachers do not have adequate knowledge of the policies that are meant to direct their teaching in the classroom. Even teachers who had studied Life Skills either in their initial or in-service training did not have an overview of the policies relevant to their teaching.

Teachers were not aware of the health-promoting policies of the DBE as listed in Chapter 4 Table 4.2. For example, the DBE Teenage Policy and DBE Policy on HIV, STIs and TB for learners, educators and support staff were unknown to teachers. They could not make any reference to the importance of such policies to their own teaching or classroom management. When the researcher explained the policies, aims and purposes, teachers immediately recognised the relevance of knowing the policies. They could make links with how the policies will help them to think differently about the well-being of learners, both in school and outside in the community, and for making the school environment safe and supporting.

Subject advisors were more exposed to different policies, including the CAPS and the Assessment Policies. For example SA2 could refer to the DBE School Policy Pack that has been distributed to schools as part of the prevention, treatment, and care and support strategies for learners, educators and school-based support staff. SA1 expressed her view

that the packs were for those officials within the district-based support teams who offer psychosocial support to teachers. After engaging with the content of the DBE policy pack, participants, although they could not provide detail to support their views, saw the direct links with how the packs could be used to offer support to Life Skills teachers. SA 2 expressed that *“I now see a possibility for stronger links between district support teams, subject advisors and teachers in the classroom”*. T8 suggested that school managers be oriented to the policies so that *“they understand when we (teachers) ask for them to make decisions to support those learners who are in homes that are threatening”*. The National Policy on HIV, STIs and TB for learners, educators and school support staff (DBE, 2017) aims to create a safe and supportive learning environment for all learners, teachers and people who work at schools to have access to treatment, care, counselling and support and for school managers to take responsibility for ensuring that schools are responsive to the health needs of learners.

Policies, especially those related to health promotion and increasing the wellness of learners, educators and school support staff are seen as unrelated to what teachers do in the classroom. Although teachers understood the role of district officials in terms of curriculum development (subject advisors) and curriculum support (district-based support teams), teachers did not see that those roles were integrated into ensuring that schools are safe, conducive learning environments. T6 and T7 questioned whether *“the district-based support teams should also have more knowledge on curriculum content”* and *“be encouraged to work closer with teachers in the classroom and not just with SMTs for referrals”*.

5.3.1.2 Teacher perceptions of health goals

Comprehensive Sexuality Education makes explicit the health goals relevant for promoting good, healthy sexual and reproductive choices as discussed in Chapters 2 Section 3.2.2 and in Chapter 4 Section 4.5.1.2. Learning about sexuality education in the early grades does not hasten sexual activities but can delay sexual debut in later years if appropriate information is provided to learners. Table 4-1 in Section 4.5.1.2 evidenced that teachers were able to understand the health goals and the relevance of considering health goals when teaching particular content in the classroom. The selection of content is influenced by what the health goals set out to achieve. More important for teachers, the health goals are not only educational

considerations but are relevant to health initiatives, community development programmes and bring opportunities to influence home environments.

Health goals are translated into core concepts to be taught and provide key opportunities to establish support for learning outside of the classroom. For the teaching and learning context, and for supporting teachers to build good values and attitudes within the Comprehensive Sexuality Education context, health goals help message what the desired behaviour change is for learners in the early grades to be engaging with while they learn.

5.3.1.3 Teacher understanding of behaviour change

Teachers demonstrated an understanding of a theory of change that considered that if the health goals are clearly stated and translated into targeted behaviours that want to be changed, then the classroom-based intervention can be clearly spelt out to guide the teaching and learning planned within a Comprehensive Sexuality Education programme. An example was discussed in Figure 2.4 and used to engage participants on in Section 4.5.2.1.

Using the BDI model, and relating the key process of the model in establishing intervention activities based on what teachers find to be real behaviours within the school context, showed how teachers, school management and district support officials (subject advisors and district-based support teams) could address the factors that lead to those behaviours. Both risk and protective factors could be explored to establish what intervention best would impact on learner behaviour.

5.3.1.4 Inclusion of Comprehensive Sexuality Education content into Life Skills CAPS

Teachers were initially unable to express a clear understanding of what Comprehensive Sexuality Education is and often still spoke about what they knew in the context of sex education. This understanding influenced their attitudes to teaching such content especially to young learners in the early grades. T1 thought it “*inappropriate and too early*” and T5 expressed that “*learners’ curiosity will be increased if we teach sex education*”. After a practical session with participants on the proposed content in the ITGSE (UNESCO, 2009) and having

worked through the definition of UNESCO (2015: 7) about Comprehensive Sexuality Education being “an age-appropriate, culturally relevant approach to teaching about sexuality and relationships” and that the content was about young people making “conscious, healthy and respectful choices”, teachers expressed more comfort and saw it as relevant.

T5 felt that “it’s doable if I know what is written into the ATP for Life Skills, I can then teach it as part of the content I am familiar with”. Subject advisors agreed that the Comprehensive Sexuality Education content, “if linked with the CAPS content would be easier for teachers to teach” and “our district subject meetings with teachers then focus on helping them work through the ATP”. A significant observation from all participants, once they had made the links between what the focus of Sexuality Education is and what possible content may be linked (see Section 4.5.2.1 in Chapter 4) was that the Sexuality Education content, though it was best mapped into Life Skills, could be taught in an integrated way “in all three subjects in CAPS, not only Life Skills” (T6). All planning and timetabling happens within the Life Skills ATP.

The Life Skills ATP already has content that could possibly be linked to the content specified for the early grades in the ITGSE. Teachers have identified initial links and gaps within the Life Skills CAPS. Foundation Phase Life Skills subject advisors have identified the content links and gaps as well as recognised support needed for teaching, like better resourcing of classrooms, teaching across subjects and linking with the district-based support teams to be able to plan an integrated support plan for teachers.

5.3.2 Teacher development and training

5.3.2.1. Initial teacher development

Initial teacher training programmes is a legislative competence of Higher Education Institutes. Francis (2010), Rooth (2005) and UNESCO (2015) identify the need for adequate training and capacity to equip teachers to deliver CSE effectively within their teaching. The need is expressed for both the number of teachers needed to be trained as well as the quality of the training.

Currently the focus of in-service training is on curriculum orientation and support to teachers so that they teach any new curriculum intervention effectively. Teachers are orientated to curriculum changes while they continue teaching in the classroom. There is little measurement of impact of the training nor whether teachers actually teach the new content. All participants felt that incorporating Comprehensive Sexuality Education into the CAPS would mean more than content adaptation. The global Review (UNESCO, 2015) presents emerging evidence and lessons from a study conducted in several African countries that support teachers recommendations that they would need capacity building in areas other than content like developing personal values and attitudes, participatory teacher methodologies and a shift in assessment practices to measure effectiveness of their own teaching. Participants in this study confirmed this finding.

5.3.2.2 Teacher content knowledge upgrade

Teachers understood that teaching Comprehensive Sexuality Education effectively would mean upgrading their understanding of the new content they themselves identified as links and gaps in Section 4.5.2.1. Teachers' own content knowledge upgrade can be addressed at two levels:

- Firstly, at individual teacher level, teachers have disparate understanding of what content is to be taught and may not necessarily have the confidence to teach it. Associated with content development is the building of teacher skill to facilitate participatory learning and to support learning with appropriate, values-driven assessment tasks that would show teacher improved learner performance within the scope of the assessment requirements put forward by policy.
- Secondly, policy development and support strategies support teacher content knowledge upgrade. Teachers teach to policy and are accountable for implementing policy positions in their classrooms. Teachers' best teach that content that makes sense or fits into their own frame of reference. Providing relevant research-based information to teachers so that they engage with the research against their own needs will extend their frame of reference.
- Thirdly, the school context brings imperatives for teachers to consider when teaching the new content for Comprehensive Sexuality Education. Teacher training programmes that

are responsive to the contextual factors of schools and classrooms will support teachers to take an inclusive approach to teaching how behaviour change links to new content and how factors learners bring to the classroom from their home environments can be included in their teaching

5.3.2.3 Teacher values and attitudes

Mkumbo (2012) posits that teachers' attitudes towards Sexuality Education are among the important predictors of their willingness to teach Sexuality Education programmes in schools. The majority of the participants in the study showed a good perception of what Sexuality Education content could possibly be linked with the content in CAPS Life Skills and had a positive attitude to teaching new content. Once participants made links between the health goals and behaviours being targeted by the inclusion of certain Sexuality Education content, they were willing to teach the content. Teachers' attitude was influenced by the fact that any Sexuality Education content being included would be age-appropriate and would consider cultural influences on their teaching. That participants recommended that they would feel supported by materials developed to guide their classroom practice, demonstrated an open attitude to changing their teaching in the classroom. Life Skills subject advisors valued that their support to teachers would be strengthened and directed by materials that showed how Comprehensive Sexuality Education was incorporated into the CAPS ATP for Life Skills.

Subject advisors most valued that the engagement with teachers during their subject meetings and the short in-service courses the department presented to teachers could include a particular focus on Comprehensive Sexuality Education.

5.3.3 Factors limiting inclusions of Comprehensive Sexuality Education

5.3.3.1 Limiting factors internal to the school

Contextual factors exist within the school that act as both enablers and barriers to successful inclusion of Comprehensive Sexuality education content. These were discussed in Chapter 4 Section 4.5.3.1.

Factors related to teaching of Comprehensive Sexuality Education included how planning and timetabling would happen within the CAPS Life Skills ATP (discussed in Section 5.3.1.4), what classroom resources were available, classroom size and how teachers were allocated to teach the subject each year.

Class size is determined by school management and it is a core responsibility of the principal that the norm and standard for teacher: pupil ratio (DBE, 2006) is adhered to within a school. Varying reasons exist why large classes become a factor that impacts on teaching and learning. This study did not set out to investigate the issue in detail and it may be a factor that is taken up in a further study.

Parental participation and responses were raised by most of the participants as a factor both internal and external to the school that could impede on what content is included and on how comfortable teachers will feel about teaching new Comprehensive Sexuality Education in the early grades. The recommendation will be made for parental participation as part of the school community as an external factor below in Section 5.3.3.2.

5.3.2.2 Limiting factors external to the school

UNESCO (2015) posits the importance of parents in communicating about Sexuality Education to very young learners. Learners' values and attitudes are influenced by parental attitudes. The importance of families, as a social construct, becomes important in communities where the concept of family differs from conventional norm of having a nucleus family. T3, T5 and T6 raised the issue of the concept of a family being differently defined as "*in single parent homes*", "*our learners sometimes come from child-headed homes*" and "*homes run by gogo*".

Though this was a significant factor for what attitudes parents may have towards the inclusion of Sexuality Education in the early grades, and although the significance of the parental attitude is noted for consideration, this study was not able to include detail on the nature of parental attitudes.

The socio-cultural and religious values of the community is an important finding and one that is supported by UNESCO (2015) where the centrality of the family and faith-based approaches to dealing with issues related to Sexuality Education, in particular to HIV, is an important consideration.

Local health services have a role in establishing practices with learners and families about basic health services and healthy lifestyles. The provisioning of these services are disparate across communities and may even be completely absent in others.

5.3.4 Support for implementation

5.3.4.1 Psychosocial support

Mkumbo (2010: 149) quotes Hudson (1999) on “most teachers have no problems delivering sexuality education that consists of biological facts, but they find it difficult facilitating topics related to psychological aspects of sexuality education, including discussion about young people’s opinions, hopes, expectation and fears concerning relationships”. Participants in this study raised that dealing with learner behaviours, and the responses from parents and other learners to the introduction and teaching of Comprehensive Sexuality Education, may require that both teachers and learners get psychosocial support. The Screening, Identification, Assessment and Support (SIAS) policy provides a process for psychosocial support to be provided to both teachers and learners. The school-based and district-based support teams are best positioned to offer the support needed. Participants wanted to know that these support teams would also be exposed to the curriculum content so that the nature of support offered

is contextualised within what the curriculum needs. Again issues of age-appropriate and cultural contexts was suggested as being important.

5.3.4.2 Support from School Management

The responsibility of the school management team is to provide support for teaching and learning in various forms:

- Ensuring that teacher utilisation supports teaching and learning. Life Skills teachers are often moved around in the school. In the Foundation Phase teachers teach all subjects and as such are trained and supported to be effective and efficient in teaching early grade learners.
- Providing sufficient and appropriate resources for effective classroom teaching and learning of Comprehensive Sexuality Education content.
- Engaging parents regularly and formally on issues related to or emerging from the inclusion of Comprehensive Sexuality Education within the teaching and learning programme in the early grades. School management deals with parental issues before parents are able to engage with the class teachers. Current processes proposed by the roles and responsibilities of principals, and by extension the School Management Teams (DBE, 2006) mandate that the engagement with parents and the community be done together with the School Governing Body.
- Ensuring that the school context is a healthy, safe environment conducive for teaching and learning of Comprehensive Sexuality Education in the Foundation Phase.

5.3.4.3 District-based support

District-based Life Skills subject advisors are integral to implementing a Comprehensive Sexuality Education programme. The role of monitoring and support for teaching and learning is a core function of district officials. A key standard for district officials supporting curriculum implementation is to ensure that teachers implement against the Annual Teaching Plan and that learner performance against CAPS is monitored and moderated. District officials, together with the grade-specific classroom teachers, propose support for learners who do not meet the assessment requirements. All participants recognised the need for and possibility of working through the district officials to strengthen classroom implementations.

Comprehensive Sexuality Education content integrated into the life Skills CAPS content will mean that only one process for reporting on progress and performance is required. Effective reporting on learner performance against expectations with the ATP is one way of collecting evidence of learner performance within the Comprehensive Sexuality Education content.

5.3.4.4 Resourcing

Resource-based teaching and learning in the Foundation Phase is integral to the way learners in the early grades learn. Kirby (2011) suggested that resourcing the inclusion of Comprehensive Sexuality Education would need to consider the following:

- Classroom resources in the form of learning and teaching support materials (LTSM) are required to support how Comprehensive Sexuality Education will be implemented at classroom level.
- Community resources like basic health facilities and local clinics.
- Access to relevant information and advocating programmes for what Comprehensive Sexuality Education entails and how it can be supported.

An important role for adequate resources in the classroom is to be able to share information with the home environments when learners take them home after a lesson.

5.3.4.5 Parental and community support

Parental attitudes and the immediate school communities' support for Comprehensive Sexuality Education is the first level towards building good public acceptance and support for its inclusion in the curriculum. UNESCO (2015) confirms that in many countries in Eastern and Southern Africa, the majority of adults support the teaching of Comprehensive Sexuality Education. Participants in this study expressed that parents were more likely to support teaching Comprehensive Sexuality to the early grades if the information about what that content was, was made clear to parents and communities. The health goals and behaviours targeted would help communicate the relevance of the content to be taught. Effectively to parents.

5.4. THE EFFICACY OF THE THEORETICAL FRAMEWORK TO THE RESEARCH FINDINGS

The study was theoretically framed against the Behaviour Determinants Intervention Logic Model (BDI). The BDI model strongly emphasises the importance of clearly spelling out the health goals and behaviours being targeted, what the determinants of those behaviours are and then proposing the interventions that will strengthen programmes, as early as in the early grades, aimed at influencing and reducing risk in adolescent behaviours (Kirby, 2004; ITGSE, 2009; UNESCO 2015). The research findings of this study support the efficacy of the BDI model in making conceptual links between the Life Skills CAPS and the ITGSE Comprehensive Sexuality Education concepts in the early grades aligned with the health goals and behaviours spelt out in the DBE Policy (DBE, 2017) and the integrated national plan for HIV, STIs and TB. The BDI facilitates bringing the policy context for influencing early grade learners' closer to praxis in the classroom. Through specified, age-appropriate and contextually relevant content, teaching and learning in the classroom in the early grades can contribute to health-promoting goals for behaviour change later during adolescence. In so doing, early grade learners are put on a trajectory of making healthy decisions about sexuality, relationships and lifestyle that will impact on the decisions they make for their sexual and reproductive health later in their lives.

Furthermore, the importance of what support is needed to effectively teach the integrated content was addressed to include building teacher knowledge and attitudes, providing adequate resources, strengthening the role of school management and influencing the attitudes of parents to the teaching of Comprehensive Sexuality education in the early grades.

Lastly, the research study built the awareness in participants on the possibility within the CAPS Life Skills and the potential of their own role as Life Skills teachers to change learners' behaviour and choices as early as Grades R to 3.

5.5. RESEARCH LIMITATIONS AND RECOMMENDATIONS

5.5.1 Limitations of the study

Although the research study has reached its aims as set out in Chapter 1, a number of limitations surfaced during the study. Qualitative research brings unavoidable limitations. Creswell et al. (2010) postulates that qualitative research has both strengths and weaknesses, and thus some challenges that limit this study were noted. These limitations were dealt with as best as possible. Atieno (2009) posits that the main disadvantage of qualitative methods of research and data analysis is that findings cannot be extrapolated to wider populations.

Firstly, the study was conducted in five schools in two districts in the Gauteng province, which is a small number in a system of nearly 26 700 schools. Provincial dynamics for Gauteng differ vastly from other provinces. For this reason the findings cannot be generalised to a wider population, but can be inferred as part of a specific context. Further study could have research conducted with a broader participation group.

Secondly, as with any social and phenomenological study, the research findings relied heavily on the human experience. Although ten different cases were studied, the participants all had the same teaching circumstances. To create a comprehensive understanding of what early grade teachers know and feel about including Comprehensive Sexuality Education into their teaching of Life Skills, it is recommended that further investigations be undertaken with participants from differing contexts.

Thirdly, the timeframe proposed was the first and second school terms. Delays in getting permission for teachers in this time delayed the study to the end of the second term. Although the study proposed using focus group discussions, conducting the study in June during the examination period meant that semi-structured interviews were conducted with individual participants.

The practical engagement with participants on the process proposed by the BDI model to link health goals, behaviours and content proved invaluable for demonstrating to teachers the logic behind the model and for gathering practical evidence of how participants follow the logic process. The value of such a process lies in bringing the district subject advisor together with the teachers in that district to propose a common set of factors for the district. Further study could consider a wider process where more schools in a district are included in such a study.

Transferability of the findings is possible given that all schools will include Comprehensive Sexuality Education into the Life Skills in the early grades if the policy position is changed to do that. The limitation of the findings not being generalised would mean that an extended study needs to be taken before there is a more general implementation of the recommendations in this study in all South African schools. Cohen et al. (2007) posits that the aim of research is to provide a comprehensive description of the specific cases being studied. This study allowed the researcher to gather findings in a specific context on a specific phenomenon, and although findings are transferable to other contexts, generalisation was never the aim of the study. For system-wide implementation of the recommendations in this study would need a wider research study.

Lastly, establishing what Life Skills teachers know and understand about Comprehensive Sexuality Education in relation to what they already teach in the CAPS ATP is the most significant determinant of whether teachers will teach the new content. The need for appropriate, ongoing teacher development and support is needed to strengthen how Comprehensive Sexuality Education will be incorporated into the Life Skills CAPS in the early grades. Teacher development policy and programmes are a vast area of research and is not covered fully in this study. Further research is needed to establish the efficacy of the findings on teacher development and support.

5.5.2 Recommendations

With reference to the study's research findings, the following recommendations can be made for how to strengthen the incorporation of Comprehensive Sexuality Education in the curriculum in the early grades.

5.5.2.1 Recommendations for building teacher knowledge

The BDI model allows for the policy context to be seen as relevant and as influencing practice in the classrooms by linking policy goals with teaching plans and programmes in the classroom. The logic of the BDI model facilitates an educational response, which includes the teaching and learning of appropriate content, to the health goals set in health-promoting policies towards creating safe, healthy learning environments in schools.

Health goals and the targeted behaviour change that will see an impact on healthy sexual and reproductive choices in learners later in their lives can be an important inclusion in an early grade intervention promoting Comprehensive Sexuality Education within the Foundation Phase curriculum. Through finding conceptual links between grade-specific content within Life Skills CAPS and the concepts detailed for effective Sexuality Education programmes in the ITGSE, teachers are provided with a clear indication of what knowledge is to be taught and what teachers themselves need to know to teach effectively. Addressing the gaps that exist in the CAPS provides additional understanding on what content is to be included in the life Skills curriculum in the early grades.

Core messaging about healthy sexual and reproductive choices and lifestyle is an important feature of a Sexuality Education programme as well as advocating policy goals and guiding learning activities to promote a focus on Comprehensive Sexuality Education within early grade teaching and learning.

5.5.2.2 Recommendations for inclusion of Comprehensive Sexuality Education content into Life Skills CAPS

In the Foundations Phase the emphasis is on building positive self-image like caring for oneself physically and emotionally, on building self confidence and self-esteem, and giving

opportunities to make decisions confidently about a range of issues (CAPS, 2011). With the inclusion of Comprehensive Sexuality Education content into the Life Skills CAPS in the early grades, there is a greater chance of improving the knowledge of learners about healthy sexual development, changing their attitudes and choices about their own sexual and reproductive lives in their later lives and for impacting on their sexual behaviours when they are ready for sexual relationships.

The selection of what content is to be included into the Life Skills CAPS should be linked directly with what the health goals are and what the targeted behaviours are so that the relevance of the activities presented in the ATP are seen by both learners and teachers as contributing towards behaviour change and building self-efficacy.

CAPS focuses on developing the learners holistically and the subject knowledge domains are spelt out in such a way that subject knowledge can be integrated. Comprehensive Sexuality Education content, although mapped into Life Skills, should be taught in an integrated fashion across subjects from Grade 1 to 3. Learning activities can be developed and included within the ATP to show conceptual progression of new concepts so that learning remains age-appropriate.

To facilitate teaching and to build the confidence of teachers to teach what may be perceived as difficult content to teach, scripted lesson plans (SLPs) can be developed and provided to teachers in the Foundation Phase. Scripting what teachers must teach ensures that content is aligned to CAPS, that assessment tasks are relevant and focused on measuring learner performance and that teachers have the relevant resources to teach the Comprehensive Sexuality Education content. Scripting for learners allows for appropriate learning styles for the Sexuality Education content to be selected, learning activities can model the like of peer learning promoted for talking about behaviour change and could include materials that learners could share within their home environments. Implicitly, parental knowledge and support can be developed to support teaching and learning in the classroom.

5.5.2.3 Recommendations for teacher development and training

Initial teacher training (IPTD) curricula at Higher Education Institutes would need to include new Comprehensive Sexuality Education content into their initial teacher training programmes. Given that Life Skills in the early grades and Life Orientation in Grades 4 to 12 are compulsory subjects, teacher training course modules would need to include Comprehensive Sexuality Education as a mandatory module and includes appropriate assessment practices, participatory teaching methodologies and skills for developing classroom-based resource materials.

The inclusion of the policy context is important for teachers and provide national mandates and guidelines as well as the implementation plans for schools to adhere to. Teachers will benefit from understanding how policy is translated into practice in the classroom and how policy then impacts in a real way on learner performance.

Continued professional teacher development offer an opportunity to upgrade teacher content knowledge and skills to support teaching Comprehensive Sexuality Education within the Life Skills CAPS.

Training programmes, either short in-service training or initial professional teacher development programmes offered as part a teacher qualification need to include a component of building teachers' values and attitudes to teaching Sexuality education constructs within the curriculum.

5.5.2.4 Recommendations for teacher content knowledge upgrade

Teacher development interventions, be it in-service support training conducted at district and school level or formal upgrade training programme accessed by teachers through a part qualification at an HEI, course would need to shift teachers from what they know and can teach to what the curriculum content will need to be taught effectively.

Currently departmental content upgrade courses are standardised programmes decided on by the needs of the curriculum. The curriculum's needs do not necessarily match the needs of the teachers' own knowledge. Measuring what that shift needs to be can only be established by a pre-test assessment of teacher content knowledge. The pre-test will establish what programme and what "dosage" of training the teacher needs. Especially in the context of building positive values and attitudes, teacher training course modules will need a specific focus on providing teachers with tools that promote self-reflection and praxis for building values and attitudes.

Ongoing research-based content-based training with the aim of promoting an inclusive approach to teaching Comprehensive Sexuality Education is required so that curriculum policy makers and materials developer will provide support for teaching content.

There is a further recommendation that current district engagement with teachers would benefit from training teachers in and on their own school context and on the social context prevalent in that district.

5.5.2.5 Recommendations for support for implementing a Comprehensive Sexuality Education programme

The nature of support and the various role-players both within and external to the schools has been discussed in Section 5.4.3. The following recommendations are made based on the nature of support identified to support the incorporation of Comprehensive Sexuality Education with the Life Skills CAPs in the early grades:

- Psychosocial support for teachers and learners can be strengthened by strengthening the relationships and process of consultation with the district-based support teams.
- School Management has a crucial role in advocating for and managing the process of engaging with parents on the nature and scope of the Comprehensive Sexuality education programme within the Life Skills CAPS. Formal engagement sessions and continuous communication with parents will support the implementation of Comprehensive Sexuality Education in the classroom.

- District support plans for curriculum implementation will monitor and suggest what support is needed at the level of the teacher and classroom. Evidence from the monitoring process will provide data on how teaching and learning can be strengthened. District support plans will be specific to the school context and teaching and learning needs, which allows for a break away from the “one size fits all” approach to supporting curriculum implementation at school-level.
- A strong advocacy campaign for parents providing the rationale for and nature of Comprehensive Sexuality Education content is to be included in the strategy for including Comprehensive Sexuality Education in the early grade CAPS.

5.6. SUMMARY

Chapter 5 presented an interpretation of the key research findings with reference to the BDI model as the theoretical framework used in the study. The emerging themes and sub-themes gave a more organised presentation of the interpretation and were discussed in detail. The data analysis, corroborated by participants’ responses and experiences documented in Chapter 4 was used to formulate key recommendations for the strengthening of Comprehensive Sexuality Education within the curriculum in the early grades.

5.7. CONCLUDING REMARK

The purpose of the study was to investigate how the incorporation of Comprehensive Sexuality Education could be strengthened in the curriculum in the early grades. By means of an in-depth literature review on what Comprehensive Sexuality Education conceptual knowledge was relevant for inclusion within the Life Skills CAPS, the researcher identified what possible linkages and gaps were in the Life Skills CAPS and what support would be required to teach effectively in the early grades. The study identified the importance of teacher knowledge about policy context, teacher conceptual knowledge, the role of school context, as well as building of positive teacher attitudes through ongoing, appropriate teacher development to support the incorporation of Comprehensive Sexuality Education into the CAPS Life Skills in the early grades.

Although the research findings of this study cannot be generalised, the study supports the efficacy of including age-appropriate, considered Comprehensive Sexuality Education in the early grades. This is also supported by literature.

6. LIST OF REFERENCES

- AIDS Foundation of South Africa. 2017. Available from <http://www.aids.org.za/hivaids-in-south-africa>
- Ahmed, N, Flisher, A, Mathews, C, Jansen, S, & Mukoma, W., 2009. HIV education in South African schools: The dilemma and conflicts of educators. *Scandinavian Journal of Public Health*, 2009; 37(2): pp.48–54.
- Auriacombe, C.J., 2011. *Role of Theories of Change and Programme Logic Models in Policy Evaluation*. Department of Public Governance University of Johannesburg.
- Ball D.L, Thames M.H, & Phelps G., 2008. Content Knowledge for Teaching What Makes It Special? *Journal of Teacher Education*. 59(5), pp.389-407
- Beyers, C. 2013. Sexuality educators: taking a stand by participating in research. *South African Journal of Education*, 33(4) pp.1-14.
- Bhana, D., Morrell, R., Epstein, D., & Moletsane, R., 2006. The hidden work of caring: teachers and the maturing AIDS epidemic in diverse secondary schools in Durban. *Journal of Education*, 38, pp.5-23.
- Bogdan, R.C. & Biklen, S.K., 2003. *Qualitative research for education. An introduction to theories and methods*. Boston: Pearson Education Group Inc
- Brick. P., 1985. Sexuality education in elementary school. *SIECUS. Rep* 13(3) 1-4.
- Brundrett, M., & Rhodes, C., 2013. *Theories of educational research*. Sage Publications Ltd, pp.12-23.
- Bull, S., Nabembezi, D., Birungi, R., Kiwanuka, J., & Ybarra, M.M., 2010 Cyber-Senga: Ugandan youth preference for content in an internet-delivered comprehensive sexuality education programme. *East African Journal of Public Health* 7(1): 60 – 66.
- Cohen, L, Manion, L. & Morrison, K., 2007. *Research methods in education*. 6th Ed. Madison Avenue, New York: Routledge.

- Constitution of the Republic of South Africa. 1996. (Act 108 of 1996). South African Government. Pretoria.
- Copple, C. & Bredekamp, S., 2009. *Developmentally Appropriate Practice*, 3rd Ed. NAEYC, Washington, DC.
- Creswell, J. W., 2008a. *Educational Research: Conducting, and evaluating quantitative and qualitative research*. 3rd ed. Upper Saddle River, New Jersey: Pearson Prentice Hall.
- Creswell, J. W., 2008b. *Educational Research: Conducting, and evaluating quantitative and qualitative research*. 3rd ed. Upper Saddle River, New Jersey: Pearson Prentice Hall
- Creswell, J.W., 2009. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. United States of America: SAGE Publications.
- Creswell, J. W., 2012. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. California: SAGE Publications. Available at: <http://nategabriel.com/egblog/wp-content/uploads/2018/01/creswell2.pdf>. Accessed 16 November 2018
- Crotty, M. 1998. The Foundations of social research: Meaning and perspective in the research process. In M. Crotty, *The Foundations of social research: Meaning and perspective in the research process* (p. 3). St Leonards: SAGE Publications Allen and Unwin.
- Crow, G & Wiles, R., 2008. Managing anonymity and confidentiality in social research: the case of visual data in Community research. ESRC National Centre for Research Methods, NCRM Working Paper Series. Available at <https://www.tandfonline.com/doi/abs/10.1080/13645570050083670>. Accessed October 2018.
- Dauids B., 2009. The Teacher Development Summit. *The new negotiator*. 3(1) 1-15.
- Denzin, & Lincoln, 2005. *The SAGE Handbook of Qualitative Research*. London Sage
- Department of Social Development (DSD), 2015. National adolescent sexual and reproductive health and rights framework strategy 2014 – 2019. Available at <https://www.health-e.org.za/2015/11/19/strategy-national-adolescent-sexual-and-reproductive-health-rights-framework-2014-2019/>

- Department of Education (DBE). 2002. The Revised National Curriculum Statement Grades R to 9 (Schools) Overview. Pretoria. Government Printers
- Department of Basic Education (DBE). 2006. Standards for Principalship. Pretoria. Government Printers.
- Department of Basic Education (DBE). 2011a. Curriculum and Assessment Policy Statement: Life Skills Foundation Phase, Pretoria, Government Printers.
- Department of Basic Education (DBE). 2011b. Integrated Strategic Planning framework for Teacher Education and Development in South Africa 2011-2025. Pretoria. Government Printers.
- Department of Basic Education (DBE). 2013. *Policy on the Organisation, Roles and Responsibilities of Education Districts*. Available from <http://www.education.gov.za>
- Department of Basic Education (DBE). 2013. Draft report: HIV and AIDS and Sexuality Education within South African secondary schools: a focus on the implementation of the Life Orientation programme. Pretoria. Government Printers.
- Department of Basic Education (DBE). 2014. Policy for Screening, Identification, Assessment and Support. Pretoria. Government Printers.
- Department of Basic Education (DBE). 2015a. Progress Report on the HIV Aids Scripted Lesson Plan.
- Department of Basic Education (DBE). 2015b. Education Statistics in South Africa 2013. Pretoria. Government printers.
- Department of Basic Education (DBE). 2016. The organisation, roles and responsibilities of education district. Pretoria. Government Printers.
- Department of Basic Education (DBE). 2017. DBE National Policy on HIV, STIs and for learners, educators, school support staff and officials. Pretoria. Government Printers.
- Department of Education and Early Childhood Development. State Government Victoria, 2011. *Catching on Early. Sexuality Education for Victorian Primary Schools*. Victoria.
- De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L., 2002. *Research at grass roots* (2nd ed.). Pretoria: Van Schaik Publishers.
- Di Fabio, A. & Maree, J.G. 2012. Ensuring quality in scholarly writing. *Complete your thesis or dissertation successfully: Practical guidelines*, pp.136-144. Education Development

Center. No date. South Africa School-Based Sexuality and HIV Prevention Education Activity. Retrieved

Eisenberg, M. E., 2011. Policies, principals and parents: multilevel challenges and supports in teaching sexuality education. *Sex Education* 12(3) pp.317-329

European Expert Group on Sexuality Education. 2016. Sexuality education – what is it? *Sex Education*, 16(4), pp.427-431. Published by Taylor & Francis.

Evans L., 2002. What is teacher development? *Oxford Review of Education*. 28(1) pp.123-136

Express News, July 11, 2017. Sexting warning – Boy, 5, among 400 primary school children investigated. Available from <https://www.express.co.uk>.

Ferreira, R., 2012. Writing a research proposal. In J. G. Maree (Ed.) *Complete your thesis or dissertation successfully: Practical guidelines* (pp. 29-39). Cape Town: Juta and Company.

Fontana, A., & Frey, J. H., 2000. The interview: From structured questions to negotiated text. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 645-672). Thousand Oaks, CA: Sage.

Francis, D., 2010. Sexuality Education in South Africa: Three essential questions. *International Journal of Educational Development*, 30(3), pp.314-319

Francis, D. A., 2011. Sexuality education in South Africa: Wedged within a triad of contradictory values. *Journal of Psychology in Africa*, 21(2), 317-322.

Francis, D. A., 2012. Teacher positioning on the teaching of sexual diversity in South African schools. *Culture, Health & Sexuality*, 14(6), 597-611.

Francis, D. A., 2012. Teacher Narratives on the teaching of sexuality and HIV/AIDS Education. *Comunitas*. 17: 45-59

Glover, J and Macleod, C., 2016. Rolling out comprehensive sexuality education in South Africa: an overview of research conducted on Life Orientation sexuality education. *Unpublished policy brief document, Critical Studies in Sexualities and Reproduction. Rhodes University, Grahamstown*

- Grangeat M., 2007. Factors influencing teachers' professional competence development. *Journal of Vocational Education & Training* 59(4): 485-501.
- Grant, C and Osanloo, A., 2014. Understanding, Selecting, and Integrating a Theoretical Framework in Dissertation Research: Creating the Blue-Print for Your House. *Administrative Journal Connecting Education, Practice and Research*, 4(2), 12 – 26.
- Guba, E. G., & Lincoln, Y. S., 1994. Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, CA: Sage.
- Guest, G, Namey, E, Taylor, J, Eley, N & McKenna, K., 2017. Comparing focus groups and individual interviews: findings from a randomized study, *International Journal of Social Research Methodology*, 20(6), pp.693-708, DOI: [10.1080/13645579.2017.1281601](https://doi.org/10.1080/13645579.2017.1281601)
- Haberland, N.A., 2015. The case for addressing gender and power in Sexuality and HIV Education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*, 41(1): 31-42.
- Hamilton, L., Menter, I., Deuchar, R., Welsh, A. and Kirkwood, J., 2010. Impact through Collaboration in Educational Research, Meeting Report, 26 February, Edinburgh: Scottish Educational Research Association, Available from www.sfre.ac.uk/resources/scotland (accessed on 27.07.2013).
- Hargreaves, A. & Fink, D., 2006. *Sustainable Leadership*. San Francisco: John Wiley & Sons.
- Harrel M.C. & Bradley M.A.. Data Collection Methods Semi-Structured Interviews and Focus Groups. RAND National Defense Research Institute. Available from https://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR718.pdf. Accessed March 2018.
- Harris, A., James, S., Gunraj, J. Clarke, P., Harris, B. & James S., 2006. *Improving Schools in Exceptionally Challenging Circumstances*. London: Continuum International Publishing Group.
- Hatch, T., 2009. *Managing to Change*. New York: Teachers College Press.

- HEAIDS, 2010. HIV and AIDS in Teacher Education. Evaluation Report of a Pilot Project in South African Higher Education Institutions. Pretoria. Higher Education South Africa.
- HEAIDS, 2014. HIV and AIDS related knowledge, attitudes and behaviours of students and staff at South African Technical and Vocational Education and Training colleges in South Africa, 2014. Pretoria. Higher Education South Africa
- Helleve, A., Flisher, A. J., Onya, H., Kaaya, S., Mukoma, W., Swai, C., & Klepp, K.-I., 2009a. Teachers' confidence in teaching HIV/AIDS and sexuality in South African and Tanzanian schools. *Scandinavian Journal of Public Health*, 37(2), pp.55–64.
- Helleve, A., Flisher, A. J., Onya, H., Kaaya, S., Mukoma, W., Swai, C., & Klepp, K.-I., 2009b. South African teachers' reflections on the impact of culture on their teaching of sexuality and HIV/AIDS. *Culture, Health & Sexuality* 11: pp.189 – 204.
- Henning, E., Van Rensburg, W., & Smit, B., 2004. *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Hughes, C. n.d. What is Qualitative Research: An introduction. Thesis University of Warwick. Available from <http://www.aids.org.za/hivaids-in-south-africa>. Jewkes, R., 2009. Growing up sexual in the age of HIV & AIDS. In: C. Mitchell and K. Pithouse, eds. *Teaching and HIV & AIDS in the South African Classroom*. Johannesburg: Macmillan South Africa, pp.147–158.
- Mkumbo, K., 2012. Teachers' Attitudes towards and Comfort about Teaching School-Based Sexuality Education in Urban and Rural Tanzania. *Global journal of health science*. 4, pp.149-58.
- Kelly, A.V., 1999. *The curriculum: theory and practice (4th Ed.)*. London, UK: Paul Chapman Publishing Ltd.
- Kirby, D., 2001. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Kirby D., 2007. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

- Kirby, D., 2011a. Sex Education: Access and Impact on Sexual Behaviour of Young People. United Nations Expert Group Meeting on Adolescents, Youth and Development. *New York: Department of Economic and Social Affairs, United Nations Secretariat*
- Kirby D. 2011b. A way Forward: Recommendations to the South Africa DBE to design and implement an effective HIV Education curriculum that reduces sexual risk for HIV. *Scotts Valley, CA: ETR Associates.*
- Krieger N. 2016. Sexual abuse of children and adolescent in South Africa. *Optimus Study South Africa. Zurich. Optimus Foundation*
- Kurtuncu M, Akhan KU, Tani IM & Yildiz H., 2015. The sexual development and education of Preschool children: Knowledge and opinions from doctors and nurses. *Sex Disability. 33(2): 207-221*
- Lannen P., 2016. Optimus Study South Africa: Technical Report Sexual victimisation of children in South Africa Final report of the Optimus Foundation Study: South Africa. *Optimus Foundation. Zurich. Switzerland.*
- Louw D., 2014. Child and Adolescent Development. Van Schaik. Psychology Publications.
- Mack, L. (2010). The philosophical underpinnings of educational research. Available from https://secure.apu.ac.jp/rcaps/uploads/fckeditor/publications/polyglossia/Polyglossia_V19_Lindsay.pdf
- Maponya, S.H. 2015. The role of the principal as instructional leader in improving learner achievement in South African primary schools. (Doctoral Thesis. Unisa)
- Maree, K., 2007. *First steps in research.* Hatfield, Pretoria: Van Schaik Publishers.
- Maree, K., 2014. *First steps in research.* Pretoria: Van Schaik.
- Maree, K.,(2015). *Completing your thesis and disseration: A practical guide.* Pretoria: Van Schaik.
- Marvasti, A.B. 2004. *Qualitative research in sociology.* Bonhill Street, London: SAGE Publications Ltd.
- Mbanaga, N., 2004. Cultural clashes in reproductive health information in schools. *Health Education 104(3), pp.152-162*

- Mbelle N, Setswe G, Sifunda S, Mabaso M, Maduna V., 2014. HIV and AIDS related knowledge, attitudes and behaviours of students and staff at South Africa's technical and vocational education and training colleges, 2014. Pretoria: HEAIDS
- McMillan, J. H. & Schumacher, S., 2010. *Research in education: Evidence-based inquiry*. 7th Ed. Upper Saddle River, New Jersey: Pearson Education, Inc.
- Media in Education Trust (MiET), 2015. Care and Support for Teaching and Learning: From Policy to Practice. MiET Africa.
- Merriam, S.B., 2001 *Qualitative Research and Case Study Applications in Education*. Jossey-Bass Publishers, San Francisco.
- Mills, A. J., Durepos, G. & Wiebe, E. 2010. *Encyclopedia of case study research*. Thousand Oaks, California: SAGE Publications, Inc.
- Mouton, J., 2001. *How to succeed in your master's and doctoral studies. A South African guide and resource book*. Pretoria: Van Schaik.
- Nieuwenhuis, J., 2007a. Qualitative research designs and data gathering techniques. First Steps in Research. Available from https://www.researchgate.net/publication/313518167_Qualitative_research_designs_and_data_gathering_techniques Accessed June 2018.
- Nieuwenhuis, J., 2007b. Analysing qualitative data. In J. G. Maree (Ed), *First steps in research* (pp. 99-122). Pretoria: Van Schaik Publishers.
- Nieuwenhuis, J., 2007c. Introducing qualitative research. In J. G. Maree (Ed), *First steps in research* (pp. 46-68). Pretoria: Van Schaik Publishers.
- Nieuwenhuis, J., 2013. Qualitative research designs and data gathering techniques. In First steps in research: 69–97, Maree, K. (Ed.). Pretoria: Van Schaik Publishers.
- Pansiri, N. O., 2008. Instructional Leadership for Quality Learning: An Assessment of the Impact of the Primary School Management Development Project in Botswana. *Educational Management Administration & Leadership*, 36(4), pp.471 - 494.

- Parker R, Willings K & Lazarus J.V., 2009. Sexuality education in Europe: an overview of current policies. *Sexuality Education Journal. Sexuality, Society and Learning* 9(3), 2009 - Issue 3 Pages 227-242
- Reddy V, Sandfort T & Rispel L. (Eds.,) 2009. From social silence to social science: Same-sex sexuality, HIV & AIDS and gender in South Africa: Conference proceedings. Cape Town: HSRC Press.
- Reddy, S.P., James, S, Sewpaul, R, Sifunda, S, Ellahebokus, A, Kambaran, N.S., Omardien, R.G., 2013. Umthente Uhlaba Usamila – *The 3rd South African National Youth Risk Behaviour Survey 2011*. Cape Town, South Africa: South African Medical Research Council.
- Robinson K.H., Davies C., 2017. Sexuality Education in Early Childhood. In: Allen L., Rasmussen M. (eds) *The Palgrave Handbook of Sexuality Education*. Palgrave Macmillan, London
- Rooth, E., 2005. *An investigation of the status and practice of Life Orientation in South African schools in two provinces*. (Doctoral dissertation, University of the Western Cape).
- Ruiz-Casares, M; Tara, M; Collins E; Tisdall K. M.; Grover S., 2017. Children's rights to participation and protection in international development and humanitarian interventions: nurturing a dialogue. *International Journal of Human Rights*. 21 pp.1-13
- Rutgers. 2018. What is comprehensive sexuality education? Utrecht. The Netherlands. Available from <https://www.rutgers.international/what-we-do/comprehensive-sexuality-education/what-comprehensive-sexuality-education>. Accessed September 2018.
- Saldana, J., 2009. *The coding manual for qualitative researchers*. Oliver's Yard, London: SAGE Publication Ltd.
- Sanelli A., 2018. *The importance of Policies and Procedures. A case study of an investigation and the policy and procedure shortcomings it revealed*. Convercent. Denver.
- Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-van Wyk V, Mbelle. N, Van Zyl J, Parker W, Zungu NP, Pezi S and the SABSSM III Implementation Team., 2009. South

African National HIV Prevalence, Incidence and Communication Survey 2008: a turning tide among teenagers? Cape Town: HSRC Press.

Shozi, J., 2014. *The role of subject advisors in supporting instructional leadership practices in schools: The case of one education district in KwaZulu-Natal*. Publish dissertation. University of KwaZulu-Natal. South Africa

Tanton, C.K.G. Jones, W. Macdowell, S. Clifton , K.R. Mitchell, J. Datta, R. Lewis et al. 2015. "Patterns and Trends in Sources of Information about Sex among Young People in Britain: Evidence from Three National Surveys of Sexual Attitudes and Lifestyles." <http://bmjopen.bmj.com/content/5/3/e007834.full>

Thaver L & Leao A., 2010. HIV/AIDS in-service training for teachers makes a difference in student HIV/AIDS-related knowledge and attitudes. 2010. *Canadian Journal of Human Sexuality*, 3(3), pp.227-235.

Thaver L and Leao A, 2012. Sexual and HIV/AIDS Education in South African Secondary schools. <https://pdfs.semanticscholar.org/4165/099835d613f0c0e887f4afe70ba5724dab93.pdf>. Accessed July 2018

UNAIDS, 2008. Report on the Global AIDS Epidemic. Switzerland. UNAIDS. Retrieved from http://www.unaids.org/sites/default/files/media_asset/jc1510_2008globalreport_en_0.pdf

UNESCO. 2009. International Technical Guidance on Sexuality Education – An Evidence-informed Approach for Schools, Teachers and Health Educators. Paris: UNESCO.

UNESCO, 2015a. Comprehensive Sexuality Education in teacher training in Eastern and Southern Africa. Paris.

UNESCO, 2015b Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education. A Global Review. Paris: UNESCO

UNFPA. 2010. Comprehensive Sexuality Education: Advancing Human Rights, Gender Equality and Improved Sexual and Reproductive Health. A Report on an International Consultation to Review Current Evidence and Experience. New York, NY: UNFPA

- UNFPA. 2015. Incorporating Comprehensive Sexuality Education within Basic and Higher Institutions of Learning in KwaZulu-Natal. <http://www.unfpa.org/comprehensive-sexuality-education>. Retrieved August 2017.
- Van Oost P; Csincsak M; De Bourdeaudhuij I., 1994. Principals' and Teachers' Views of Sexuality Education in Flanders. *Journal of School Health*. 63(3): 105-109
- Vanwesenbeeck, I, Westeneng, J, de Boer, T, Reinders, J & van Zorge, R., 2016. Lessons learned from a decade implementing Comprehensive Sexuality Education in resource poor settings: *TheWorldStartsWithMe, Sex Education*, 16:5, 471-486. Available from <https://doi.org/10.1080/14681811.2015.1111203> Accessed September 2018.
- Väyrynen, S., 2004. Observations from South African Classrooms: Some inclusive strategies: Pretoria. Department of Education SCOPE Project Report.
- Vogel, I. 2012. Review of the use of 'Theory of Change' in international development Review Report. United Kingdom. Department for International Development (DFID).
- Wilson, M. 2013. Quality educational research outputs and significance of impact: enduring dilemma or stimulus to learning transformations between multiple communities of practice? Available at [www. http://hpp.education.leeds.ac.uk/wp-content/uploads/sites/131/2014/03/HPP2013-1Michael_W.pdf](http://hpp.education.leeds.ac.uk/wp-content/uploads/sites/131/2014/03/HPP2013-1Michael_W.pdf) . Accessed 22 September 2018
- World Health Organisation (WHO), 2011. WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes among Adolescents in Developing Countries. Geneva: World Health Organisation.
- World Health Organisation (WHO). Regional Office for Europe and BZgA. 2010. Standards for Sexuality Education in Europe: A Framework for Policy Makers, Education and Health Authorities and Specialists. Köln: BZgA.
- World Health Organisation. 2013. 16 ideas for addressing violence against women in the context of HIV epidemic: a programming tool. Geneva: World Health Organisation
- Wood L. 2013. Desktop review for the development of Scripted Lesson Plans in support of the CAPS grades 7-9 for the Department of Basic Education, South Africa.

- Wood, L., & Rolleri, L. A, 2014. "Designing an Effective Sexuality Education Curriculum for Schools: Lessons Gleaned from the South(ern) African Literature." *Sex Education* 14 (5): 525–542.
- Valentine, J.W & Prater, M. 2011. Instructional, transformational and managerial leadership and student achievement: High school principals make a difference. *NASSP Bulletin*, 95(1):5-30.
- Väyrynen, S. 2004. Observations from South African Classrooms: Some inclusive strategies: Pretoria. Department of Education SCOPE Project Report
- Visser, M.J., 2005. Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large scale implementation process. *Journal of Social Aspects of HIV/AIDS*, 2(1), pp.203-216.
- Venketsamy, R. 2016. Comprehensive Sexuality Education: Black teacher's experience in South African public schools. Unpublished article. University of Pretoria. Pretoria
- Walker, J. and Milton, J. (2006) Teachers' and parents' roles in the sexuality education of primary school children: a comparison of experiences in Leeds, UK and in Sydney, Australia. *Sex Education*, 6(4): 415-428.
- Weaver H, Smith G & Kippox S., 2007. School-based sex education policies and indicators of sexual health among young people: a comparison of the Netherlands, France, Australia and the United States. *Sex Education. Sexuality, Society and Learning*. 5(2) pp.171-188.
- Zepeda, S., 2013. Instructional leadership for school improvement. New York: Eye on Education Press.

APPENDIX A



Faculty of Education

Ethics Committee

1 February 2018

Ms Jennifer Kinnear

Dear Ms Kinnear

REFERENCE: EC 17/11/01

This letter serves to confirm that your application was carefully considered by the Faculty of Education Ethics Committee. The final decision of the Ethics Committee is that your application has been **approved** and you may now start with your data collection. The decision covers the entire research process and not only the days that data will be collected. The approval is valid for two years for a Masters and three for Doctorate.

The approval by the Ethics Committee is subject to the following conditions being met:

1. The research will be conducted as stipulated on the application form submitted to the Ethics Committee with the supporting documents.
2. Proof of how you adhered to the Department of Basic Education (DBE) policy for research must be submitted.
3. In the event that the research protocol changed for whatever reason the Ethics Committee must be notified thereof by submitting an amendment to the application (Section E), together with all the supporting documentation that will be used for data collection namely; questionnaires, interview schedules and observation schedules, for further approval before data can be collected. **Non-compliance implies that the Committee's approval is null and void.** The changes may include the following but are not limited to:
 - Change of investigator,
 - Research methods any other aspect therefore and,
 - Participants
 - Sites

The Ethics Committee of the Faculty of Education does not accept any liability for research misconduct, of whatsoever nature, committed by the researcher(s) in the implementation of the approved protocol.

Upon completion of your research you will need to submit the following documentations to the Ethics Committee for your Clearance Certificate:

- Integrated Declaration Form (Form D08),
- Initial Ethics Approval letter and,
- Approval of Title.

Please quote the reference number **EC 17/11/01** in any communication with the Ethics Committee.

Best wishes



Prof Liesel Ebersöhn
Chair: Ethics Committee
Faculty of Education

APPENDIX B

Educator letter of consent



Strengthening Comprehensive Sexuality Education (CSE) in the curriculum in the Foundation Phase

Dear Educator

My name is Jenny Kinnear and I am a Masters student at the University of Pretoria. The research I wish to conduct for my Master's thesis with the title: *Strengthening CSE in the curriculum in the Foundation Phase* involves investigating how sexuality education content and concepts can be taught and assessed within the Life Skills CAPS in the early grades.

This project will be conducted under the supervision of Professor Dr Roy Venketsamy and Prof. Miemsie Steyn, Department of Early Childhood Education, University of Pretoria.

You are kindly invited to participate in the data collection phase of this study by taking part in a focused group interview. The interview will include other Life Skills Foundation Phase educators at your school. The interview will be scheduled according to your availability and will take place at a venue convenient for you. The focus group interview should not take longer than 30-45 minutes.

Your participation in this study is completely voluntary. All discussions in the group will be kept confidential. Furthermore, it is your right to withdraw at any point during the research study without any consequences or explanations. You can be assured that your decision will be respected. Confidentiality and anonymity will be guaranteed at all times by assigning numbers

to the participants during the transcription phase. No participant names or personal information will be reported in my findings.

If you are willing to participate in this research study you will be asked for consent by the researcher to make audio recordings of the focus group interview (to make transcription of data easier and more accurate). The recording will be securely stored. Only my supervisor and I will have access to the audio recordings. All data will only be used for academic purposes.

You may ask questions before or during the time of participation. If you have any concerns regarding the data collection procedures, please notify me or my supervisor. You as the participant will have the opportunity to verify the expressed views and the transcriptions of interviews made by me if so requested.

Please sign to indicate full comprehension of the nature, purpose and procedures of the research and to give your consent to participate.

Kind regards

Jenny Kinnear

E-mail address: jaydeekay187@gmail.com

Contact number: 082 359 2232

Supervisor: Dr. R. Venketsamy

E-mail address: roy.venketsamy@up.ac.za

APPENDIX C



PERMISSION FOR RESEARCH

I, _____, hereby give permission to Jenny Kinnear to include me as a participant in her research on *Strengthening Comprehensive Sexuality Education (CSE) in the curriculum in the Foundation Phase*.

Signature: _____

Date: _____

APPENDIX C

Principal letter of consent



Dear Principal

My name is Jenny Kinnear and I am a Masters student at the University of Pretoria. The research I wish to conduct for my Master's thesis with the title: *Strengthening CSE in the curriculum in the Foundation Phase* involves investigating how sexuality education content and concepts can be taught and assessed within the Life Skills CAPS in the early grades.

This project will be conducted under the supervision of Professor Dr Roy Venketsamy and Prof Miemsie Steyn, Department of Early Childhood Education, University of Pretoria.

You are kindly requested to allow the selected Foundation Phase Life Skills educators at your school to participate in the research study. The educators will be invited to participate in the data collection phase of this study by taking part in a focus group interview. The interview will be scheduled according to their availability and will take place at a venue convenient for all participants, preferably at the school. The focus group interview should not take longer than 30-45 minutes. The participation of all educators in this study is completely voluntary and confidential.

The process requires that the Gauteng Department of Education (GDE) give permission to conduct the research study in a selected number of schools. Attached find a letter from the GDE granting their permission to conduct a focus group interview with the educators.

The University of Pretoria will remain custodians of all research findings. The University also

needs to keep on record that all protocols in attaining this permission was followed. To this end, please sign the attached request that you are aware of and support, together with the GDE, that the selected educators at your school participate in the research study.

Kind regards

Jenny Kinnear

E-mail address: jaydeekay187@gmail.com

Contact number: 082 359 2232

Supervisor: Dr. R. Venketsamy

E-mail address: roy.venketsamy@up.ac.za

APPENDIX D



PERMISSION FOR RESEARCH

I, _____, hereby give permission to Jenny Kinnear to include selected Foundation Phase Life Skills educators at my school to participate in her research study on *Strengthening Comprehensive Sexuality Education in the curriculum in the Foundation Phase*.

Signature: _____

Date: _____

APPENDIX E

Subject Advisor letter of consent



Strengthening Comprehensive Sexuality Education (CSE) in the curriculum in the Foundation Phase

Dear Subject Advisor

My name is Jenny Kinnear and I am a Masters student at the University of Pretoria. The research I wish to conduct for my Master's thesis with the title: *Strengthening CSE in the curriculum in the Foundation Phase* involves investigating how sexuality education content and concepts can be taught and assessed within the Life Skills CAPS in the early grades.

This project will be conducted under the supervision of Professor Dr Roy Venketsamy and Prof. Miemsie Steyn, Department of Early Childhood Education, University of Pretoria.

You are kindly invited to participate in the data collection phase of this study by taking part in a focused group interview. The interview will include selected Life Skills Foundation Phase educators at some of the schools that fall within your district. The interview will be scheduled according to your availability, and that of the participating educators, and will take place at a venue convenient for all, preferably at a school. The focus group interview should not take longer than 30-45 minutes.

Your participation in this study is completely voluntary. All discussions in the group will be kept confidential. Furthermore, it is your right to withdraw at any point during the research study without any consequences or explanations. You can be assured that your decision will be

respected. Confidentiality and anonymity will be guaranteed at all times by assigning numbers to the participants during the transcription phase. No participant names or personal information will be reported in my findings.

If you are willing to participate in this research study you will be asked for consent by the researcher to make audio recordings of the focus group interview (to make transcription of data easier and more accurate). The recording will be securely stored. Only my supervisor and I will have access to the audio recordings. All data will only be used for academic purposes.

You may ask questions before or during the time of participation. If you have any concerns regarding the data collection procedures, please notify me or my supervisor. You as the participant will have the opportunity to verify the expressed views and the transcriptions of interviews made by me if so requested.

Please sign to indicate full comprehension of the nature, purpose and procedures of the research and to give your consent to participate.

Kind regards

Jenny Kinnear

E-mail address: jaydeekay187@gmail.com

Contact number: 082 359 2232

Supervisor: Dr. R. Venketsamy

E-mail address: roy.venketsamy@up.ac.za

APPENDIX F

Educator Focus group interview schedule



Interview questions/prompts (the questions are only guidelines and the researcher will further be guided by the responses and engagement by educators.

Good day

Thank you for agreeing to participate in the interview.

Your responses are voluntary and will be confidential.

You may ask questions before or during the time of participation. If you have any concerns regarding the data collection procedures, please notify me or my supervisor. Each participant will have the opportunity to verify the expressed views and the transcriptions of interviews made by me if you so wish.

Thank you, your participation is sincerely appreciated.

Jenny Kinnear

Focus group interview questions for educators

A. Background

1. Are you involved in the teaching of the Life Skills CAPS in the Foundation Phase this year? Please tick (✓) one

Teaching and support for Life Skills CAPS	(✓)	
Teaching Life Skills in the Foundation Phase currently		
Number of years teaching Life Skills CAPS	Less than 1yr	
	3 yrs	
	5 yrs	
	More than 5 yrs	
Not a Life Skills teacher		
Am or have been a Life Skills head of department in the Foundation Phase		
Have received some training from the province / district on CAPS in the Foundation Phase		

2. Do you have knowledge of DBE Policy related to Sexuality Education? Please tick (✓) one.

Current policy that influence teaching in Life Skills CAPS	(✓)
The Life Skills CAPS in the Foundation Phase	
The Annual Teaching Plan in the Foundation Phase	
DBE National Policy on HIV, STIs and TB (June, 2017)	
The National Strategic Plan on HIV, STIs and TB, 2012 – 2016	
DBE School pack to support HIV Life Skills programme	

B. Interview questions for the Focus Group Interview

1. What is meant by Sexuality Education?
2. What is meant by Comprehensive Sexuality Education?
3. What are some of the SE concepts found in Life Skills CAPS?
4. What are your perceived gaps in the current Life Skills subject content?
5. What are some of the challenges to teaching and assessing SE in the Foundation Phase?
6. What are some of the behaviours you identify as risky and could impact on the learners' adolescent sexual behaviour later in their lives?
7. Do you have learners in your class who show risky or early sexual behaviour?
8. Does the school have a process for getting support or referring learners for support?
9. What kind of support do teachers need to assist them to implement the CSE programme? Say who (structures) you expect the support from.
10. What kind of resources would you want in the classroom with you if you were to teach SE content?

APPENDIX G:

Subject Advisor Focus group interview schedule



Interview questions/prompts (the questions are only guidelines and the researcher will further be guided by the responses and engagement by subject advisors.)

Good day

Thank you for agreeing to participate in the interview.

Your responses are voluntary and will be confidential.

You may ask questions before or during the time of participation. If you have any concerns regarding the data collection procedures, please notify me or my supervisor. Each participant will have the opportunity to verify the expressed views and the transcriptions of interviews made by me if you so wish.

Thank you, your participation is sincerely appreciated.

Jenny Kinnear

Focus group interview questions for Subject Advisors

A. Background

1. What is your own knowledge levels related to the Life Skills CAPS in the Foundation Phase this year? Please tick (√) one

Teaching and support for Life Skills CAPS	(√)	
Taught Life Skills in the Foundation Phase previously		
Number of years that you taught Life Skills CAPS		
Were a Life Skills or Foundation Phase head of department at a school		
Number of years as a Life Skills head of department at school level	Never	
	1 yr	
	5 yrs	
	More than 5 yrs	
Number of years as a Life Skills subject advisor	1 yr	

	3 yrs	
	5 yrs	
	More than 5 yrs	
Not a Life Skills subject advisor		
Have received some training from the province / district on CAPS in the Foundation Phase		
Have a district support plan for supporting Life Skills in schools		

2. Do you have knowledge of DBE Policy related to Sexuality Education. Please tick (✓) one.

Current policy that influence teaching in Life Skills CAPS	(✓)
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The Life Skills CAPS in the Foundation Phase	
The Annual Teaching Plan in the Foundation Phase	
DBE National Policy on HIV, STIs and TB (June, 2017)	
The National Strategic Plan on HIV, STIs and TB, 2012 – 2016	
DBE School pack to support HIV Life Skills programme	

B. Interview questions for the Focus Group Interview

1. What is meant by Sexuality Education?
2. What is meant by Comprehensive Sexuality Education?
3. What are some of the SE concepts found in Life Skills CAPS?
4. What are your perceived gaps in the current Life Skills subject content?
5. What are some of the challenges to teaching and assessing SE in the Foundation Phase?
6. What are some of the behaviours you identify as risky and could impact on the learners' adolescent sexual behaviour later in their lives?
7. Do schools report cases of risky or early sexual behaviour do schools report?

8. Do schools have a process for getting support or referring learners for support?
9. What kind of support do teachers need to assist them to implement the CSE programme? Say who (structures) you refer schools to so they support.
10. What kind of resources would you want in the classroom with you if you were to teach SE content?