ORIGINAL RESEARCH ARTICLE

Experiences of grade 8 learners on sexuality education from home and school at Mopani and Vhembe districts

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Abstract

Globally, adolescents' risk of sexual behaviour has become a concern owing to the world's poor home and school sexuality education, not excluding both the Mopani and Vhembe Districts of Limpopo Province. This study examined the experiences of grade 8 learners on sexuality education from home and school. The study was mainly qualitative, involving eight focus group discussions [FGDs] with grade 8 learners aged 13-15 years. The findings revealed that participants experience confusion regarding physiological body changes. Inadequate knowledge about contraception noted. Findings further revealed Communication concerns related to Cultural barriers, fear of embarrassment, Reactive sharing of information instead of being proactive and gender stereotype. The study concluded that these concerns operate as barriers to comprehensive sexuality education. The study recommended that learners, parents, and teachers receive training about communication on sexuality to acquire knowledge and improve their communication skills with children. *(Afr J Reprod Health 2022; 26[8]: 41-52).*

Keywords: Experiences, learner, sexuality education, adolescents, sexual risk behaviours

Résumé

À l'échelle mondiale, le risque de comportement sexuel des adolescents est devenu une préoccupation en raison de la mauvaise éducation sexuelle à la maison et à l'école dans le monde, sans exclure les districts de Mopani et de Vhembe de la province du Limpopo. Cette étude a examiné les expériences des apprenants de 8e année sur l'éducation sexuelle à la maison et à l'école. L'étude était principalement qualitative, impliquant huit groupes de discussion [FGD] avec des apprenants de 8e année âgés de 13 à 15 ans. Les résultats ont révélé que les participants éprouvaient de la confusion concernant les changements corporels physiologiques. Des connaissances inadéquates sur les menstruations et la façon de gérer les menstruations, des connaissances inadéquates sur la grossesse et des connaissances inadéquates sur la contraception ont été notées. Les résultats ont en outre révélé des problèmes de communication liés aux barrières culturelles, à la peur de l'embarras, au partage réactif d'informations au lieu d'être proactif, à l'utilisation des médias comme source d'information et aux stéréotypes de genre. L'étude a conclu que ces préoccupations constituent des obstacles à une éducation sexuelle complète. L'étude a recommandé que les apprenants, les parents et les enseignants reçoivent une formation sur la communication sur la sexualité pour acquérir des connaissances et améliorer leurs compétences en communication avec leurs enfants. *(Afr J Reprod Health 2022; 26[8]: 41-52).*

Mots-clés: Expériences, apprenant, éducation à la sexualité, adolescents, comportements sexuels à risqué

Introduction

Globally, adolescents' risk of sexual behaviour has become a concern owing to the world's poor home and school sexuality education, not excluding both Mopani and Vhembe Districts of Limpopo Province. While sexuality education is a lifetime process in which information, credentials, values, and attitudes are collected[1]. It is designed for children and adolescents to become aware of reproductive functions, teach adolescents to make informed decisions, and make them more aware of the dangers of unsafe sexual behavior[2]. Globally, sexuality education is combined into school curricula, aimed at children and adolescents who learn reproductive functions, prevent sexually transmitted infections or unintended pregnancies, and assist adolescents in developing strong and

meaningful sexual relations-avoiding sexual coercion, discrimination, violence, and upholding sexual rights[3-6]. It has been noted that United Nations Population Fund UNFPA focuses on strengthening policies on sustainable comprehensive sexuality education CSE by building a curriculum that will include teacher training and community engagement[7]. Awareness about sexuality builds adolescents' personalities, creates a sense of themselves, and makes informed choices now and in the future[8,9].

Furthermore, school-based interventions targeting adolescents that promote communication and negotiation skills effectively reduce and prevent sexual health risks[10]. However, schools' current sexuality education programs are limited due to insufficient government commitment to championing CSE, inadequate or non-existent budgeting to effectively implement sexuality education, weak monitoring and evaluation systems, lack of coordination across ministries, and ineffective partnerships and coalition-building mechanisms among teachers[11-13]. Socio-cultural values like speaking about sex in public in some countries being a taboo were found to influence unsuccessful sexuality education[2,9]. A study conducted by Al Zaabi[13] discovered that sexuality education appears to be deficient between 11-12 years of age in Australia. The conversation about relationships, feelings, emotions, sexual abuse or the pressures learners experienced concerning sexuality was not discussed[5,14] Addressing emotional aspects of sexuality was as crucial as providing knowledge on the biological aspects of sexuality and sexually transmitted infections (STIs) in which schools play a vital part[5,15,16]. It should also be noted that different African cultural groups, including those in the Vhembe and Mopani Districts of Limpopo Province, practice rites of passage for girls and boys in preparation for adulthood. Information content given to these teenagers remains scanty as access to information is restricted to those who have undergone such rites. However, the effectiveness of these initiation schools is questioned as teenagers continue to have unplanned pregnancies[17]. In the United States of America (USA), the high prevalence of sexually transmitted illnesses and pregnancy among teenagers demonstrates the inadequacy of current sex education[16]. However, the US government decided to implement the Abstinence-Only Until Marriage (AOUM) policy. The policy was ineffective in delaying early sexual debut and STIs. On the other hand, the study revealed that CSE is more effective than abstinence-only sex education. The CSE approach was approved because it aimed to teach and promote the use of contraception, which may reduce the rate of unintended pregnancies and STIs. Like any other country, sexuality education in USA schools is compulsory[1,18,19].

In Sub-Saharan Africa (SSA), adolescents' lack of sexuality education remains a serious public health concern. Child marriage, adolescent pregnancy, HIV transmission, and limited coverage of modern contraception characterize adolescent's life[5,9]. Approximately 150,000 adolescents below 15 years were HIV/AIDS-infected, 120,000 in sub-Saharan Africa[2,20] South Africa (SA), Nigeria, Kenya, and Tanzania are four countries with the highest rates of infected adolescents aged 10-19 years[21]. SA accounted for 25% of newly HIV-infected adolescents aged 15–24 years[22]. The evidence of the highest HIV prevalence showed that sexuality education between teachers, parents and learners is inadequate, and the idea of childhood sexuality education can be thought provocative[23]. Traditional norms and culture are the other barriers that prohibit parents to discuss issues of puberty and sexuality with their children. East African countries to mention Kenya, Uganda, Rwanda and Tanzania encounter almost similar barriers that, traditional norms play a great role affecting negatively the effective communication on sexual and reproductive health between parents and their adolescents[24].

In SA cultural taboos are a major obstacle to informed discussions about sexual and reproductive health issues, particularly with regard to grade 8 learners. Additionally, it was shown that initiation schools are crucial in educating both male and female teenagers on matters of sexual health. However, the fact that none of the teenagers indicated "education regarding usage of contraceptives" in such institutions raised serious concerns [25]. It has also been suggested that cultural taboo in rural communities in various nations influences teenagers' behaviors, practices, and experiences in relation to sexual health to some level[26]. Globally, there are difficulties with taboos and cultural conventions as impediments to parent-

child communication[27]. For this reason, Sexuality education has been integrated into school curricula, and it is compulsory at all levels.

In SA, sexuality education was introduced as a subject within Life Orientation (LO) to enhance teacher-learners communication and reduce sexual health risks among learners[28]. According to the curriculum for sexuality education, adolescents are only introduced to sexual topics in Grade 8, even though pregnancy is already widespread among females as early as Grade 3. Some learners drop from school due to unwanted pregnancy while others continue schooling till confinement[29,30]. Equipping the learners with knowledge on sexuality issues would promote good sexual and reproductive health outcomes[31]. In South Africa, the National Adolescent Friendly clinic (SANAF) initiative has been adopted to provide services for adolescents to address their needs through increasing the availability of non-judgemental healthcare providers and providing appealing, appropriately equipped, easily accessible facilities[32]. On the other hand, the South African (SA) Constitutional Court also found that adolescents have a right to engage in sexual behaviour, without criminal punishment, under certain circumstances. The recent revision in the Criminal Law (Sexual Offenses) Amendment, No. 32 of 2007, reflects this rights-based approach to adolescent sexuality[33]. Because of the ages at which teens can agree with a range of other sexual and reproductive health services (SRH), the right to have sex at the age of 16 must be understood. According to Children's Act No 38 of 2005, adolescents are entitled to SRH services such as HIV testing, male circumcision, contraception, contraceptive advice and virginity testing independently[34]. The Choice of Termination of Pregnancy Act No. 92 of 2007 allows a girl child of any age to consent to termination of pregnancy without assistance. Regardless, the provision of sexuality education remains insufficient in Sub-Sahara Africa, including South Africa[35,36].

Existing research has primarily focused on the prevention of sexual health risks. They have not taken into attention the necessities of promoting CSE. Grade 8 learners need knowledge and skills to make informed choices about their sexuality, learn how to avoid and deal with sexual-related problems and know where to seek help[37]. Sexuality education can help adolescents to develop knowledge and understanding; positive values, including respect for gender equality, diversity, and human rights. This includes attitudes and skills that contribute to safe, healthy, and positive relationships[38]. Sexuality education is a positive and effective strategy for producing long-term behavioural change and ultimately reducing teen pregnancy and STI infections, early debut, sex with many partners, low and inconsistent use of condoms[39].

This study aimed to explore and describe grade 8 learners' experiences with sexuality education from home and school in Mopani and Vhembe districts of Limpopo province. Both districts are found in the rural area and the main ethnic groups being Va-tsonga in Mopani and Vha-Venda in Vhembe districts. Cultural taboos are a significant barrier to having enlightened conversations on matters of sexual and reproductive health, especially with reference to grade 8 learners. In rural context, barriers include confusion regarding physiological body changes, inadequate knowledge about menstruation and how to manage menstrual periods[40]. Inadequate knowledge about contraception and pregnancy was some of the findings in a study that explored factors limiting use of contraceptive services among adolescents in Southeast Nigeria[41]. These contextual obstacles also hinder grade 8 learners in Mopani and Vhembe districts in Limpopo province access to sexuality education. Therefore, learners in Mopani and Vhembe districts need comprehensive sexuality education for effective sexual knowledge transformation. Teaching learners about abstinence-only and not providing learners with CSE may lead to unintended pregnancy and STIs. For this reason, it is important to provide sexuality education from the primary level[42].

Methods

The present study was conducted using qualitative, explorative, descriptive and contextual designs. This method was chosen because the researcher sought to explore the lived experiences of grade 8 learners regarding the promotion of sexuality education from home and school in Mopani and Vhembe district (Britannica, (2020). These two districts were purposefully selected because of the high sexual health ills that are prevalent in the districts that might be attested to poor sexual health communication. Non-probability purposive

sampling of sixty-four (64) grade 8 learners were sampled from all selected schools, of which twenty-five (25) were males and 39 females[44,45]. Data were collected from eight (8) focus group discussions, each group having eight (8) participants. This method allows a deep understanding of participants' thoughts, opinions, experiences and rich information. Both male and female participants were interviewed to reach the maximum uniqueness and data saturation. A quite convenient classroom was prepared. Permission to participate in the study was sought. Data was audio recorded[44,45].

The interview began with a question on, "*what do you understand by sexuality education*?" to ensure that the participant had an understanding of the concept. Then the researcher asked the main question that direct the Focus Group Discussions: *"what are your experiences concerning the promotion of sexuality education from home and school?"* Paraphrasing and probing follow-up questions were done to deepen the discussions. Probing questions such as "tell me more about that", reflecting on what participants have said. Observational notes and field notes were taken and used to assist the researcher in understanding the meaning that the participants hold about sexuality education. The duration of the focus group discussions was between 45 – and 60 minutes, depending on participants' responses[44-46].

Data credibility was achieved through prolonged engagement with the participants during focus group discussions. The researcher ensured member checking by giving the transcripts of the interviews and extracting codes to some of the participants and that the agreement of their opinion with that of the researcher was evaluated. Peer checking was ensured by submitting transcripts, codes, themes, and sub-themes to the supervisors and an independent coder. Transferability was obtained by using purposive sampling, working contextually, and using a dense description. Dependability was ensured by a thick description of data collection, analysis, and interpretation of the data. Confirmability is achieved by auditing the entire research process[44,45].

Ethical clearance was granted by the University of Venda Ethics committee project code (SHS/19/PDC/37/2410) and the Provincial Department of Education Limpopo Province. District managers and principals had also granted us verbal permission. The researcher was informed that no school visits during exam time and disrupting classes. A written informed assent form was obtained from each participant. Participation was voluntary. No information would be divulged to unauthorized persons. The data analysis was done concurrently with data collection. Tesch's open coding method was employed to analyze data[46]. The researcher listened to audio recordings several times and associating field notes with audio recordings. Audio-recorded FGDs were transcribed verbatim. Transcribed data were read and re-read, and the audio recordings were listened to multiple times to get a sense of the whole. Summarized topics were named using codes. These codes were appropriately categorized. Themes were developed and classified as themes and sub-themes[47].

Data analysis led to the emergence of the themes and sub-themes. The first theme was participant experiences of sexuality education with four sub-themes: Confusion regarding physiological body changes, Inadequate knowledge about menstruation and how to manage menstrual periods, Inadequate knowledge about pregnancy, and Inadequate knowledge about contraception. The second theme was Communication concerns with five sub-themes: Cultural barriers, fear of embarrassment, Reactive sharing of information instead of being proactive, use of media as a source of information and Gender stereotype.

Results

The demographic characteristics of participants in the focus groups consist of sixty-four (64) learners from all the selected schools. The participants' ages were between thirteen (13) and fifteen (15) years, and both males and females participated. Eight focus groups of eight students were interviewed. The results revealed that learners lack information on sexuality education from home and school. During the interview, learners describe their experiences and explain what they understand about sexuality education. The following themes developed from the participant's description of the concept of sexuality education. Namely: participant experiences of sexuality education and communication concerns. Each theme identified is consists of various sub-themes.

Theme 1: Participant experiences of sexuality education

The study revealed that participants had various experiences regarding sexuality education. These include physical body changes, which they found confusing; inadequate knowledge about menstruation and how to manage menstrual periods; pregnancy, and contraception.

Confusion regarding physiological body changes

The study highlighted that the participants found physiological body changes confusing, with no family members explaining what was happening to their bodies and the implications of those changes thereof. This was reported as:

One participant said

"I realized that hair was growing under my armpits, and I could not understand because no family member informed me about such changes. I understood the changes in my body when my teacher said when my breast starts to develop, my hips widen, developing pubic hair and acne on my face, it means that I am at the puberty stage" ***[#FGD1- L 2 female 13 years].***

Individual participants supported by the group said:

"I understand that everyone's body releases hormones such as testosterone and progesterone that make the individuals' feelings different, so those hormones make the body mature and make the sexual feelings possible, like liking someone. But I was unaware that I will experience erection of the penis and have wet dreams" ***[# FGD3 - L4 male 13 years].***

Another one said

"Mmm…. eish, with frowned face ……. what I did not know was I will see periods monthly. To me, I thought I would bleed once. When I discovered that I would menstruate every month, I felt bad. I did not want to bleed every month. I was not fully informed about monthly bleeding" ***[# FGD3- L 3 female 13 years].***

Inadequate knowledge about menstruation and how to manage menstrual periods

Participants verbalized that they were not informed about the menstrual cycle before menarche. It was indicated that few aspects regarding menstruation were communicated. In addition, personal hygiene was discussed, and participants felt embarrassed when spoiling their uniforms with menstruation. Though some participants were not informed, others were told about managing menstrual periods. One participant said:

"I had to figure it out on my own. How to wear a pad, whether to change it or not? I think they could have told me everything about menstruation in detail from the beginning" **[#FGD4- L1 female 14 years].**

Another one said:

"I went to school with one pad. I sited in the class, not knowing whether I should play with other kids [learners] or not. I just realized that I messed my pants because I did not change my pad…. she took a breath, tears running down her face. So as the months went by, I started to notice other girls changing their pads in the toilet. So I asked another girl to tell me how do I know when to change my pad. She explained to me that you could change after every 4 hours depending on the flow" ***[# FGD3- L 3 female 13 years].***

Another one said:

*"During my periods, I used not to go to school because of shortage of pads, and I was not the only one who absents herself from school"****[# FGD3- L 6 female 14 years].***

Contrary to what has been said by other learners. one participant said:

"My mother sat me down, showing me how to apply a pad. She said now you are grown up. Menstruations will come every month and is normal" ***[# FGD2- L 6 female 15years].***

Inadequate knowledge about pregnancy

Participants expressed that information they received from home and school about pregnancy is limited. The conversation is not clear and is non-directional. Participants further indicated that parents' communication is focused on abstinence and never mentioned contraception. This was evidenced by:

One participant said:

I have learned it the hard way. I impregnated a girl at 15 years of age. To me, having sexual intercourse was fun. I was not told to practice safe sex. Impregnating a girl was a mistake, I regret but is late" ***[#FGD2 - L6 male 15 years].***

Table 1: FGD characteristics of the learners

	School	Number of Participants	Gender	Age range of Participants
Mopani	1	08	4 boys & 4 girls	13-15 y years
Municipality	2	08	4 boys & 4 girls	13-15 years
	3	08	4 boys & 4 girls	13-15 years
	4	08	4 boys & 4 girls	13-15 years
Thulamela	5	08	4 boys & 4 girls	13-15 years
Municipality	6	08	4 boys & 4 girls	13-15 years
	7	08	4 boys & 4 girls	13-15 years
	8	08	4 boys & 4 girls	13-15 years

Table 1: Experiences of Grade 8 learners about promoting sexuality education from home and at school

Themes	**Sub-themes**
Participant experiences of sexuality education.	Confusion regarding physiological body changes.
	Inadequate knowledge about menstruation and how to manage menstrual periods
	Inadequate knowledge about pregnancy.
	Inadequate knowledge about contraception.
Communication concerns	Cultural barriers.
	Fear of embarrassment.
	Reactive sharing of information instead of being proactive.
	Use of media as a source of Information.
	Gender stereotype.

Another participant said:"I find it difficult to talk with my parent about sexual intercourse. At home, parents do not openly discuss matters related to sex. 'In a harsh voice' *they will say, do not play with boys or girls, if you want to get HIV, do that….. yoo!* Then she claps hands *"**[# FGD4 - L 7 female 15 years].***

Individual participants supported by the group said: *"parents should have told us when is the right time to have sex; the consequences of having sex without protection such as sexually transmitted infections and unplanned pregnancy. Hmm! Parents do not tell us all this" **[# FGD 3 - L 4 female 13 years].***

Inadequate knowledge about contraception

In this study, participants displayed insufficient information concerning contraceptives. Participants highlighted that communication about contraception was shallow, lacking details and directed to females than males.

one participant said:

*"They [teachers] said it is for a married couple. These make me become reserved to ask for clarity, especially about female condoms, as I have not seen a female condom, and I do not know how it is used" **[# FGD7- L 2 female 14 years].***

Individual participants supported by the group said: *"I cannot access contraceptives because nurses usually say unpleasant words. Some send us back and say we are still young or even promise to disclose to our parents that we are using contraceptives. My mother said using contraceptives may cause infertility at a later stage" **[#FGD4- L 2 female 14 years].***

Theme 2: Communication concerns

Findings revealed that sexuality information is poorly disseminated to grade 8 learners. Participants indicated that parents and teachers share the information with low confidence due to communication concerns such as Cultural barriers, Fear of embarrassment, Reactive sharing of information instead of being proactive, Use of media as a source of information, and Gender stereotype.

Cultural barriers

Cultural barriers are concerns that hinder explicit communication regarding sexuality education. Participants said, discussing sexual related issues is a violation of culture. As indicated by participants, communication about sexuality is guided by certain norms and standards of that community. Participants indicated that they viewed sexuality

education as taboo and did not feel free to express themselves on sexual health issues.
One participant, supported by others, said:
"Our parents are still holding on old-style, that it is a taboo and culturally not accepted to talk about sex, menstruations, pregnancy, contraception including termination of pregnancy" **[# FGD1- L5 female 13 years].**
One participant said:
"I feel weird when parents try to communicate with me about sexual health problems, I am not used to it, mainly because these topics are culturally not discussed with us [children] hence, the feeling of being strange" ***[# FGD2- L5 male 14 years].***

Fear of embarrassment.

The study revealed that fear of embarrassment contributes to poor communication regarding sexuality education. Participants indicated that fear of embarrassment limits them from expressing their sexual desire and feelings. The following statements evidenced this:
One participant said:
"Yoo! …With me, my mother told me to shut up in front of my siblings. When I was about to comment on TV news about street abortion, since that day, I did not want to ask her for any other information about sex or irregular menstruations. I did not want to get embarrassed in front of my siblings" ***[# FGD 5-L6 female 13 years].***
One participant said:
"I felt that is embarrassing to talk about my feelings. I mean like one of my boyfriends. I cannot talk about it because parents will not understand" ***[# FGD2- L4 female 13 years].***

Reactive sharing of information instead of being proactive

The results revealed that parents give learners information on sexual health issues after a child displays unacceptable behaviour. Some parents recognize that children are sexually active when they find that a girl child is pregnant or suffering from sexually transmitted infections.
One participant said:
"My parent did not talk anything about sex until they realized that I am pregnant, with tears running on her face. Then, she took a deep breath……. they sit me down telling me that what I have done is wrong and it has brought shame in the family" ***[# FGD5- L3 female 15 years].***

Use of media as a source of information

Though parents did not talk to them about sexuality, most learners reported that the information was provided through reading materials such as books. Participants further verbalized that they acquire information from friends, television and other social media.
One participant, supported by others, said:
"*I think my mom didn't want to talk about sex because she believes it is a taboo, but she still wanted me to be informed. She decided to buy a book to communicate the message through"* ***[#FGD 4 - L 2 Female 13 years].***
"My friend said if I want to have sex, I must go to the clinic to get condoms, and it is safe to use it as it prevents unintended pregnancy and STIs" ***[# FGD5 L 3 male 13years].***

Gender stereotypes

Gender stereotyping was echoed to be another factor that leads to poor parent-child communication. Some of the learners expressed that mothers prefer to talk with girls and fathers with boys. They have indicated that parents talk more often with girls than boys because they perceive girls as more vulnerable than boys.
One participant said:
"I *think parents should normalize educating both girl child and boy child because in most cases, people who are taught are only girls and they forget that boys are the ones that initiate a relationship. So if boys are also taught, there will be fewer problems"* ***[#*** **FGD6- L7 female 14 years].**

Individual participant, supported by the group, said:
"yes, … both boys and girls should receive equal attention in sexuality education. Girls are more often talked to. As a girl, I feel that I am the only one who should be responsible for preventing pregnancy while boys are left behind. Boys too must be informed" ***[#*** **FGD6- L3 female 15 years]**.

Discussion

The purpose of this study was to explore the experiences of the Grade 8 learners regarding promoting sexuality education from home and in

school. Findings revealed that grade 8 learners did not have sufficient knowledge of sexuality education. Findings exposed that most grade 8 learners lack knowledge and are confused about the physiological body because of unexplained body changes. A study conducted by Alimoradi *et al.*[48]. and Rajapaksa-Hewageegana *et al.*[49] concurs with the findings of this study that learners lack appropriate knowledge about physical body changes during puberty and have no one to discuss sexual and reproductive issues with them. This implies that the confusion that the participants highlighted need an explanation to the learners about all the changes they will experience and the implications thereof. Such education will enable them to understand the changes experienced and take responsible decisions.

Findings exposed that awareness about the menstrual cycle before menarche was very low. Few aspects regarding menstruation were communicated. Information about the menstrual cycle and management of menstruations was insufficient. Findings further revealed a lack of support and effective materials during menstruations. Some participants felt embarrassed because of the poor management of menstruations. The results further exposed that some learners were absent from school due to a lack of sanitary towels during menstruations.

Nevertheless, most learners cited school as informative about the menstrual cycle and personal hygiene. In support of current findings, it was discovered that knowledge and support around menstruation is lacking[50]. The lack of effective materials for the proper management of menstruations increases embarrassment and fear of teasing. However, in low-resource countries, menstrual hygiene management was taken for granted[51]. At the same time, the use of sanitary pads is significantly associated with school attendance[51]. This suggests that learners were uninformed and unprepared for menarche; therefore, there is a need to educate learners in detail and, if possible, even demonstrate how to utilize the pads and provide information on personal hygiene to prevent infections which can affect the later reproductive health of the learners.

Findings revealed that little had been said about pregnancy. This may also be because learners felt not uncomfortable discussing such a sensitive topic. The discomfort with discussing pregnancy became a problem for many girls' families. However, learners perceived pregnancy as unintended and is associated with a misconception about sex and contraception. This denotes that learners must be informed about the consequences of not using contraceptives when a person is sexually active. The findings of the study conducted by Margaret *et al.*[53] showed that parents and teachers were not open to discussing pregnancy, and bringing up the subject was taboo. Inaccurate information about the fertility cycle is cited as Learners' high risk of rapid repeat pregnancies among learners[54].

Findings revealed that learners lack support to use contraceptives from parents, teachers and health care providers as they are hesitant or unwilling to provide service to adolescents. Results of the current study exposed that there is increased teenage pregnancy among learners. This was also revealed by Ezenwaka *et al.*[41] that learners have poor knowledge about contraception, particularly the methods, types, and low turnout in accessing contraception, because of the health providers' negative attitudes toward adolescents who seek contraception services. It was suggested that inadequate information about contraception exacerbates the risk of high teenage pregnancy. This means there is a need to impart information about contraceptives, such as female condoms. This study highlighted the importance of school health nurses visiting the schools to give more relevant contraception information and include both male and female learners[52].

The current study's findings revealed that discussing sexual-related issues is a violation of African culture. Communication about sexuality is guided by certain norms and standards of that community. Culturally [Tsonga and Venda], sexually related topics are discussed by/with elders, and that communication on sexuality is limited because culturally is a taboo. Participants felt uncomfortable and embarrassed to discuss sexual health issues as it is culturally unacceptable, similar to what was indicated in a study conducted regarding parent communication on sexual and reproductive health issues[54]. It was revealed that parents were not socialized, and unusual for parents to have a meaningful talk about sexuality with their children[49,55]. Findings of the current study suggest that learners are restricted from expressing their sexual feeling and activities because it is not

culturally acceptable[48]. These findings are similar to a study by Modise[56] conducted in rural Free State, which indicated that talking about sex education was a 'no go area' and regarded as taboo. A study conducted by Motsomi[57] in Zandspruit informal settlement, Johannesburg, also revealed that discussing sexuality matters openly is a taboo and culturally adolescents learn about sexual and reproductive health from initiation schools not from parents.

This implies that parents, teachers, community, and policymakers must examine cultural norms to establish a culturally sensitive sexuality education to accommodate all stakeholders in promoting a comprehensive and informative sexuality education. The study's findings revealed that learners, parents and the community might benefit from this study by empowering learners with comprehensive sexuality education. However, Parents lack interest in discussing sexual and reproductive health issues and feelings of shame. Cultural taboos also reported hindering learners from expressing their sexual desire and feelings[58]. Participants felt uncomfortable, and it was difficult for them to start such conversations with their parents[59]. This may also be because learners feel they are venturing into a private matter and are worried that parents might conclude that they have started to have sex; hence it brings a feeling of embarrassment. This study's findings align with other researchers that discussing sexuality is embarrassing[60]. This implies that there is a need to allow learners to have the opportunity to express their feeling without prejudice.

Findings exposed that parents provide information to learners on sexual health issues after things have gone wrong. As indicated by some participants, parents talk about sexual related issues after they realize that their children have affairs or show the behaviour of being sexually active. In support of the current findings, some parents delay discussions about sexual reproductive health issues as they think discussions of some sort encourage children to become sexual active[59]. This implies that parents need to be proactive and provide information about sexuality before learners reach puberty to prevent talking after the child is sexually active.

The findings of the current study verified that gender stereotypes inhabit child-parent communication. Results show that some learners did not discuss sexuality education with parents while growing up. The finding revealed gender-biased preference in discussions about sexuality among family members. While female and male participants preferred discussions with female adults and male adults[8]. This stereotypical gender role association may limit the intervention's effectiveness. Therefore, there is a need for reshaping the approach to challenge this gender dynamic to tailor more effective interventions.

Limitations

Studies with qualitative nature are less generalizable. this constraint also applies to the present study, as the grade 8 learners in the range of 13-15 years old were in the focus of this study, so the findings cannot represent all the grade 8 learners of other age groups in Mopani and Vhembe. There is a need for more extensive sample studies to investigate this topic further to inform interventions to encourage and promote parent-child communication. Due to the topic's sensitivity, some learners might have kept their experiences to themselves due to stigma and social undesirability.

Conclusion

The study aimed to explore and describe the experiences of grade 8 learners in selected secondary schools. Data analysis revealed two themes: participant experiences of sexuality education and communication concerns. The study's findings showed that most learners were not aware, especially in sensitive matters, of sexuality education. The language used to communicate was the most significant barrier to communication in sexuality education, including culture and belief. While most learners have not been well informed, few were informed about a few sexuality topics. Further, the results of this study indicated the need for interaction and cooperation between the authorities of the health system, education, family [parents] and policy-making institutions to achieve a strategy for empowering learners with a multi-level and comprehensive approach.

Recommendations

This study revealed that grade 8 learners indicated that sexuality education was generally lacking and

that they [learners] access sexual health matters from social media and friends. This means that parents and teachers should play a primary role in educating their children about sexuality. Parents and teachers need training about sexuality to acquire more knowledge and communication skills. Learners cited cultural beliefs as a barrier to communicating sexual-related issues. Therefore, the inclusion of cultural sensitive sexuality education in school curricula. Use of less conventional teaching strategy. Involving other stakeholders in the community to empower learners about sexual and reproductive health issues. Implement appropriate adolescent sexual and reproductive health programmes such as counselling, educational campaigns, and support services to address sexual problems among the youth.

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Contribution of the authors

MHS, LRT and RD conceptualized and designed the study. MHS and ML drafted the manuscript with input from all authors. MHS collected and analyzed the data and was supervised by ML and RD. All authors reviewed the manuscript and edited by ML. MHS, ML, LRT and RD approved the final manuscript for publication.

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Conflict of interest

The authors declare that they do not have a conflict of interest.

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