

The Importance of Sexuality Education Programmes for Adolescents

Olivia Bomester

Helderberg College of Higher Education, South Africa
bomestero@hche.ac.za

Abstract: Internationally, a bifurcation exists with regard to how sexuality is taught at schools. Learners are either educated via the abstinence-only programme (AOE) or by means of the Comprehensive Sexuality Education (CSE) model. These are two contradictory curricular approaches. In order for sexuality programmes to be effective, all sexual content should efficiently be covered by teachers on the primary and tertiary educational levels. Within Christian faith-based schools, it is essential to encourage abstinence, but equally important is educating learners in a comprehensive manner pertaining to sexuality education. Therefore AOE and CSE should be perceived as having compatible goals, not competing goals. As will be discussed in this theoretical paper, no evidence exists to show that providing AOE and CSE messages are confusing, contradictory, or harmful to the learner. In this theoretical paper, the importance of sexuality education taught at South African schools will be discussed. The topics of abstinence-only education and comprehensive sexuality education will also be elucidated. This paper will conclude with a summary of the major points in this manuscript.

Keywords: *sexuality; adolescents; abstinence-only education (AOE); comprehensive sexuality education (CSE); South Africa*

of adolescent sexuality and would prefer to remain in a state of denial or ignorance (Ashcraft & Murray, 2017). A challenging factor to consider is that parental sexual health knowledge is generally quite poor (Dessie et al., 2015), and this reality continues to create a myriad of problems for adolescent youth. Some researchers have found that parents generally report high levels of embarrassment, anxiety, and uncertainty regarding their capacity to discuss sexual health issues with their children (Ashcraft & Murray, 2017).

It is therefore important that adults address the topic of sexuality, by firstly overcoming their own feelings of embarrassment regarding sexual topics, and also educating themselves about sexual matters, but also educating themselves about how to transfer this information to their adolescent children, in order to empower themselves to answer questions or give advice to adolescents. It is imperative that adults address the topic of sexuality. Additionally, adults need to recognise that several factors may negatively contribute to risky adolescent sexual behaviour (Alimoradi et al., 2017). Numerous adolescents are not adequately guided by parents, educators, and church leaders. Hence, their lack of basic sexual knowledge or simply having erroneous ideas pertaining to sexuality may cause them to make very unwise and risky sexual decisions (Kar et al., 2015).

After conducting a literature review on the topic of religiosity and adolescent sexuality, certain gaps within the research became evident, namely (1) the extent of the sexual double standard being conveyed through parents and religion, and also (2) larger patterns of adolescent sexual activity amongst religious adolescents (Rostosky et al., 2004). A polarising societal belief, known as the Sexual Double Standard (SDS), refers to the concept whereby females are judged more harshly

Introduction

Adolescent sexual development plays a crucial role in the process of identity formation and the establishment of healthy romantic and social relationships (Kar et al., 2015). However, many adults are uncomfortable with the notion

with regard to comparable sexual behaviour; linked to the SDS is the idea that males, in general, should be allowed more sexual freedom (Crooks et al., 2021). Put differently, and the SDS is the belief that males and females are held to different standards of sexual conduct (Ashley et al., 2013). While males are typically rewarded for their number of sexual partners, women are oftentimes criticised for engaging in similar behaviours (Milhausen & Herold, 2001). Kreager and Staff (2009) are in agreement with the aforesaid authors, asserting that boys and men are rewarded and praised for heterosexual exploits; conversely, girls and women are derogated and stigmatised for displaying similar sexual behaviours. While cultural changes have resulted in more permissive attitudes towards sexuality over the years since the sexual revolution (Petersen & Hyde, 2010), some research posits that females are persistently viewed more negatively vis-à-vis sexual behaviour outside of a romantic relationship, for having multiple sexual partners, and for engaging in sexually assertive behaviour (Crawford & Popp, 2003).

Biswas (2014) posits the view that religiosity definitely plays a role in the SDS. She maintains that being religious has an impact on how individuals are viewed and also judged in terms of morality. This author goes on to predicate that the more religious the parents or teachers are, the higher the chances would be of applying the SDS on daughters. If religion is generally more tolerant towards males who are promiscuous or sexually comfortable versus females, then religious persons would oftentimes most likely react to females as the negative source, calling her derogatory names and debasing her character (Biswas, 2014), and this is problematic. In the light of the social control of adolescent girls' emerging sexuality, it would be imperative to address the *extent* to which the SDS is still being communicated, notably within conservative religious denominations (Rostosky et al., 2004). A challenging problem is that this double standard of sexual socialisation *prevents* individuals from taking a positive approach to sexuality, thereby interfering with adolescents' preparation for responsible sexual decision-making (Reiss, 1989, as cited in Rostosky et al., 2003).

Another lacuna within the literature is that traditionally, research studies have focussed primarily on sexual intercourse, while disregarding a wide range of sexual behaviours that adolescents engage in, in their efforts to protect themselves from negative health outcomes and violation of religious teachings or values (Rostosky et al., 2004). Thus, one would need to look *beyond* first intercourse to larger patterns of sexual activity of adolescents.

AOE and CSE approaches to sexuality education are often seen as binary methods, where either model *must* be taught exclusively within a high school context. Each approach has merits and weaknesses associated with it. Each approach may be beneficial to the developing adolescent.

The rationale of this paper is to elucidate the AOE and CSE approaches to sexuality education for learners at South African schools. The topics of abstinence-only education and comprehensive sexuality education will also be expounded on.

The Importance of Sexuality Education

On 19-21 August 2001, a conference on sexuality education was held under the auspices of the former Minister of Education, Kader Asmal. The symposium was entitled *Protecting the Right to Innocence: The importance of sexuality education*. It was reported that the conference turned out to be a fruitful event, which was characterised by a great deal of debate and active engagement amongst stakeholders on sexuality issues and the sexual challenges which South African youth face (Department of Basic Education [DBE], 2002); stakeholders being: parents, students, school government bodies; religious leaders; health care professionals; traditional healers; teachers; and trade unions. Kader Asmal said the following: "The importance of sexuality education in acquiring information, and forming attitudes, beliefs, and values about identity, relationships and intimacy should not be downplayed. It is more than teaching young people about anatomy and physiology of reproduction. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Parents, peers, schools, religious communities, the media, friends and partners all influence the way

people learn about sexuality” (DBE, 2002, p.3). Sexuality education is pivotal for high school learners. The next section will specifically focus on how it is taught at high schools within South Africa.

An extant researcher, Francis (2010), has looked at the topic of sexuality education within the South African school context, and examined it in relation to educational policies which guide sexuality education at schools. Francis (2010) notes that a tremendous amount of emphasis is placed on HIV/AIDS within the Life Orientation (LO) subject. To give some historical perspective, the LO programme was introduced as a specific learning area within South African schools in the late 1990s (DBE, 2002; Rooth, 2005). The reason for this particular change was because there was a post-1994 shift in education policy to *Outcomes Based Education* (OBE).

In consonance with the Department of Basic Education (2011), LO is a subject which focusses on the study of the self in relation to others and to society. Mturi and Bechuke (2019) explain that LO encompasses various components, such as health care, healthy living, and physical fitness. For adolescents in Grades 7 to 9, LO encompasses five essential elements, namely: development of self in society; health, social and environmental responsibility; constitutional rights and responsibilities; physical education; and the world of work. Sexuality education is covered under the general topic of development of self in society (DBE, 2011). For adolescents in Grades 10 to 12, LO encompasses six important elements, namely: development of self in society (which deals partly with sexuality education); social and environmental responsibility; democracy and human rights; careers and career choices; study skills; and physical education (DBE, 2011). The goal of these LO classes is to essentially create well-balanced and confident learners, who would contribute meaningfully within the South African society. Learners are taught how to solve problems and make informed decisions; in addition, they are equipped to learn how to engage on various levels such as the personal, psychological, physical, moral, motor, etc. The four key areas of focus are personal well-being, citizenship education, recreation and physical activity, and careers and career choices. While

various areas are addressed within the domain of physical well-being, one key area within the scope of the aforementioned is to address pubertal changes during adolescence, responsible sexual behaviour, and risky adolescent behaviour (DBE, 2011).

Hill et al. (2015) add that LO classes allow for effective health promotion, because teachers are able to focus on particular health behaviours, in addition to empowering learners with skills, knowledge, and values which will enable learners to make informed decisions pertaining to health-related conditions. Judging from the aforementioned list in the previous paragraph, it is postulated that LO educators need to be skilled and trained within these diverse fields (Francis, 2010). Schools and teachers are given a significant amount of responsibility and autonomy in respect of implementation of the LO sexuality education programme, which means that the understanding of youth’s needs and the approach to teaching it vary considerably (Francis, 2010). In the light of the previous quote, Francis (2010) conducted an investigation into what adolescents actually need from an effective sexuality education programme. One particular author, along with his colleagues, wondered whether current sexuality education programmes sufficiently support adolescents, given that early sexual debut, peer pressure, and a continuous sexually-distorted bombardment of messages in the media tend to influence and shape their emerging sexuality (Giami et al., 2006). Francis (2010) points out that what seems to be quite effective is positive sexuality education, because this type avoids blaming and shaming adolescents about their sexual attitudes and behaviours, and presents a more balanced view of sex, in that while it is enjoyable, it also carries the element of risk.

It must be mentioned that adults sometimes develop erroneous constructions of their adolescent children – as Mitchell et al. (2004) argue, adults construct adolescent *children* in need of protection, rather than as youth who have the right to information vis-à-vis their bodies and sexual matters. Researchers have demonstrated that adolescents are oftentimes viewed as either “innocents” or “knowers” – seeing an adolescent child as an “innocent” who needs to be protected from effective sexuality education may be quite

problematic, because the adult is effectively sheltering the adolescent child, and therefore doing him/her a disservice. Therefore, adults need to make a mental shift within their collective minds, and see adolescents as “knowers” – most adolescents would have had exposure to some form of sexuality education from at least Grade 7 already. In order for adults to empower adolescents to act appropriately regarding their sexuality, it is imperative to view young people as sexual agents (Cense, 2018). An argument could be made that adults should not see youth as necessarily sexually active; rather adults should make a mental shift by not seeing youth as innocent children, needing to be protected from the nefarious dangers associated with sex – adolescents are to be seen as individuals who have the right to sexuality education.

Subsequently, the question needs to be asked: *what kind of sexuality education is effective for adolescents?* If one peruses the literature regarding this topic, it is quite rare for researchers to focus on sexual pleasure, which is one of the positive/affirming qualities of sexual health. Sexuality programmes have traditionally been more negative in focus – concentrating on the possibility of acquiring diseases such as HIV or STIs (Francis, 2010). Added to this, if such kinds of programmes are offered within Christian faith-based schools, the constant barrage of “what the bible says” may eventually also be viewed in an extremely deleterious light. Taking such a narrow view of sexuality education does not adequately meet the needs of adolescents. A more inclusive approach to sexuality education is needed in this day and age. Programmes need to consider the mental, emotional, and social dimensions of sexual health experiences. What is important is that not only is it imperative to teach the content, but one needs to consider the manner in which the sexuality education is conveyed.

In terms of the content, the DBE (2011) requires that high school learners be taught the following with regard to sexuality and lifestyle choices: physical, emotional and social changes associated with adolescence; pubertal changes; male and female reproductive systems; primary and secondary sexual characteristics linked with puberty; emotional changes during adolescence; social changes in relation to relationships with

family and peers; communication; coping with changes in life; behaviour that could lead to coitus; teenage pregnancy and the prevention thereof; sexual abuse with emphasis on rape; values; and finally skills development (e.g. self-awareness, critical thinking, decision making, problem solving, assertiveness, negotiation, communication, refusal, goal setting, information gathering).

What is required to be taught is sometimes not translated into reality, as demonstrated in the following case. In Beyers’ (2011) study of 13 African LO educators in the Free State, the teachers emphasised that most of the prescribed information pertaining to sexuality is not taught by them. The most commonly cited reasons were that they personally do not feel comfortable with the content, and that as adolescents, they were not educated about sexual matters. This is in line with Helleve et al.’s (2009) view, that South African teachers often refrain from teaching certain sexual content due to it being in direct contradiction with their personal values, beliefs, and comfort zones. In fact, Helleve et al. (2009) contend that many teachers tend to use culture as a veneer for their own insecurities. In light of South Africa’s high HIV/AIDS incidence and prevalence for the youth, it should be quite concerning that many South African educators feel uncomfortable teaching learners to be sexually knowledgeable (Beyers, 2011). Beyers (2011) argues that if teachers continue to feel incompetent or tense about sexual issues, one cannot expect them to deliver sexually assertive adults.

Francis (2010) expressed the concern that the need for sexuality education with South African schools has been principally reduced to mean the need for apt information regarding HIV/AIDS. If one considers *The HIV and AIDS Emergency: Guidelines for Educators*, discourses are primarily focused on *disease* (DBE, 2000), which is once again an example of simply framing an element of sexuality in the negative. Visser (2005) states that the current sexuality education curricula in South Africa places too much emphasis on the knowledge of HIV/AIDS, and not on the advancement of life skills that would allow adolescents to develop healthy lifestyles. A strong argument could be made that effective sexuality programmes need to transcend merely

emphasising HIV/AIDS-related issues. Broader issues regarding sexuality and relationships are vitally important, and need to be incorporated into the LO curricula.

Francis (2010) conducted research into whether South African schools are appropriate environments where sexuality education can be taught. As almost all young people attend school before engaging in sexual behaviours, it makes schools well placed intervention sites to address sexual matters (Badcock-Walters, 2002). Pragmatically, Giami et al. (2006) argue that while the school environment may not always be ideal, it is the best available option for effective sexuality education. Within the school setting in South Africa, high enrolment rates of adolescents thus provide a vital access point for intervention on sexual and reproductive health (Runhare et al., 2016). Researchers who conducted the third *Youth Risk Behaviour Survey* agree with the aforementioned authors by stating that the school therefore continues to be the ideal venue from which to obtain information about young people and their behaviours as well as to provide young people with behaviour related information and education (Reddy et al., 2013). While scholarly agreement exists within South African literature regarding the schools as sources of sexuality education, the manner and efficacy of these programmes present a different issue. The efficacy of these programmes will be discussed in a later section.

It is averred that if one considers the school environment *not* to be a suitable place to impart sexuality education, the most apparent alternative would be the home environment. However, many parents do not feel comfortable teaching their children about sex (Africa Strategic Research Corporation/The Kaiser Family Foundation, 2002; Goldman, 2008). This is principally evident in the South African context (Francis & Zisser, 2006). As already mentioned, many adults (especially parents) feel uncomfortable with the notion of adolescent sexuality, and would choose to remain in a state of denial or ignorance (Ashcraft & Murray, 2017). Pursuant to Judge Kate O'Regan, Justice of the Constitutional Court, many adults tend to deny the fact that young people are sexually active. Her reasoning is as follows: the denial may stem from (a) a

wish that young people are not sexually active; (b) a religious/moral belief that young people should be sexually abstinent; (c) an ideological commitment to the concept of childhood, which excludes sexuality (DBE, 2002). However, whichever the sources of the denial may be, the response to the denial by staying silent about sexuality may exacerbate adolescent sexuality-related problems. While sexuality education seems to be quite challenging to effectively engage in, regardless of our many differences as a South African nation, silence is not the answer to the problem (DBE, 2002). As Asmal (DBE, 2002) points out, many teachers may choose to remain silent as a way out. However, if adults choose to remain silent, youth are therefore condemned to make their own choices and navigate the complex journey through adolescence without adequate information, without the wise counsel from older individuals, and without having access to role models, who will not only speak about sexuality in the affirmative, but will also caution teens against risks associated with sexuality.

A challenging factor to consider is that parental sexual health knowledge is generally quite poor (Clark et al., 2007 as cited in Farrington et al., 2014), and this reality continues to create a myriad of problems for adolescent youth. Incidentally, some researchers have found that parents generally report high levels of embarrassment, anxiety, and uncertainty regarding their capacity to discuss sexual health issues with their children (Goldman, 2008; Kirkman et al., 2005; Ogle et al., 2008; Walker, 2001). Some parents tend to shy away from instructing their pre-pubertal children regarding sexual matters, because many think that informing them about sexual matters may actually encourage them to engage in sexual activity. In her own experience with parents, many have communicated that beyond the negative emotions they may feel, they themselves are not adequately knowledgeable on sexual topics. However, one of the primary apprehensions with regard to the teaching of sexual health programmes at school is that many teachers are not adequately trained; they may simply lack the skills and the knowledge to do what is expected of them (Helleve et al., 2009; Mukoma et al., 2009; Rooth, 2005). The researcher could personally resonate with a fascinating quote by Kader Asmal: "Facing a group of rambunctious and

rebellious teenagers and talking to them about sexuality, about condoms, about penises and vaginas, about orgasms and sexually transmitted diseases is no easy task” (DBE, 2002, p. 9). From the researcher’s own perspective, being a *Human Sexuality* lecturer, she personally never had any discomfort with relaying the content to her college-aged students on a tertiary level, however working with teens on a secondary school level is quite different. In the researcher’s experience with running sexuality presentations at high schools for learners from various racial groups, varying SES levels, various religious groups, etc., the common factor always seemed to be adequate crowd control. Obviously, the topic of sex is exciting for many teenagers, in the researcher’s opinion. As the researcher reflected on the vocal gasps, the small group chatter, the many questions, the giggles and laughter, the general noisiness, and the non-verbal expressions on many of the teenagers’ faces, she realised that teens are most likely not receiving adequate information, whether from LO teachers, from parents, or from community leaders. Not every teacher may feel fully comfortable teaching sexual content as the researcher is; in fact, they may experience various other reasons for their discomfort.

There are numerous reasons as to why teachers oftentimes feel uncomfortable talking about sexual matters with learners. Some of these include (a) teachers thinking that talking about sex may actually encourage sexual activity; (b) fear of parents accusing them of the aforementioned; and (c) parents feeling that learners are too young to be exposed to sexually inappropriate material (Jewkes, 2009). Pursuant to Mukoma et al. (2009) many teachers feel comfortable keeping a professional distance between themselves and their learners. However, other researchers have argued that this approach does not allow for learners and teachers to have frank conversations regarding sexuality (Aggleton & Campbell, 2000; Helleve et al., 2009).

Developing adolescents are constantly at risk of becoming enmeshed in negative behaviours, such as those highlighted in the YRBS of 2011. What may mitigate against falling victim to such negative behaviour may be the influence of role models in their lives. Thus, the importance of

role models such as teachers and parents cannot be overemphasised, argues Beyers (2011). LO teachers and parents need to transcend whichever reasons impede them from openly discussing sexuality matters with adolescents.

Teaching sexuality education, especially in the context of Christian faith-based schools, requires that imparting information be value-laden. Transmitting values though is not synonymous with ‘preaching morality’ (DBE, 2002). For many years, the researcher has listened to the *Focus on the Family* podcasts, and one axiom by the prominent author and Christian psychologist, Dr James Dobson, has oftentimes been accentuated oftentimes on the programmes: *Values are often caught, not taught*. This adage seems to relate well with what Kader Asmal argues regarding sexuality education being taught through the lens of values. There are several ways, he argues, in which values may be transmitted viz. through role models and through encouraging frank discussions. Setting positive role models for the youth within our country is imperative. There are regrettably a number of teachers who abuse their position of power, and instead of setting positive role models, they opt to sexually assault or sexually harass learners. A second way of nurturing values amongst the youth is to encourage frank discussions. A child who is able to articulate fears, concerns, and facts about his/her life without fearing being judged by adults especially, will grow up to be tolerant and respectful.

Next, two major contemporaneous models of sexuality education utilised at schools, both on a national as well as an international level will be discussed.

Abstinence-Only Education (AOE)

Abstinence-only education (AOE) focusses on abstaining from any kind of sexual activity outside the marriage context, and is the expected standard for all school age children. These programmes also go by alternative names, such as Abstinence-only until marriage (AOUM) programmes; and Abstinence-centred education (ACE) programmes. These types of programmes promote complete abstinence, which is considered to be the only morally correct option pertaining to sexual expression in adolescents (Advocates for

Youth, 2021). Kim and Rector (2008) aver that AOE programmes provide children/adolescents with valuable life skills and decision-making skills, which are meant to form the basis of being a responsible person – one that will be ready for future relationships, including marriage. Hence, the goal of AOE programmes is to place emphasis on future-oriented goals. In addition, these programmes also promote religious values, which can be seen as quite beneficial for the young person.

Within the South African context, there has been a shift from the AOE programme to the CSE programme, because many individuals have recognised the limitations associated with the former type. As maintained by Starkman and Rajani (2002), AOE programmes are restrictive in nature. In these programmes, basic information relating to sexual health, puberty, reproduction, pregnancy, and STIs are generally excluded from the programme; the proponents of this type of programme firmly believe that sexual abstinence until marriage is the only option for adolescents. A major limitation regarding this programme is that it is myopic in nature; it fails to take into account that some adolescents are sexually active and may consequently suffer from unintended ramifications related to having unprotected sex. Hence, an AOE programme does not adequately prepare youth for plausible unintentional consequences of engaging in sexual activity.

Another limitation of the AOE programme is that it is taught through moral injunctions, thereby silencing adolescents on deeper discussions regarding sexuality (Pattman & Chege, 2003). As an illustration, in one particular South African study, when taught through the avenue of a moral framework, many LO teachers limited their lessons to a medical ‘discourse’ – whereby firm emphasis was placed on exaggerated negative health risks. Sex would also be framed as something which is scary, and which would definitely lead to disease and death (Francis & Depalma, 2014).

Yet another limitation of the AOE programme is that it does not provide a holistic approach regarding sexually-transmitted infections. Instead of it being presented in a neutrally informative manner, scare tactics are oftentimes employed. To illustrate how the limitations of the AOE

programmes manifest, Francis and Depalma (2014) conducted a study on South African teachers’ perspectives of this particular approach to sexuality education. They interviewed 25 LO teachers of Grades 10 and 11 learners. Interestingly, while all of these teachers recognised that many of their learners were sexually active, all 25 LO teachers strongly advocated for the AOE programme. In this study, a few teachers recognised the value of safe sexuality education, but the majority advocated teaching abstinence. Francis and Depalma (2014) found that these teachers had erroneous beliefs, such as imparting sexual knowledge to adolescents leads to sexual activity. In essence, in their minds, they believe that exposure to sexual knowledge condones sexual behaviour in adolescence. Few of them also pointed out the importance of using scare tactics. As was shared by certain teachers, the goal was to scare the learners using offensive pictures, in order for them to be turned off from sex completely. “For many teachers, good sexuality education is based on negativity, scare tactics and pathologisation, all of which have been identified in the professional literature as obstacles in the delivery of good sexuality education” (Allen & Carmody 2012; Jolly 2007, as cited in Francis & Depalma, 2014, p. 7).

It is interesting to note that AOE programmes have recently been rebranded as Sexual Risky Avoidance (SRA) programmes in the United States (Minsky-Primus, 2021). This scholar points out that SRA programmes tend to use fear and shame to control adolescent behaviour; they oftentimes utilise medically inaccurate information; they may perpetuate damaging gender stereotypes; and they may stigmatise LGTBQ+ youth (Minsky-Primus, 2021).

Comprehensive Sexuality Education (CSE)

Conformable to the DBE (2019), CSE was firstly launched in South Africa in the year 2000. It was woven into the Life Skills and Life Orientation subjects, for Primary School and High School learners respectively, and the aim was to make certain that South African learners do not receive perplexing and fallacious messages regarding sexuality. Thus, CSE has been in existence for approximately 20 years. As per the DBE (2019), scientifically accurate information

is relayed via CSE, ultimately empowering young learners with positive values and attitudes which are needed to assist them with the safe navigation from adolescence to adulthood.

Individuals who promote CSE recognise that many adolescents are (or will become) sexually active; in light of this, CSE programmes tend to address issues such as contraception, STIs, communication skills, understanding the difference between healthy and unhealthy relationships, etc (Minsky-Primus, 2021). The CSE model is a prevention strategy with the goal of providing adolescents with medically accurate information regarding contraceptives and condoms, but also to promote sexual abstinence amongst youth (Eisenberg et al., 2008). Essentially, the aim of CSE is to empower the youth to gain knowledge and skills which will inform conscious, healthy and respectful choices regarding relationships and sexuality. The approach to relationships and sexuality education should be age-appropriate, culturally-relevant, and rights-based. Issues of gender and power imbalances are also addressed through the CSE programme (Department of Education Draft Policy on the Prevention and Management of Learner Pregnancy in Schools, Department of Education, June 26, 2018, p. 5). Scholarly research notes that the science and research support proponents of CSE (Minsky-Primus, 2021). Proponents of CSE believe that young people who are empowered with suitable sexual information would be better prepared for their coitarche.

Farber (2003, as cited in Sherr & Dyer, 2010) adds an interesting view regarding CSE programmes, stating that these programmes have both sexual and nonsexual antecedents. This author alerts us to the fact that sexual antecedents refer to particular attitudes and beliefs about sex, information regarding birth control and childbearing, confidence in being able to act on their sexual preferences, and finally developing actual skills in dealing with sexual situations. Contrarily, Farber (2003) points out that nonsexual antecedents tend to focus on setting goals for the future, developing the assets and capacities of adolescents to adequately meet their goals, and helping teens develop healthy family and peer relationships. “Taken together, comprehensive programmes focus on developing communication skills, articulating personal goals,

and giving the reasons and the support to choose abstinence until marriage” (Farber, 2003, as cited in Sherr & Dyer, 2010, p. 30). Proponents of the CSE programmes believe that sexual abstinence is actually best, however, if adolescents make the decision to become sexually active, that contraception/protection should be utilised at all times.

According to the recent DBE Draft National Policy on the Prevention and Management of Learner Pregnancy in Schools (2018), every single learner within South Africa has the right to quality CSE from the end of the primary schooling phase and throughout the high school phase. This information should be sensitive to the children’s age, gender, culture, faith, language and context, so that adolescents are empowered to make informed decisions regarding sexual health and safety.

If one peruses the content to be covered within the LO classes, it is clear that the South African curriculum is in favour of the CSE model, rather than the AOE model when it comes to sexuality education. Pursuant to the Department of Education (2011), high school learners are supposed to have the following topics covered vis-à-vis sexuality and lifestyle choices: puberty, phases of development, male and female reproductive systems, physical, social, and emotional changes during adolescence, coping with change, behaviour leading to sexual intercourse, teenage pregnancy, values pertaining to sexuality.

Hence, ultimately the aim of CSE is to create an atmosphere in the school system, whereby teachers will be living examples of the values enshrined in the curriculum and where teachers are viewed as trusted and accessible sources of advice on individual problems related to sexuality (DBE, 2002).

Final Analysis Of The Aoe And Cse Programmes

In light of what was discussed in this manuscript, the CSE programme seems to outweigh the AOE programme. To conclude, the basic differences between these two programmes are underscored in the ensuing table. Thus, it can be argued that CSE has more merit than AOE.

Table 1

Juxtaposition of CSE and AOE programmes to teaching sexuality

<i>Comprehensive Sexuality education</i>	<i>Abstinence-Only Education</i>
<ul style="list-style-type: none"> • Teaches that sexuality is a natural, normal, healthy part of life • Teaches that abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted diseases, including HIV • Provides values-based education and offers students the opportunity to explore and define their individual values as well as the values of their families and communities • Includes a wide variety of sexuality related topics, example human development, relationships, interpersonal skills, sexual expression, sexual health, society and culture • Includes accurate, factual information on abortion, masturbation, and sexual orientation • Provides positive messages about sexuality and sexual expression, e.g. benefits of abstinence • Teaches that proper use of latex condoms, along with water-based lubricants, can greatly reduce, but not eliminate, the risk of unintended pregnancy and of infection with sexually transmitted diseases including HIV • Teaches that consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy • Includes accurate medical information about STDs, including HIV; teaches that individuals can avoid STDs • Teaches that religious values can play an important role in an individual's decisions about sexual expression; offers students the opportunity to explore their own and their family's religious values • Teaches that a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, or carrying the pregnancy to term and placing the baby for adoption, or ending the pregnancy with an abortion 	<ul style="list-style-type: none"> • Teaches that sexual expression outside of marriage will have harmful social, psychological, and physical consequences • Teaches that abstinence from sexual intercourse before marriage is the only acceptable behaviour • Teaches only one set of values as morally correct for all students • Limits topics to abstinence-only-until-marriage and to the negative consequences of pre-marital sexual activity • Usually omits controversial topics such as abortion, masturbation, and sexual orientation • Often uses fear tactics to promote abstinence and to limit sexual expression • Discusses condoms only in terms of failure rates; often exaggerates condom failure rates • Provides no information on forms of contraception other than failure rates of condoms • Often includes inaccurate medical information and exaggerated statistics regarding STDs, including HIV; suggests that STDs are an inevitable result of premarital sexual behaviour • Often promotes specific religious values • Teaches that carrying the pregnancy to term and placing the baby for adoption is the only morally correct option for pregnant teens

Note. Advocates for Youth (2021)

Conclusion

Comprehensive Sexuality Education was discussed in this manuscript. If educators take the time to actually research into what CSE entails, they will discover a number of advantages to using the CSE approach. They will also find many stereotypical myths regarding CSE dispelled (DBE, 2019). It is advised that LO teachers *particularly* from Christian-faith based high schools to utilise the Scripted Lesson Plans and the CSE learner books, as these will greatly enhance sexuality education.

To put it briefly, it is believed that effective sexuality programmes at high schools could be summarised using the following three key words: **knowledge, values, and skills**. To echo the words of the DBE (2019), providing adolescents with scientifically-accurate information is essential. Secondly, because values play such a pivotal role in shaping sexual attitudes and behaviour,

educators, particularly at Christian faith-based high schools could focus more on helping adolescents develop intrinsic religiosity. This could help adolescents make values-based and sexually-informed decisions as they transition to adulthood. Teaching sexuality education, especially in the context of Christian faith-based high schools, requires that imparting information be value-laden. Transmitting values though is not synonymous with 'preaching morality' (DBE, 2002). The final aspect should focus on skills-development. Empowering youth with skills such as self-awareness, critical thinking, decision making, problem solving, assertiveness, negotiation, communication, refusal, goal setting, information gathering (DBE, 2003) will also make sexuality programmes quite effective. Visser (2005) argues that placing more attention on the advancement of life skills could go a long way pertaining to adolescents developing healthy lifestyles.

References

- Advocates for Youth (2021). *Sex education programs: Definitions & point-by-point comparison*.
<https://www.advocatesforyouth.org/resources/fact-sheets/sex-education-programs-definitions-and-point-by-point-comparison/>
- Aggleton, P., & Campbell, C. (2000). Working with young people—towards an agenda for sexual health. *Sexual & Relationship Therapy, 15*(3), 283–296.
- Africa Strategic Research Corporation/The Kaiser Family Foundation (2002). *The 2001 National. Survey of South African Youth*.
- Alimoradi, Z., Kariman, N., Simbar, M., & Ahmadi, F. (2017). Contributing factors to high-risk sexual behaviors among Iranian adolescent girls: A systematic review. In *International Journal of Community Based Nursing and Midwifery 5*(1), 2–12.
- Allen, L., & Carmody M. (2012). “Pleasure Has No Passport’: Re-visiting the Potential of Pleasure in Sexuality Education.” *Sex Education 12*(4), 455–468.
- Ashcraft, A. M., & Murray, P. J. (2017). Talking to Parents About Adolescent Sexuality. *Pediatric Clinics of North America 64*(2), pp. 305–320. <https://doi.org/10.1016/j.pcl.2016.11.002>
- Ashley, G., Ramirez, O., & Cort, M. (2013). Attitudes towards sexual abstinence among Black Seventh-day Adventist college students. *Christian Higher Education, 12* (5), 349–362. <http://doi.org/10.1080/15363759.2013.824353>
- Badcock-Walters, P. (2002). Education. In J. Gow & C. Desmond (Eds.), *Impacts and interventions: The HIV/Aids epidemic and the children of South Africa* (pp. 95–110). Scottsville, KY: University of Natal Press.
- Beyers, C. (2011). Sexuality education in South Africa: A sociocultural perspective. *Acta Academica, 43*(3), 192–209.
- Biswas, S. (2014). Religiosity and the sexual double standard. *International Journal of Social Sciences and Humanities Research, 2*(2), 72–77.
- Cense, M. (2019). Rethinking sexual agency: proposing a multicomponent model based on young people’s life stories. *Sex Education, 19*(3), 247–262. <https://doi.org/10.1080/14681811.2018.1535968>
- Crawford, M., & Popp, D. (2003). Sexual double standards: a review and methodological critique of two decades of research. *Journal of Sex Research, 40* (1), 13–26. <https://doi.org/10.1080/00224490309552163>
- Crooks, R., & Baur, K. (2021). *Our sexuality*. (13th ed.). Wadsworth Cengage Learning.
- Department of Education. (2000). *The HIV/AIDS Emergency: Guidelines for Educators*.
- Government Press. <https://www.dhet.gov.za/Archive%20Manuals/HIVAIDS%20Emergency%20Guidelines%20for%20Educators.pdf>
- Department of Basic Education. (2002). *Revised Nation Curriculum Statement Grades r-9 (Schools): Life Orientation*. Government Press. https://www.gov.za/sites/default/files/gcis_document/201409/natcur0.pdf
- Department of Basic Education. (2011). *Curriculum and assessment policy statement*. https://www.education.gov.za/Portals/0/Documents/CSE%20Scripted%20lessons/CAPS%20FET%20%20LIFE%20ORIENTATION%20%20GR%2010-12%20%20WEB_E6B3.pdf?ver=2019-11-13-103638-653
- Department of Education. (2019). *Comprehensive Sexuality Education*. <https://www.education.gov.za/Home/ComprehensiveSexualityEducation.aspx>
- Dessie, Y., Berhane, Y., & Worku, A. (2015). Parent-adolescent sexual and reproductive health communication is very limited and associated with adolescent poor behavioral beliefs and subjective norms: Evidence from a community based cross-sectional study in Eastern Ethiopia. *PLoS ONE, 10*(7). <https://doi.org/10.1371/journal.pone.0129941>

- Clark, C., Baldwin, K., & Tanner, A. (2007). An exploratory study of selected sexual knowledge and attitudes of Indiana adults. *American Journal of Sexuality Education, 2* (3), 39. https://doi.org/10.1300/J455v02n03_04
- Farber, N. (2003). *Adolescent pregnancy: Policy and prevention services*. New York: Springer.
- Farrington, F., Holgate, C., McIntyre, F., & Bulsara, M. (2014). *A Level of Discomfort! Exploring the Relationship Between Maternal Sexual Health Knowledge, Religiosity and Comfort Discussing Sexual Health Issues with Adolescents*. <https://doi.org/10.1007/s13178-013-0122-9>
- Francis, D. A. (2010). Sexuality education in South Africa: Three essential questions. *International Journal of Educational Development, 30*(3), 314–319. <https://doi.org/10.1016/j.ijedudev.2009.12.003>
- Francis, D. A., & DePalma, R. (2014). Teacher perspectives on abstinence and safe sex education in South Africa. *Sex Education, 14*(1), 81–94. <https://doi.org/10.1080/14681811.2013.833091>
- Francis, D., & Zisser, A. (2006). Youth have a new view on AIDS, but are they talking about it? *African Journal of AIDS Research, 5* (2), 189–196 <https://doi.org/10.2989/16085900609490379>
- Giami, A., Ohlrichs, Y., Quilliam, S., Wellings, K., Pacey, S., Wylie, K. R. (2006). Sex education in schools is insufficient to support adolescents in the 21st century. *Sexual & Relationship Therapy, 21*(4), 485–490. <https://doi.org/10.1080/14681990601019515>
- Goldman, J. (2008). Responding to parental objections to school sexuality education: a selection of 12 objections. *Sex Education 8*(4), 415–438.
- Helleve, A., Flisher, A., Onya, H., Mukoma, W., Klepp, K. (2009). South African teachers' reflections on the impact of culture on their teaching of sexuality and HIV/AIDS. *Culture Health & Sexuality 11*(2), 189–204.
- Hill, J., Draper, C. E., de Villiers, A., Fourie, J. M., Mohamed, S., Parker, W. A., & Steyn, N. (2015). Promoting healthy lifestyle behaviour through the life-orientation curriculum: Teachers' perceptions of the HealthKick intervention. *South African Journal of Education, 35*(1), 0–9. <https://doi.org/10.15700/201503070003>
- Jewkes, R. (2009). Growing up sexual in the age of HIV & AIDS. In: Mitchell, C., Pithouse, K. (Eds.), *Teaching and HIV& AIDS in the South African Classroom* (pp. 147–158). Macmillan, Northlands.
- Kar, S., Choudhury, A., & Singh, A. (2015). Understanding normal development of adolescent sexuality: A bumpy ride. *Journal of Human Reproductive Sciences 8* (2), 70–74. Medknow Publications. <https://doi.org/10.4103/0974-1208.158594>
- Kim, C. & Rector, R. (2008). *Abstinence Education: Assessing the Evidence*. The Heritage Foundation. <https://www.heritage.org/education/report/abstinence-education-assessing-the-evidence>.
- Kirkman, M., Rosenthal, D., & Feldman, S. (2005). Being open with your mouth shut: the meaning of “Openness” in family communication about sexuality. *Sex Education: Sexuality, Society and Learning, 5*(1), 49–66.
- Kreager, D.A. & Staff, J. (2009). The sexual double standard and adolescent peer acceptance. *Social Psychology Quarterly, 72*(2), 143 – 164. doi: 10.1177/019027250907200205
- Mamacos, E. (2019). *Are the new Comprehensive Sexuality Education lesson plans really too much*. <https://www.news24.com/parent/Learn/Learning-difficulties/is-the-new-sexuality-education-curriculum-really-too-much-20191030>
- Milhausen, R. R., & Herold, E. S. (2001). Reconceptualizing the sexual double standard. *Journal of Psychology and Human Sexuality, 13*, 63–83.
- Minsky-Primus, N. (2021). *Sexual Risk Avoidance Programs are Not Sex Education*. 10–12.

- Mitchell, C., Walsh, S., Larkin, J. (2004). Visualizing the politics of innocence in the age of AIDS. *Sex Education, 4*(1), 35–47. <https://doi.org/10.1080/1468181042000176524>
- Mukoma, W., Flisher, A. J., Ahmed, N., Jansen, S., Mathews, C., Klepp, K. I., & Schaalma, H. (2009). Process evaluation of a school-based HIV/AIDS intervention in South Africa. *Scandinavian Journal of Public Health, 37* Suppl 2, 37–47. <https://doi.org/10.1177/1403494808090631>
- Ogle, S., Glasier, A., & Riley, S. (2008). Communication between parents and their children about sexual health. *Contraception, 77*(4), 283–288. <https://doi.org/10.1016/j.contraception.2007.12.003>
- Pattman, R., Chege, F. (2003). “Dear diary, I saw an angel, she looked like heaven on earth”: sex talk and sex education. *African Journal of AIDS Research 2* (2), 103– 112
- Petersen, J. L., & Hyde, J. S. (2010). A meta-analytic review of research on gender differences in sexuality, 1993-2007. *Psychological Bulletin, 136* (1), 21–38. <https://doi.org/http://dx.doi.org/10.1037/a0017504>
- 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*. South Africa: South African Medical Research Council.
- Rooth, E. (2005). *An Investigation of The Status and Practice of Life Orientation in South African Schools in Two Provinces*. University of Western Cape, Cape Town
- Rostosky, S.S., Wilcox, B.L., Comer Wright, M.L., & Randall, B.A. (2004). The impact of religiosity on adolescent sexual behaviour: A review of the evidence. *Journal of Adolescent Research, 9*, 677–697. <http://dx.doi.org/10.1177/0743558403260019>
- Runhare, T., Mudau, T.J., & Mutshaeni, H.N. (2016). South African teachers’ perceptions on integration of sex education into the school curriculum. *Gender and Behaviour, 14*(3), <https://www.ajol.info/index.php/gab/article/view/153107>
- Sherr, M., & Dyer, P. (2010). Evaluating a comprehensive abstinence-based program for minority youth: Comparing church and public school outcomes. *Social Work & Christianity, 37*, 28–44. <http://ebscohost.com/c/articles/48314306/evaluating-comprehensive-abstinence-based-program-minority-youth-comparing-church-public-school-outcomes>
- Starkman, N., and Rajani N. (2002). “The Case for Comprehensive Sex Education.” *AIDS Patient Care and STDs 16*(7), 313– 318.
- 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), 203–216. <https://doi.org/10.1080/17290376.2005.9724843>
- Walker, J. (2001). A qualitative study of parents’ experiences of providing sex education for their children: the implications for health education. *Health Education Journal, 60*(2), 132–146. [doi:10.1177/001789690106000205](https://doi.org/10.1177/001789690106000205)