

Implementing a Sexual and Reproductive Citizenship Intervention Refinement Instrument for Youth Sexuality Education: A Formative Evaluation

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By

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Abstract

While Out of School sexuality education (SE) programmes in South Africa have attempted to bridge the gap in the number of young people who receive SE, there is still a large number of youth between the age groups of 15 to 24 years who lack adequate sexual knowledge. The manner in which sex education is taught and its accessibility is accompanied by challenges, in particular in relation to empowerment. To better understand the effectiveness of sexual education programmes, evaluations of their content is needed. Therefore, the purpose of this study was to investigate whether and how an Out of school SE programme run by Partners in Sexual Health (PSH) promotes understandings of sexual and reproductive citizenship. A formative evaluation of their sexual and reproductive health and rights (SRHR) facilitator's manual was conducted (owing to COVID the actual programme was not run in the year data for this thesis were collected). To help perform the formative evaluation, the feminist sexual and reproductive citizenship (SRC) framework as conceptualized by Macleod and Vincent (2014) was used. The SRC framework consists of five key principles that, it is suggested, need to be adopted for SE programmes to be inclusive, namely, citizenship as status and practice, differentiated citizenship, private and public interstice, and politics of recognition, redistribution and reparation. An additional principle of inclusive and process-based educational practices was added into the five key principles. To analyse data, template analysis was used which enabled the researcher to create a priori of themes using the *Masizixhobise* toolkit which is informed by the SRC framework. Findings from this study reveal the interconnectedness between the different citizenship principles. Moreover, while the PSH SRHR programme promotes principles of the SRC framework, there are aspects of the SRC that are lacking from the programme. Therefore, the SRHR manual needs to take into account a spectrum of issues which include but are not limited to the incorporation of sexually diverse differently-abled individuals' sexual experiences and challenges when it comes to accessing SE. This means for SE programmes to achieve inclusivity and to be empowering, they need to encourage individuals to be agentic beings, engage in informed decision-making and encourage young people to take up their rights.

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Glossary of terms

TERM	MEANING
Umhlanga	Reed dance
<i>Masizixhobise</i>	An IsiXhosa word which means let us empower ourselves
Isitabane/Moffie	Derogatory terms for Gay
Power relations	Relationships in which one person has power over the other
Cisgender	Refer to a person whose gender correlates with the one allocated at birth
Kasi	Neighbourhood
Mpintshi	An IsiZulu word for friend/s
Sexually diverse	Is an umbrella term used for gender identities that show diversity of expression outside of the binary gender construction.
Differently-abled	Refers to individuals living with disabilities.
Minority groups	Refers to women, sexually diverse, differently- abled individuals
Ulwaluko	An IsiXhosa word that refers to an initiation ritual.

List of Abbreviations

ACRONYM	MEANING
AIDs	Acquired immunodeficiency syndrome
ARVs	Antiretroviral treatment
CAPS	Curriculum and Assessment Policy Statement
CCMA	Commission for Conciliation, Mediation and Arbitration
CHW	Community Health Workers
CP	Critical Pedagogy
CSE	Comprehensive Sexual Education
CSSR	Critical Studies in Sexualities and Reproduction Unit
CTOP ACT	Choice on Termination of Pregnancy Act
DBE	Department of Basic Education
GASA	Gay Association of South Africa
GBV	Gender-based violence
GTS	Gender transformative stance
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and development
IPV	Intimate Partner Violence
LGB	Lesbian, gay and bisexual
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, asexual and more
LO	Life Orientation
MDGs	Millenium Development Goals
MPOA	Maputo Plan of Action
NCS	National Curriculum Statement
PE	Peer educators
PSH	Partners in Sexual Health

RPERC	Research Projects and Ethics Review Committee
RUESC	Rhodes University Ethical Standards Committee
SA	South Africa
SABC	South African Broadcasting Corporation
SDG	Sustainable Development Goals
SE	Sexual education
SRC	Sexual and reproductive citizenship
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
SRR	Sexual and reproductive rights
SS	Stepping Stones
STDs	Sexually transmitted diseases
STIs	Sexually transmitted infections
SYN	Siyakwazi Youth Network
TOP	Termination of Pregnancy
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
UNESCO	The United Nations Educational, Scientific and Cultural Organization
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

CHAPTER 1

INTRODUCTION AND CONTEXT

1. General Overview

Sexuality education forms an important part of individuals' growth as it teaches people about sexual and reproductive health and rights (WHO, 2016). Sexuality is constantly evolving. In this study, I undertook a formative evaluation of a manual of an Out of school empowerment - based sexuality education programme run by Partners in Sexual Health (PSH) programme using the *Masizixhobise* toolkit (See appendix A). A formative evaluation was suitable for this research as it enabled the researcher to formally examine the worth (Brown & Kiernan, 2001) and effectiveness of a programme (Nieveen & Folmer, 2013). The *Masizixhobise* toolkit was developed by Sarah- Ann Moore (SM), based on the Critical Sexual and Reproductive Citizenship framework outlined by Macleod and Vincent (2014). The findings of my research will be used to inform further development of the *Masizixhobise* Toolkit, which will be undertaken by SM. The toolkit was developed in collaboration with PSH, an evidence-based, non-profit public benefit organisation that provides sexual and reproductive health (SRH) services (Partners in Sexual Health, 2016). PSH was closely involved in the development of the *Masizixhobise* toolkit. Appendix B outlines the key processes involved in the broader research project, highlighting where this research falls within this process. Appendix C provides additional information about what PSH entails.

2. Context of the study

2.1. Introduction

Viewing South African history, it is clear that sexuality has evolved over the years. Before democracy (1994) the concept of sexuality was barely spoken of, but presently sexuality has come to be studied closely. This section of the chapter provides a detailed account of the historical background of sexuality and sexuality education programmes. Firstly, I provide a description of how sexuality pre-apartheid, during and post-apartheid South Africa was

conceptualised. Secondly, I discuss the challenges experienced by young people when they try to access sexuality education. Thirdly, I discuss the teacher narratives surrounding sexuality education. Fourthly, I engage with the topic of sexual violence. Fifthly, I look at how young people are able to perform their identities in different spaces.

To understand the context of this research it is crucial to understand sexuality education first. Sexual education as the name implies seeks to provide individuals with sexual knowledge. Sexual education also promotes sexual and reproductive health and rights. Sexual education programmes often aim to decrease the number of cases of unplanned pregnancy and the spread of Sexually Transmitted Infections (STIs) which requires assisting in addressing social factors that are associated with negative sexual health outcomes. In South Africa, school-based sexuality education is offered through the learning area of Life Orientation (LO). Its aim is to help young people become more responsible, educated, and aware of their sexual and reproductive health (Grose et al., 2014). As a result, LO sexuality education classes could be used to promote educational messages that are socially inclusive, including sexual diversity that engage young people on sexual matters that match their experiences. Despite the fact that LO sexuality education is, by definition and design, a complete and complex learning area, research has identified discrepancies in how sexual education programmes curriculum is taught in South African schools (Francis, 2019).

2.2. Historical account of sexuality and sexuality education

It is essential to study the history of sexuality in order to understand present discourses around it. colonialism and apartheid cannot be divorced from the conversations surrounding sexuality education, as both colonialism and apartheid in South Africa played a significant role in shaping how individuals understand their sexuality and that of others. Colonialism and apartheid also played a role in influencing social norms, roles and behaviour of individuals (Moffett, 2016).

In the following, I discuss colonial influences on sexual education. I then delve into describing how sexuality was conceptualised pre-apartheid and post-apartheid in South Africa.

2.2.1. Colonial influences

During colonialism, black South Africans were treated as slaves, forced into labour (Graziano, 2004), stripped of rights and land, and had limited opportunities (Moffett, 2016). Racial divisions were present during colonialism, and people's roles were categorized into levels in terms of gender and sexuality. Women and young girls' roles were assumed to be house-makers and carers, while men were perceived to be breadwinners (Bhana & Anderson, 2013; Thobejane, 2013). Thus, women and children were assigned domesticated roles.

The only sexuality that was socially, culturally and religiously accepted was the heterosexual one (Moffett, 2016; Moletsane, 2010). The colonial discourse believed that heterosexuality was the only appropriate form of sexuality (Moffett, 2016), due to colonial sexual control. Thus, Christian marriages were celebrated which led to heterosexuality dominating Africa (Beyers, 2011).

The concept of sexual diversity during colonialism was not addressed. Instead, in promoting sexual awareness colonialism imposed its regulations on individuals and disregarded the complexity of sexuality (Moffett, 2016). Colonialism also failed to understand the interconnectedness of individuals in African communities (Moffett, 2016).

Thus, colonial values encouraged idealised identities of masculinity and femininity which were integrated into ideologies constructing heterosexual-based patriarchal African families. Colonialism and apartheid, both of which were based on Christianity, normalized heterosexuality and gender disparities and identities (Bhana et al., 2019).

2.2.2. Sexuality during apartheid (1948-1994)

Society during apartheid was not just racially segregated but discriminatory as well (Cooper et al., 2004). Racial division privileged one race at the expense of other races. Black people's access to contraceptives was limited during apartheid. They were only able to access a basic level of contraceptives while white people were able to access more advanced contraceptives (such as oral contraceptives) and could afford to access private healthcare. As a result of racial

segregation contraceptives were inaccessible to many black people, especially those that lived in deep rural areas (Cooper et al., 2004). In addition, Stychin (1996) argues that people were put into categories that created social and spatial hierarchies. These categories included dividing people based on their sexuality and ethnicity. For example, black and coloured people were segregated from white areas (Cooper et al., 2004; Hubbard, 2001). Interracial intimate relationships (across the “colour divide”) was also prohibited. Black South Africans were denied political, social, economic and health rights (Hubbard, 2001).

During the apartheid era, sexuality education focused on social and moral hygiene. In other words, sexuality education in schooling curricula focused on the prevention of diseases and adopting healthy habits (Francis, 2013). Sexuality education was taught in terms of moralism. It was hidden and presented as something that is only meant for married couples. During the apartheid regime, non-heterosexual individuals were excluded not only in terms of sexuality education content but from entitlements based on their sexuality (Bhana & Anderson, 2013).

The apartheid regime also played a significant role in how and who was able to access sexuality education. The educational sphere in South Africa dating back to the colonial era was defined by racial segregation (Chisholm, 2012). In the early colonial period black individuals were educated at Mission schools. Mission schools taught and instilled Christian values. In these schools, black young people were taught about politics, sexuality and social matters. Religious values and beliefs took preference, in particular abstinence, and monogamy in heterosexual marriages. There was no engagement of youth sexual matters and social upliftment (Chisholm, 2012).

During apartheid, sexualities were viewed in a racialised way. Around the 1980s there was a misconstrued belief that rapists were black, poor and uneducated men (Coovadia et al., 2009; Conway, 2014). This was not true as Moffett (2016) argues that any man regardless of their social status and profession is capable of committing sexual violence. During apartheid, dominant ideologies were used to remind black people of their subordinate status. Black people’s subordinate status spread to the public and political spaces but also private and domestic spaces (Moffett, 2006). Black men were characterised as dangerous and hypersexual. African women were portrayed as victims while also being humiliated for having large families (Bhana et al., 2019).

The apartheid history is rooted in constant violence. According to Moffett (2016), public violence during apartheid extended to the private sphere. Constructions of masculinity are one of the reasons that have been noted to cause rape. Masculinity during apartheid was portrayed through violence. In the pursuit to prove their masculinity men beat wo/mxn with the beliefs that they are getting rid off their femininity.

In the private sphere these constructions created gender hierarchies which were predominately unequal. Men who were violated and abused during apartheid internalised the trauma, and later took out their frustrations on women and children who were sexually violated. The violent acts of the apartheid regime normalised violence in most communities and left many black South Africans with internal scars. These scars have influenced how people reason and make sense of sexual relationships. As such, apartheid is the driver of intimate and domestic violence (Moffett, 2006). During apartheid there were no gender equality laws. This partially explains the absence of gender equity within the private sphere (Thobejane, 2013).

Hostile behavior towards sexually diverse groups can be noted during apartheid through the catagarisation of these groups as ‘other’. The term ‘other’ is an exclusionary term that is used to refer to people who are perceived as not belonging or fitting within a certain category. Moffett (2006) speaks about how during apartheid there was the understanding that the sexual ‘other’ was unstable, potentially extremely powerful and therefore dangerous, and needed to be kept in its place by regular and excessive shows of force.

South Africa is one of the countries in the world that promotes inclusivity in its constitution. However, its colonial and apartheid history cannot be forgotten as it still plagues most of the narratives and discourses surrounding sexuality today. Colonialism and apartheid played a significant role in shaping intellectual, normative, and institutional brutality. This past has resulted in a society that is rife in violence in all aspects of life. This violence presents itself in cases of sexual diversity (Bhana et al., 2019).

2.2.3 The Political Struggle in South Africa for LGBTQIA+ Rights

The struggle for rights by the Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and more (LGBTQIA+) community in South Africa can be dated back to 1956. In 1956 the Freedom Charter was used as an anti-apartheid tool and was adapted from the 1948 United

Nations Declaration of Human Rights (van Zyl, 2009). The Freedom Charter played a crucial role in human rights as it created a space for anti-apartheid campaigns to push for liberal democratic reform for black South Africans (van Zyl, 2009).

Around the 1980s Gay and Lesbian social movements put gay issues on the agenda of the anti-apartheid struggle within South Africa and on a global scale (de Ru, 2013). Before the 1980s, little was known about the gay rights struggle. During the 1980s period, gay rights became a political matter. The Gay Association of South Africa (GASA) was the first gay and lesbian organisation was established in Johannesburg in 1982. The main purpose of this association was to represent white middle-class men in social places (de Ru, 2013).

In South Africa, LGBTQIA+ individuals still struggle to gain identity recognition. They often find themselves on the margins of place, positionality, community and culture (van Zyl, 2009). According to van Zyl (2009) the manner in which the South African Constitution values equality and dignity are important as it contributes to how LGBTQIA+ feel in terms of safety and belonging. A recognition of their experiences and rights within the Constitution grants them some visibility. However, it does not guarantee that they will feel like they belong.

There have been controversies surrounding same-sex marriages. There is a misconstrued belief that LGBTQIA+ individuals challenge the nuclear family as they are said to destabilize heterosexual-based patriarchal power relations (Moffett, 2016). According to Moffett (2016) same-sex marriages push for gender equality of sexually diverse individuals. Despite this, controversies around same-sex marriages have made marriage to be viewed as a site of battle for social inclusion and patriarchal reparation rather than a neutral institution (Moffett, 2016).

In contemporary South Africa same-sex marriages are legal and have been made part of the equality clause of the Constitution (Cooper et al., 2004; Conway, 2014). Instead of allowing same-sex couples to marry under the Marriage Act, Parliament approved a separate Civil Union Act in response to religious organizations (van Zyl, 2009). Importantly, how the Constitution's values of equality and dignity are implemented in daily life has an impact on how LGBTQIA+ individuals feel 'safe' and 'at home' (van Zyl, 2009).

Cultural norms in South Africa interacted with and solidified ideas about sexuality, virginity, and purity, having long-lasting effects (Bhana et al., 2019). For example, Bhana et al. (2019) draw on how in the Eastern Cape province, traditional male circumcision has been rationalised

as an essential cultural practice as boys transition into manhood and has important significance for building a house and establishing a family. Similarly, in the Kwazulu-Natal province, virginity testing has been used as a cultural intervention in South Africa's goal to combat the spread of HIV and women's vulnerability to the disease (Ngema & Ndaba, 2022).

2.2.4. Post-apartheid: 1994-present

Post-apartheid meant democracy which many believed would bring transformative change in terms of laws, regulations, the economy and living conditions, did just that! Importantly, the exclusion of sexual minority groups (such as women, children and sexually diverse individuals) was abandoned. The democratic government created a space for sexually diverse individuals and women to challenge dominant religious indoctrinations and hegemonic masculinities (de Ru, 2013). An increase in political campaigns that favoured women and sexually diverse individuals encouraged inclusion without discrimination in the Constitution (de Ru, 2013; Moolman, 2013).

In 1995, a Maternal, Child and Women's health committee was established to give women better access to healthcare services, increase gender equality and provide services to women and men that promote access to reproductive and sexual health. In 1996, the Choice on Termination of Pregnancy Act (Act No. 92 of 1996 – CTOP Act) was passed and it aimed to minimize discrimination against women (Cooper et al., 2004).

In 1996 South Africa was amongst some of the countries in the world to include sexual orientation as a human right within its Constitution (Cooper et al., 2004). As SRH policies became more comprehensive, the understanding of sexuality slowly diversified. The LGBTQIA+ community slowly gained more recognition. Their rights and entitlements are now recognised within a range of laws and policies, as well as the Constitution of South Africa (Moolman, 2013).

However, despite the recognition of diverse sexualities by the law, sexually diverse individuals still experience challenges when it comes to their sexuality (Graziano, 2004). The extent to which these groups are able to express and perform their sexuality is still limited. The reason for this is that people are not open and accepting of sexually diverse individuals. The challenges experienced by these groups are located at different levels and spheres of society (Graziano,

2004). For an instance, in the educational sphere sexuality education curricula is now more comprehensive and less prescriptive in terms of how people should practice their sexuality. (Francis, 2013). The absence of parent-child conversations has been recorded to be one of the causes of poor recognition of sexual diversity. The ugly past of apartheid is still felt in contemporary South Africa through violence (Shefer & Ngabaza, 2022). Within 10 years into democracy, South Africa was already recording alarming numbers of women and children who have been sexually assaulted (Moffett, 2006). There have also been questions about whether providing better education and transforming the courts and police forces have not contributed to the increasing report age of violence. Whilst the above factors may contribute to the increasing recorded numbers of violence, there are a host of other reasons that violence is prevalent today (Moffett, 2006).

Moffett (2006) highlights how sexual violence in South Africa is fuelled by justificatory narratives that are rooted in apartheid practices that legitimated violence by the dominant group against the disempowered, political and social spaces, informal and domestic spaces. She explains that some men rape women because they dare to practice their freedom of movement. Women who are confident, straight forward speakers, bold and who know their self-worth are seen by men as a threat. Some men do not like to see women and sexual minority groups feeling empowered and liberated therefore they use sexual violence as a mechanism to gain control over their lives and make them feel inferior. Men who rape believe when they commit violence they are correcting or teaching women and sexual minority groups a lesson (Moffett, 2006). Sexual violence is used to silence women and force them to comply with social norms that support hegemonic and patriarchal structures (Graziano, 2004; Moffett, 2006).

Research shows that in South Africa women and children still have a subordinate status, despite living in a democracy (Bhana & Anderson, 2013). In post-apartheid South Africa, gender hierarchies are maintained and women are regulated, often through sexual violence (Moffett, 2016). There have been constant conversations about how apartheid and its ills have emasculated black men, leaving them impotent (powerless) and experiencing a crisis of masculinity, which fuels violence (Moffett, 2016).

2.3. Present dominant sexuality education understandings

According to Francis (2019), 50% of South African youth aged between 16 to 24 become sexually active at a very young age. This potentially leads to unplanned teenage pregnancy and sexually transmitted diseases (STDs). As such, there is a growing body of research that seeks to understand the way sexuality education in South African schools is taught (Mayeza & Vincent, 2019). In addition, over the years, sexual and reproductive health and rights (SRHR) have been recognised globally, including those of young people (Berro Pizzarossa, 2018).

Present understandings of sexuality education are rooted in dominant ideologies that shape individuals' understanding of sexuality, particularly that of young people. These further shapes how young people understand their sexuality (Francis, 2019). Positioning sexuality education within ideologies of sexuality, Francis (2019) speaks about how current sexuality education programmes are centred around educating young people about values. Francis (2019) argues that it is impossible to plan or put into practice any programme of sexuality education without reference to values, as these permeate every aspect of sexuality. Sexuality education also plays a paradoxical role in addressing young people's sexual health: while education has the ability to change lives, it can also leave people behind, contributing to discriminatory practices and disparities (Bhana et al., 2019).

Schools are the main places in which young people acquire sexual knowledge. As such, Francis (2013) describes schools as an ideal setting for teaching young people about sexual matters as the majority of them are found at schools. Francis (2013) also argues how HIV/AIDS interventions at schools appear to be missing the point, neglecting the differences in boys' and girls' responses to HIV and AIDS knowledge, and being oblivious to the creation of gendered and sexual identities.

Young people from disadvantaged backgrounds are portrayed as victims of male sexual violence (Bhana & Anderson, 2013; Bhana et al., 2019). Bhana (2014) notes how sexual constructs are deeply gendered and sexualise girls through the use of culture that states that they need to preserve their sexual purity. In the *Zulu* culture young girls are encouraged to preserve their sexual purity by attending *Umhlanga* (reed dance) where their virginity is constantly checked (Vincent, 2006).

On the same note, young boys' sexual development in the *Xhosa* culture occurs through young

boys attending *ulwaluko* (initiation and male circumcision). Bhana et al. (2019) and Moletsane (2010) argue that although initiation school is said to transform boys into men, it is accompanied by a lot of controversies. They reveal that one such controversy is that initiation does not fully engage or equip young boys on how to explore safe sexual practices but instead encourages them to have multiple partners.

A concern surrounding sexuality education is the manner in which it is taught. Teachers and learners struggle to engage with sexual topics. One reason that has been noted is that sexual activity is deemed inappropriate for young children (Francis, 2013). This explains why sexuality education manuals have limited information on young people's experiences and are rather focused on teaching sexuality education in a manner that does not contextualise young people's lived experiences. Bhana et al. (2019) posit that most sexuality education delivered through Life Orientation (LO) programs typically falls short of young people's expectations.

Present challenges with the sexuality education curricula have sparked conversations about how the current curricula can be revised so that it is more inclusive of young people's experiences (Francis, 2019; Mayeza & Vincent, 2019). Mayeza and Vincent (2019) propose a sexually diverse and inclusive sexual education, in which a holistic awareness of young people's needs, concerns, challenges and experiences in particular contexts are taken into consideration. A learner-centred approach in and out of school sexuality education programmes should be explored (Mayeza & Vincent, 2019). Along the same lines, Bhana et al. (2019) propose that sexuality education should be delivered within a human rights, gender, and sexual justice framework, as sexuality education has the potential to confront and challenge gender equality, oppressive heteronormativity, and negative relationship dynamics (Bhana et al., 2019).

Inequality in democratic South Africa presents itself in a number of ways. Unequal access to resources and opportunities is one way in which people are disadvantaged. Gender and sexual assault, coercive sexual practices, homophobia, unwanted pregnancy, and HIV remain major threats to the health of South African youth today (Bhana et al., 2019). In post-apartheid South African society people still struggle to openly engage with gender issues. Sexual violence is closely connected to race and gender (Moffett, 2016).

Queer-identifying people face a range of experiences that influence their self-identification and how they are perceived by others, as well as their position within social hierarchies (van Zyl,

2009). Queer-identifying people experience difficulty with accessing healthcare, employment opportunities, discrimination, violence and are socially excluded (Kravig, 2022). These challenges are perpetuated through the belief that sexual and gender diverse people interrupt the idea of a nuclear family, traditional customs and beliefs. Therefore, Müller (2017) argue that these constructions portray and perpetuate the narrative that sexual and gender diverse people are undeserving of rights.

Moffet (2006) provides a similar argument where they bring forth the reason for the challenges experienced by sexually and gender diverse people. Moffet (2006) argues that in a South African context discourse around sexuality is centred around equality rights struggles. The struggle for equality is accompanied by controversies from different stakeholders and institutions. For example, religious organisations hold conservative views around sexuality, they believe that the only acceptable sexuality is that of the binary gender. Thus, positioning sexuality outside binary gender constructions as wrong, demonic and disregarding God's purpose for man and woman (Moffett, 2006).

In addition, Moffet (2006) argues that diversity in sexuality is seen as challenging the status quo with those against sexual diversity being perceived as perpetuating exclusion (Moffett, 2006). Exclusionary behavior and beliefs is usually reproduced by individuals who do not believe in sexual and gender diversity (Moffett, 2006).

To address some of the challenges discussed above. Sexuality education (SE) HIV prevention programmes have assisted in decreasing the spread of HIV over the years and increased the availability of antiretroviral treatment (Jana et al., 2015). However, despite the youth's knowledge about the spread of HIV/AIDs, there is a disproportionality between the spread of the disease among young women and men (Makiwane & Mokomane, 2010). In the year 2001 HIV prevalence among youth aged 15-24 was recorded to be 15.5% for young women and 4.8% for young men (Pettifor et al., 2005). However, in the year 2020, 3% of young men were estimated to have HIV while 9% for young women (The World Bank, 2023). This means that the prevalence of HIV amongst youth over the years has steadily declined. A significant change can be noted between 2001 and 2020.

Sexual violence and coercion endanger the health, rights and bodies of young women (Collard, 2010; Haberland & Rogow, 2015). Rape and sexual violence stem from the subordination of

young women's status and socio-cultural barriers that disempower women's ability to resist sexual violence (Bhana, 2012; Collard, 2010). Additionally, forced sexual encounters increase the spread of HIV and limit women's ability to exercise their agency (Collard, 2010) to negotiate for safer sex.

SE programmes generally promote knowledge about the prevention of SRH problems, condom and contraceptive use and acceptance with the hope of changing young people's behaviour (Jana et al., 2014; Kirby, 2011). Indeed, Peltzer and Chirinda (2014) state that youth who participate in SE programmes have a better idea of where they are headed in the future and change in their sexual behaviour is motivated by a strong sense of belonging, purpose and identity.

3. Limitations

There have been critiques of SE programmes, for example, Macleod (2009) argues that the main goal of many SE programmes is premised on the metaphor of danger and disease which is detrimental to the development of agentic, positive and healthy sexualities in young people. Macleod (2009) describes a discourse of danger as referring to avoiding "early reproduction and abortion", whilst a discourse of disease refers to preventing STIs (p. 376). Therefore, Macleod (2009) states a discourse of danger and disease fosters certain gender normative behaviours in young people, for example, women as responsible for contraception. As such, for example, the prevention of HIV/AIDs is feminized (Collard, 2010). Macleod (2009) and Francis (2010) argue that SE programmes should extend beyond conversations about danger, violence, victimization, disease and morality.

Furthermore, Macleod (2009) indicates that there is a need to engage with discourse on "citizenship and human rights to counter-discourses of prohibition and intimidation" (Macleod, 2009, p. 381). Some SE programmes also promote awareness, empowerment, a change in social norms and healthy behaviour through using a method that promotes social change (which includes dialogue, debate, action and reflections, social learning and efficacy) (Jana et al., 2015). Empowerment allows people to gain mastery over their lives and encourages individuals to exercise their agency by creating a change in their own lives and that of others (Visser & Moleko, 2012). In this research, empowerment will be understood through a sexual and reproductive citizenship lens.

SE is the foundation on which most HIV/AIDS prevention programmes are premised and since the adoption of Outcomes-Based Education (OBE), it had become a necessary part of South African school educational programmes (Francis, 2010; Ngabaza et al., 2016). The South African Curriculum and Assessment Policy Statement (CAPS) was introduced in schools in 2012 and are inclusive of SE. This is complemented by Out-of-school sexuality programmes that reach the youth outside private/public school spaces (Sida, 2016).

Out-of-school SE programmes such as Soul City, LoveLife and PSH provide youth empowerment, and try to identify gaps that exist in knowledge and how they can revise policies so that they are more inclusive and supportive of young people's needs (Collard, 2010). For example, the *Mpintshi's* Programme which is a LoveLife initiative seeks to develop young people's leadership, activism, agency, self-awareness, strengths, skills, competencies, network goals and resilience to tackle life challenges they face (LoveLife, 2016; Peltzer, & Chirinda, 2013). Soul City is another Out of school SE; it uses edutainment to promote empowerment through radio, newsprint and media (Jana et al., 2015; Rispel et al., 2010).

Siyakwazi Youth Network (SYN) is the intervention under evaluation in this research. It addresses similar issues as the SE programmes mentioned above. Empowerment and SRHR of young women are the core values of SYN (Partners in Sexual Health, 2016). They aim to: create leaders across the country that analyse, question and engage with SRHR policies; create spaces where young people can express their ideas; ensure that the youth is well represented in order to influence state policy; create and sustain mentorship coaching for participants during training; promotes practical execution of SRHR policies and provide leadership on key SRHR issues (Partners in Sexual Health, 2016). The SYN manual formed (primary) data for this project.

3. Research aims and objectives

This study's aim was to conduct a formative evaluation Partners in Sexual Health (PSH) SRHR facilitators manual. This study had two objectives:

Objective 1:

To assess the extent to which the selected intervention, utilizing the *Masizixhobise* toolkit, promotes understandings of sexual and reproductive citizenship (SRC) with a focus on:

- a). **Inclusivity:** Will explore whether the intervention promotes citizenship as status and

practice and how it encompasses diverse perspectives and experiences.

b). **Contextual Understandings of SRH:** Will examine how the intervention demonstrates differentiated universalism, considering the contextual nuances of sexual and reproductive health (SRH) within various populations.

c). **Empowerment:** hopes to evaluate the presence of situated agency within the intervention, examining how it empowers individuals in their SRH decision-making.

d). **Power Relations:** seeks to study power dynamics and power relations discussed within the intervention concerning decision-making and agency in both public and private spheres.

e). **Politics of Recognition, Redistribution, and Reparation:** hopes to examine how the intervention addresses the politics of recognition, redistribution, and reparation concerning SRC.

Objective 2:

To analyse how the intervention challenges and undermines patriarchal, heterosexist, and able-ist premises of citizenship:

a). **Patriarchal Premises:** will examine the ways in which the intervention challenges patriarchal norms and practices related to sexual and reproductive rights and citizenship.

b). **Heterosexist Premises:** will investigate how the intervention challenges heterosexist assumptions and discrimination within the context of sexual and reproductive citizenship.

c). **Able-ist Premises:** will assess how the intervention challenges able-ist assumptions and barriers to full citizenship, particularly in the context of sexual and reproductive health.

4. Thesis Structure

This thesis consists of six chapters. In chapter 1, the context of the study is introduced. The research objectives and questions are identified and the value of the research is explained. The limitations of the study are also discussed. In chapter 2, existing literature around sexual education programmes is reviewed. In chapter 3, an explanation of the theoretical framework is provided. In this chapter, Macleod and Vincent's (2014) sexual and reproductive citizenship framework is broken down into six principles which are: citizenship as status, citizenship as practice, differentiated universalism, public and private interstice, citizenship and situated agency, and inclusive and process-based educational processes.

Chapter 4 is devoted to methodological considerations that underpinned this study. Below, I provide a visual representation of the methodology:

Methodology

Research Approach	Qualitative (exploratory in nature). This approach was chosen because it is exploratory in nature and will enable the researcher to collect large volumes of data.
Research method	<i>Masizixhobise</i> toolkit (used the manual and textual guide only from the toolkit)-Is an evaluation tool used to analyse data.
Research Design	Formative evaluation (allows to assess worth and feasibility of a programme).

Table 1: Showing an overview of the methodology

The *Masizixhobise Toolkit* which is closely connected to the theoretical framework was used as the main tool to analyse data, in this instance, the manual. Towards the end of the chapter, I engage with what template analysis entails. The use of template analysis is significant as it enables the researcher to have a priori themes (in this case they were sourced from the *Masizixhobise Toolkit*). The table below provides a summary of template analysis.

Template Analysis

A priori of theme: Citizenship as status and practice	• Sexual and reproductive rights • Conduct-based rights • Identity-based rights • Relationship based rights
A priori of theme: Differentiated Universalism	• Contextual and SRH issues
A priori of theme: Public and private interstice	• Power relations and SRH matters
A priori of theme: Situated agency	• Agency and empowerment • Empowerment and decision-making

	• Cross-cutting SRH issues and social reparations
A priori of theme: Politics of recognition, redistribution and reparation	• Governing laws and policies • Political participation in SRR • Amendment of sexual violations
A priori of theme: Educational processes	• Educational philosophy • Inclusive education

Table 2: showing a summary of template analysis

Chapter 5 presents the findings of the research. An analysis of the Partners in Sexual Health (PSH) Sexual and Reproductive Health and Rights (SRHR) manual is presented. Using the *Masizixhobise* toolkit within template analysis, I delve into answering the research questions by conducting a thorough analysis of how the SRHR manual promotes sexual and reproductive citizenship. In chapter 6, I provide a discussion of my research findings and provide future recommendations.

CHAPTER 2

LITERATURE REVIEW

1. Introduction

Despite enormous advancements in recent decades, South Africa's HIV epidemic remains the world's greatest. Approximately one-fifth of the population (15+ years) is infected with HIV (Roberts et al., 2022). In addition to increased HIV infections, young people experience sexual and reproductive issues such as unwanted pregnancy, teenage pregnancy and access to contraception. Globally, comprehensive sexuality education (CSE) has been supported on the grounds that it will decrease the prevalence of unintended pregnancies, HIV/AIDs, STDs, and increase educated decision-making about issues related to sexual and reproductive health (Shefer & Ngabaza, 2022). I begin this chapter by providing a discussion on youth sexualities including youth's vulnerability, sexual violence, sexual stigma and limited sexuality, misrepresentation of youth in the media, peer and parents' narratives on youth sexualities. I proceed from youth sexualities into sexuality education interventions, where I examine the literature on what sexuality education entails: out-of-school sexuality education, school-based sexuality, and sexuality education challenges. I then delve into empowerment approaches where I provide a definition of empowerment, a discussion on empowerment in communities and sexual education programmes.

2. Youth Sexualities

To understand how to best provide and promote SE amongst youth, there is a need to understand what youth sexuality is and the experiences of young people as well as the spectrum of SRH and contextual issues that have an impact on their acquisition of SE. In the following section, I provide a discussion of what youth sexualities entails, youth's vulnerability and sexual violence. I also discuss the misrepresentations of youth in mass media, and peer and parent narratives.

2.1. What are youth sexualities?

To understand the youth sexualities, it is crucial to first understand what is meant by sexuality. The term sexuality is a multi-faceted and complex. It is constructed through language, behavior and normative discourse (Alfred & Fox, 2019). Alfred & Fox (2019) describe sexuality as an

“assemblage” which encompasses a broad spectrum of physical, biological, social, economic, cultural, political aspects, economic and political factors in which all these bodies interact.

Therefore, in describing what are youth sexualities, it is critical to describe what both the term youth and sexualities entail separately. Youth is defined as the period of life between childhood and adulthood (Kelly, 2001). Youth sexualities refer to the sexuality of the youth. ‘Young people’ are commonly defined as those between the ages of 10 and 24 years, but what it means to be a young person varies largely across cultures and depends on a range of socio-economic factors (Villa-Torres & Svanemyr, 2014). This research focused on youth between the age groups 12 to 24 years of age. Young women between the ages of 15 and 24 make up approximately 37% of HIV-positive women and one-third become mothers-to-be before turning 20 (Shefer & Ngabaza, 2022). This research also focuses on these age groups as most young people that are at schools and in out-of-school programmes are between that age group.

Youth undergo different bodily changes which are seen as having an impact on their behaviour and ability to make sexual decisions (Bridges & Hauser, 2014). For example, bodily changes are seen as influencing young people’s ability to make informed decisions such as not engaging in risky sexual behaviour and alcohol abuse (Beksinska et al., 2014). Youth’s behaviour has led to youth sexuality being perceived as a time of crisis as it is accompanied by social problems (Piava et al., 2004; Wilbraham, 2009). These social problems play a role in influencing young people’s transition to adulthood (Beksinska et al., 2014; Piava et al., 2004). Youth often transition into adulthood with conflicting, negative and confusing messages about sexuality that are aggravated by silence and embarrassment from adults, parents and teachers (UNESCO et al., 2018).

Some of the problems that are associated with youth sexuality include early sexual debut, low condom and contraceptive usage, unwanted pregnancy, HIV/AIDs, STIs, having multiple partners and the mistreatment of young women (Garcia, 2009; UNESCO et al., 2018; WHO, 2010). These social problems further expose youth to sexual and reproductive health risks and serve as a barrier to information and services (Piava et al., 2004; UNESCO et al., 2018). Lack of access to medical treatment and equity is an example of how the system fails the youth (Piava et al., 2004). This contributes to the youth’s vulnerability, which I discuss next.

2.2.1. Youth's Vulnerability

There are different factors that influence the vulnerability of youth. These include social, cultural and economic factors (Francis & Rimmensberger, 2008; MacPhail, 2006). Economic and social marginalization have an impact on youth's ability to negotiate sexual relationships (Francis & Rimmensberger, 2008). The failure of young people to negotiate sexual relationships may lead to sexual exploitation (Francis & Rimmensberger, 2008).

Power and gender inequalities increase young women's vulnerability to HIV (Bhana & Pattman, 2009; WHO, 2014; UNESCO et al., 2018). They also underpin the high level of sexual and domestic violence and rape (Bhana & Pattman, 2009; Peacock & Levack, 2004) as most young women in unequal sexual relationships find themselves powerless (WHO, 2010).

One of the reasons young people are vulnerable is a lack of social and practical knowledge on how to engage in safe coitus (sexual intercourse). This makes them vulnerable to HIV/AIDs and STIs. Socially, youth lack knowledge on how to engage in safe sex as they don't receive adequate information (UNESCO et al., 2018). In particular, youth within key populations (e.g., those with disabilities) are misinformed (Chirawu et al., 2014).

Lack of sexual knowledge is also caused by the failure of parents to engage their children in discussions on safe sex (WHO, 2010; Wilbraham, 2009). One of the reasons for the lack of engagement from parents is that it is often mothers who are expected to carry out these sorts of tasks, and women themselves are sexually and socially disempowered (Phetla et al., 2005).

Another major factor that increases youth's vulnerability is when young men have more than one sexual partner, often as a method of approval from their peers (Beyers, 2011; WHO, 2010). This risky behaviour is influenced by male stereotypes (WHO, 2010) and leads to young boys being perceived as endangering the lives of young women and making them vulnerable to HIV/AIDs (Bhana & Pattman, 2009). Young girls who follow suit are shamed (Beyers, 2011) for being promiscuous and disgracing their family names. This pattern provides an explanation for the disparity in the number of young women infected by HIV/AIDs (Beyers, 2011) compared with their male counterparts.

1.1. Sexual violence

Sexual violence poses a danger to the health, sexual rights and bodies of young women (Collard, 2010; Haberland & Rogow, 2015). Forced sexual encounters threaten their health by increasing HIV infection and teenage pregnancy (De Vries et al., 2014; Chirawu et al., 2014). Furthermore, GBV in relationships has an impact on how young girls transition to first sexual intercourse (De Vries et al., 2014). GBV leads to psychological and physical consequences for both men and women (De Vries et al., 2014). Sexual violence limits young women's ability to exercise their agency (Collard, 2010; De Vries et al., 2014; Dunkle et al., 2006). In sexual relationships many young girls are unable to negotiate safe sex. This is linked to gender roles and violence that happens at home that further puts the female partner at risk (De Vries et al., 2014).

Research has indicated that youth living with disabilities experience high levels of sexual violence. The misconception that youth living with disabilities are asexual (Chappell, 2013) puts them at a greater risk of being violated and more vulnerable to HIV infection (UNESCO et al., 2018). Providing sexual knowledge to youth living with disabilities is seen by some parents and educators as endangering them. Thus, the sexuality of individuals living with a disability is perceived to be problematic (UNESCO et al., 2018).

Sexual identity plays a significant role on how individuals are treated and accepted within communities. Homophobic incidences such as violence and rape happen due to the failure of people to accept and respect sexual identities outside the binary gender constructions. Black lesbians find themselves in defenceless situations because of their sexual identity. In black townships and rural areas incidences of violence and corrective rape are prevalent (van Zyl, 2009). As such, Gaitho (2022) argues that corrective rape towards sexual minority groups is caused by many factors which include the failure to accept sexual diversity and the intersection of identities. In many cases, cultural traditions are against and problematise sexual diversity as it is seen as disrespecting cultural traditions and norms. Religion also contributes significantly to how sexual diversity is conceptualised in many communities, leaving non-gender conforming and LGBTQIA+ individuals in a dilemma of where they belong as they are often not accepted in both the private sphere (by family members) and the public sphere (by the community and

society at large) (Pillay, 2022).

1.2. Sexual stigma and limited sexuality

Sexual stigma is used to regulate youth sexualities. Youth sexualities are usually regulated through the narrative of good (abstinence) and bad (sexual activity) dichotomies that stigmatise young people (especially girls) and limit their sexual agency (Garcia, 2009). These dichotomies are made obvious through sexual shame and stigma (Delius & Glaser, 2005). Teenage pregnancy is a form of sexual stigma that is used to construct young people as bad or irresponsible. HIV stigma shapes cultural, economic, political, legal, policy and healthcare environments. At the individual level, HIV stigma presents itself through discrimination devaluing individuals and constructing them as worthless (Earnshaw et al., 2014).

Although individuals living with HIV have come to be more accepted in society, there are still social spaces that are hostile towards individuals living with HIV. Religion plays a role in stigmatising youth. For example, Christianity shrouds youth's sexuality with silence and shame which further increases HIV stigma (Beyers, 2011; Delius & Glaser, 2005). Additionally, parental attitudes stigmatize the youth. Their attitudes towards youth sexualities limit youths' access to sexual information. As a result, young people are often scared to access family planning, SRH services and fear judgment (Nkosi et al., 2019).

The fear of accessing SRH information further limits young people's sexual agency. Social and material structures play a significant role in HIV Stigma (Gibbs et al., 2010). The structural factors that contribute to limited SRH include gender roles and norms, violence, migration and poor access to SRH services (Earnshaw et al., 2014).

Sexually diverse individuals are often not accepted or when accepted in communities it is usually with hostility. Therefore, Bhana (2014) argues that name-calling and verbal abuse stem from the notion of not wanting to accept sexually diverse individuals. On the other hand, Yuval-Davis (2006) argues that the struggles experienced by sexually diverse groups are apparent in family and community contexts through rejection. Rejection in community and familial contexts presents itself through stigma, name-calling, and exclusion. Bhana (2014) argues that sexually diverse individuals are usually labelled using words such as gay, lesbo, faggot, *isitabane* (which when

translated means ‘a man who acts like or has taken on the role of being a woman’) and Moffie. Bhana (2014) also explains that these words are hurtful and derogatory and result in stigma and shame.

Stigma and shame are intertwined with each other (Bhana et al., 2019). According to Bhana et al. (2019) the expression of feminine desire is handled within the context of sexual shame, with masturbation considered a masculine prerogative.

1.1. Misrepresentation of youth in the media

The media plays a significant dual role in shaping youth’s sexuality (UNESCO et al., 2018) as it provides youth with harmful and damaging messages about their sexuality and at the same time positive ones (Lamb & Peterson, 2012). The negative messages about sexuality represented in the media include the oversimplification of youth’s experiences and challenges to SRH.

Harmful messages in the media are also portrayed through the misrepresentation of youth in the media. Youth are usually portrayed in a negative light and as irresponsible (Lamb & Peterson, 2012). Although the media may pose a threat, it also helps to disseminate positive messages on youth sexuality (Lamb & Peterson, 2012). Examples include shows like *intersections* aired on South Africa Broadcasting Corporation network (SABC) and *MTV Shuga* (Apuke, 2017). *MTV Shuga* seeks to promote a change in behaviour, promote HIV prevention and testing, encourage safe and responsible sexual activities amongst young people, provide a positive role model of an adolescent girl, inform youth on different contraceptives, highlight the challenges of teen pregnancy, discourage the use of backstreet abortion and discourage intergenerational relationships (Apuke, 2017).

By generating conversations about sexualities and giving hidden or taboo topics status and legitimacy, mass media can bring sexual health to the attention of the general public and make it acceptable to talk about it in public (Mcdowell & Mitchell, 2022). Through doing this the media promote positive messages about how young people can engage in safe sex, how parents can engage their children on sexual topics and provide knowledge on sexual risks (Wilbraham, 2009).

Wilbraham (2009) pinpoints how while promoting positive messages, the media also risks promoting negative messages that may portray or misrepresent individuals living with disabilities. Individuals living with disabilities are often portrayed in a twofold manner: their disability is represented first and their sexuality as secondary (Chappell, 2013; Gougeon, 2009). Individuals living with disabilities are usually represented as sexually innocent or unhappy about their sexual relationships (Chappell, 2013).

As a result, Chappell (2013) argues that the media abuse the idea of sexual pleasure through consumption as a powerful tool to get people to buy the right bodily products or maintain the preferred body shape. To address the misrepresentation of youth in the media, a comprehensive approach has been recommended, one that does not focus on youth identities but offers young people opportunities to voice their concerns and positions them within the politics of belonging (Arnot & Swartz, 2012). The inclusion of youth voices offers insight into some of the challenges that youth encounter and how they are misrepresented if not misunderstood by different stakeholders in society (Arnot & Swartz, 2012).

1.1. Peer and parents' narratives on youth sexuality

At an early age, young people realize, for the most part, that they cannot have open discussions about sex, pregnancy or abortion in front of adults as it is taboo (UNESCO et al., 2018). As a result, there are many sexual issues that youth come across that go unaddressed. Religion may hinder parents' ability to engage their children in sexual education (Robinson, 2012). Parents' hostility to such talks and lack of intergenerational engagement in families may also be a hindrance (Wilbraham, 2009).

As a result, Wilbraham (2009) has called for the naturalisation of sexuality. This means that youth sexuality should be normalized as a natural part of human development (Bridges & Hauser, 2014; Gougeon, 2009). The normalisation of sexuality will assist parents to better engage their children on sexual topics and bridge the gap that exists in parent-child relationships.

In response to the above, peer groups have been offered as an effective strategy that will enable youth to gain insight into their sexuality. Peer groups provide youth with an opportunity to engage with sensitive topics and equal distribution of knowledge happens on both sides (Villa-Torres & Svanemyr, 2014). Peers, mostly, do not judge or enforce their values and beliefs on

each other. Thus, young people trust their peers more than adults.

3. Sexuality Education Interventions

Sexual education interventions are currently an integral part of South African society as they promote sexual education especially to young people outside learning environments. In the following section, I discuss what sexuality education entails. I then move on to describing what school-based and out-of-school sexuality encompasses.=

3.1. What is Sexuality education?

Over the years, the focus of sexuality education (SE) has shifted from just seeking to prevent unwanted pregnancies to preventing the spread of HIV. SE hopes to inform youth about sexual abuse and prevent sexism, homophobia and online bullying (Bridges & Hauser, 2014; WHO, 2010). In addition, SE seeks to address gender norms, gender equality and challenging inequalities in practices (Shefer & Macleod, 2015; WHO, 2010).

SE for the most part aims to equip youth between the ages of 15 and 24 with the knowledge, skills, and values to make adult decisions about their sexual and social interactions in an HIV-affected society (Gacoin, 2014). SE promotes several 'knowledge, skills and values.' Firstly, SE promotes and strengthens young people's ability to make informed, healthy and respectful choices regarding intimate relationships, sexuality, emotional and physical health (WHO, 2010, p.29). Secondly, SE creates awareness about abstinence and the use of contraceptives, access to information about bodily development, gender identity and sexual health (Bridges & Hauser, 2014; Shefer & Macleod, 2015). Thirdly, it equips and empowers youth through knowledge, skills and imparts positive values which assist young people to better understand, engage in safe and fulfilling relationships and take responsibility for their own and other people's health and well-being (Bridges & Hauser, 2014; WHO, 2010). Lastly, SE in South Africa helps to address the recurring prevalence of HIV, other STDs, early onset of sexual debut and teenage pregnancy (Aaro et al., 2006; Beksinska et al., 2014; Ranganathan et al., 2016; Phetla et al., 2008). SE is the foundation on which most HIV prevention programmes are premised and since the adoption of Outcomes-Based Education (OBE) in South Africa, it has become part of the curriculum (Francis, 2010; Ngabaza, Shefer & Macleod, 2016). HIV/AIDs and SE has been incorporated into Life Orientation, mainly under the topic of Personal Well-being (Francis, 2010). The South

African Curriculum and Assessment Policy Assessment (CAPS) was introduced in 2012 and has included sexual education. This curriculum is guided by the larger human rights policy framework in South Africa that includes freedom, respect, dignity, and gender equality.

SE can be divided into two broad categories namely, abstinence-plus and abstinence-only until marriage (Garcia, 2009). Abstinence-plus, also known as comprehensive sexual education (CSE) promotes abstinence but at the same time teaches about contraception, STDs, HIV and abortion. Abstinence-only until marriage SE promotes abstinence as the only correct way to sexual health and does not teach about contraception or abortion (Francis, 2019; Garcia, 2009). Within Abstinence-only education teaching youth about sexuality is seen as encouraging promiscuity (Robinson, 2012). It is also seen as disrupting a child's innocence and leading to children engaging in unwanted and youthful sexual activities (Robinson, 2012). Abstinence-only advocates contend that youth are incapable of making the kinds of decisions that require negotiating sexual encounters, while advocates of comprehensive SE contend that abstinence should be included in the broader knowledge that enables youth to consider their options and make informed decisions (Francis, 2019).

According to Macleod and Moore (2022) SE faces challenges which include an excessive focus on danger, damage, and disease (for instance, the danger of unplanned pregnancy, damage and victimisation from sexual violence, and STIs); a focus on knowledge provision and behavioural change that neglects to take into account contextual issues and the re-inscription of inequalities in relation to various social identities (for instance, sexual orientation and disability); and the portrayal of youth as vulnerable and in need of protection or alternative care. Macleod (2011) as cited by Macleod and Moore (2022), for instance, stated that in South Africa, sexuality education neglects to address or even identify the colonial roots of what is perceived as dysfunctional sexuality (for instance, the colonial idea of black women's hypersexuality).

It is concerning that stories of violence, illness, peril devastation and gloomy futures tend to dominate local sexuality education, emphasising the negative sides of sexuality (Shefer & Ngabaza, 2022). It is also concerning that educators who are crucial for transferring sexuality education face challenges with their knowledge, aptitude, comfort, and appropriate pedagogical approach when working with young people. According to documented accounts of young

people's experiences and critical analyses of the curriculum and pedagogy, the sexuality class is also a location where gender hierarchies and binarisms are maintained and reinforced, as well as where heteronormativity and pro-family ideologies are institutionalized and reinstated (Shefer & Ngabaza, 2022).

CSE is also seen as an educational response to the HIV epidemic (Beyers, 2011). Therefore, it serves different purposes. As such, 1. it helps young people in their identity construction and influences how they are understood and incorporated in public spaces (Robinson, 2012); 2. it acknowledges young people as knowledgeable about their sexual diversity, sexual experience and their bodies (Ranganathan et al., 2016); 3. It assists young people to develop respectful social and sexual relationships considering how their choices affect their own well-being and that of others and understanding and ensure the protection of their rights throughout their lives (UNESCO et al., 2018); 4. promotes a sense of agency and responsibility without alienating young people through moralism (Ranganathan et al., 2016). Moralism comes from the idea of needing to maintain moral behaviour, protect virginity and avoid sexual relationships until marriage or for religious purposes (Garcia, 2009).

As a result, CSE challenges moralism by providing youth with honest, age-appropriate information and skills that help them make informed decisions and contribute to their well-being (Bridges & Hauser, 2014; UNESCO et al., 2018). It allows teachers to reach a large population of young people before they are sexually active. Additionally, it helps to address the stigma around youth sexuality, and negative representation in the media and promotes sexual communication skills (UNESCO et al., 2018). Although helpful, CSE still has some challenges. It often fails to provide relevant information about sex issues that affect intersex children. LGB children at school experience discrimination such as homophobia and transphobia which has an impact on effective learning, and which is not always adequately dealt with in CSE (UNESCO et al., 2018).

There is disagreement on whether or not SE should promote abstinence alone (i.e., including information on contraception or negotiation of sexual encounters) (Cook, 2020). Some people vouch for CSE to be made part of LO curricula and others contend that youth are incapable of making the kinds of decisions that require negotiating sexual encounters. Francis (2019) argues that by engaging with how abstinence-only programs usually ignore non-normative sexualities with some curricula openly insulting LGB youth relationships.

Youth with intellectual disabilities are often excluded from sexuality education (SE) (Gougeon, 2009). When they are included, it is usually reactive rather than proactive and is addressed after a young person is already sexually active (Gougeon, 2009). Youth living with disabilities are marginalised based on their inability to perform physically and sexually (UNESCO et al., 2018) on the misconception that they lack sexual desire and on sensory or mental impairments (which includes being marginalised on the misconception that youth living with disability have limited social judgement and as a result are unable to form sexual relationships) (Chappell, 2013).

According to Francis (2013) despite the challenges present in sexuality education discourse, it can be said that sexual education contributes significantly to sexual and gender justice. If sexual education discourse became more inclusive and followed a diverse approach in their pedagogy, then it would be able to reach a large spectrum of sexually diverse individuals (Francis, 2017).

3.2.School-based sexuality education

Sexual education forms part of the LO learning area at schools and its main goal is to educate and provide young people with sexual knowledge (Mayeza & Vincent, 2019). It hopes to equip learners in different areas such as health promotion, human rights, culture, physical and psychological well-being, gender equality, sexual health and sexual diversity. LO at schools is meant to promote holistic learning and enhance the development of learners. The Department of Basic Education describes the role of sexual education as being to educate learners to be responsible, knowledgeable, and health-conscious young people (Mayeza & Vincent, 2019).

Schools are seen as an important medium in which learners learn about sexuality education and access SRH services. Schools have been recorded as helping to promote sexual knowledge, abstinence, adherence to HIV treatment for those living with the disease and how one can live positively with the virus (UNESCO et al., 2018). Mayeza and Vincent (2019) oppose this view by stating that LO sexuality education discourse is sometimes disconnected from the lived experiences, interests and concerns of young people. Instead of engaging learners and using learners' experiences as a starting point, some teachers use a transmission form of teaching. To concur with Mayeza and Vincent's (2019) argument Ngabaza and Shefer (2022) argue that schools are "sanitised spaces where teenage sexual desire, practice and parenthood are

inconceivable” (p. 195).

Schools are sanitized through denying young people sexual diversity (Francis, 2017) and constructing them as lacking agency, childlike and asexual (Frizelle et al., 2013). These constructions further position youth as needing adult protection and guidance (Francis, 2017; Frizelle, et al., 2013). These constructions and positioning of youth lead to exclusion at school as teachers who teach about sexuality and sexual relationships often ignore sexual diversity (Francis, 2017). This limits and denies queer youth relevant knowledge regarding their sexuality and sends clear messages about the power of heterosexuality. Heterosexuality remains a naturalised component of everyday schooling (Bhana et al., 2019). As such, school-based SE can be perceived as endorsing prejudice and discrimination (Francis, 2017) and as well as promoting derogatory language and violent behaviour that is perpetrated by teachers (Francis, 2010; Frizelle et al., 2013). Other misconstrued beliefs surrounding gender non-conforming and sexually diverse youth include the assumption that heterosexual youth are in danger of being affected by queer learners (Francis, 2017).

According to Bhana (2014) sexual knowledge does not impose any harm on children. Therefore, the misconstrued idea that keeping sexual knowledge from children protects their sexual innocence (Bhana, 2014) needs to be disregarded. There is usually a contestation between wanting to preserve young people’s sexual purity and acknowledging that young children are sexual agents (Bhana, 2014). Teachers who teach about sexuality education are usually scared of being marginalised by their peers, parents and society for engaging young people in sexual talks. As a result, Bhana (2014) argues that there is a belief that youth’s innocence needs to be safeguarded. In an attempt to safeguard this innocence, sexual topics are not engaged in-depth and teachers are selective of what they teach about at schools. SE is often taught through moralism with teachers holding judgmental views and hiding behind the blame discourse (Bhana et al., 2013). As such, sexual topics at schools are taught with unease and SE is usually taught or spoken about when it is believed the child committed an immoral act such as falling pregnant (Bhana et al., 2019).

In addition to the above, Allen (2009) and Macleod (2009) argue that sexuality education programmes are very often premised on the metaphor of danger and disease which is detrimental

to the development of healthy sexualities in young people. Macleod (2009) describes a discourse of danger as referring to the “dangers” of early reproduction and abortion, while a discourse of disease speaks to concerns regarding contracting STIs or HIV. Through these discourses, certain gender normative behaviours are fostered in young people, for example, women as responsible for preventing HIV/AIDs (Collard, 2010). This narrative relieves men of responsibility forcing women to take responsibility for the SRH of both partners.

Bhana et al. (2019) provide an interesting argument whereby they say that the educational sphere pushes for heteronormativity and perpetuates exclusion because it denounces sexual habits and desires that do not fall within the bracket of acceptable gender and sexuality standards. Thus, individuals that do not meet the criterion are excluded.

For this reason, school curricula can be critiqued for focusing too much on teaching youth about sexual assault and women as victims of violence. Shefer and Ngabaza (2022) argue that current SE at school mimics and brings back behaviours and narratives that undermine and threaten gender, SRH and youth justice. As a result, to facilitate SE that is supportive of young people, it is necessary to acknowledge and recognise their sexualities and accept that they are agentic beings. Furthermore, it is critical to advance equity and safety in methods that do not prevent young people from accessing comprehensive healthcare (Shefer & Ngabaza, 2014).

According to Bhana et al. (2019) the manner in which sexuality education is constructed and taught ignores or delegitimises the opinions of young people on what works and matters to them (Bhana et al., 2019). School-based SE curricula can also be critiqued for prioritizing parental beliefs rather than children’s needs in the sense that the manner in which it is taught enhances adults’ authority with the assumption that young people are asexual and too young to understand or to be informed about sexualities. Bhana et al. (2019) record that this perception of young people is not really helpful and beneficial to their well-being as it further increases unsafe sexual behaviour due to limited sexual knowledge.

Some teachers teach SE from a moralistic point of view. Moralistic teachings about sexuality include speaking about abstinence, danger, coercion, risk, disease, and injury (Francis 2011). Topics around romantic relationships and sexual pleasure are often ignored and avoided (Francis 2011). Some teachers are always reluctant to engage in sex topics that are considered taboo or

controversial openly with their learners (Shefer et al., 2015). In cases where learners want to engage or openly discuss sex topics within the spectrum of what is considered taboo they are declined or hushed about such conversations. Teachers are often not prepared to engage, listen to what students have to say about how they view or experience sexuality and respond in a positive, affirming, and non-judgmental manner.

A spectrum of challenges has been recorded to impede youth's access to SE. The lack of trained professionals and SE programmes that teach about sexual diversity contribute to a lack of content and pedagogical understanding among instructors (Bhana et al., 2019).

Bhana et al. (2019) speak about the *kasi* (meaning neighbourhood) curriculum as something that needs to be taken into consideration in SE. Considering *kasi* curriculum as proposed by Bhana et al. (2019) might help bridge the gap in sexual discourse between formal and informal curricula. *kasi* curriculum is based on what is taught and learned in the township where is a working-class black African township (Bhana et al., 2019). According to the authors, the *kasi* curriculum allows students to go beyond formal schooling and demonstrates how opposing hegemonic masculine standards can lead to alternative kinds of masculinity and sexuality (Bhana et al., 2019).

Teachers in the foundation and intermediate phases should engage children on sexual matters as this will help young people at an early age to become aware of sexual and reproductive health matters (Bhana, 2014). For example, some young children are usually sexually molested or raped at an early age and do not know how to go about speaking about such issues.

Mayeza and Vincent (2019) speak about how most teachers struggle to teach learners about sexuality while maintaining discipline in the classroom. Teachers pay more attention to how they can stop learners from making or passing around unnecessary comments about sex and sexuality instead of engaging intensively in sexual matters that are tailored to the experiences of young people. This teaching style is what Mayeza and Vincent (2019) describe to be the teacher who is regarded as the possessor of knowledge.

Another struggle present when teaching about SE at schools is teacher biases. Teacher biases limit LO sexuality education's effectiveness as a comprehensive intervention aimed not only at addressing the sexual and reproductive health issues that many young people in South Africa

face, but also at empowering young people to exert agentic control over their own sexuality, sexual preferences, and intimacy decision-making (Mayeza & Vincent, 2019).

3.3. Out-of-school sexual education programmes

Out-of-school sexuality programmes reach the youth outside private/public school spaces (Sida, 2016) and they focus on creating awareness about how to prevent HIV and often concentrate on promoting empowerment. This research focuses on out-of-school sexuality programmes.

Out-of-school sexuality programmes have helped to decrease the spread of HIV over the years and increase the availability of antiretroviral treatment (Jana et al., 2015). Out-of-school sexuality programmes provide age-appropriate and factual information about sexual decision-making and relationships, illness and pregnancy prevention, abstinence, and contraception. These programmes also reduce rates of sexually transmitted infections (STIs), sexual risk-taking, teenage pregnancy and improve access to contraceptives (Ragonese et al., 2017). They further promote voluntary counselling and testing (VCT) for HIV, improve adherence to biomedical strategies to decrease infection (e.g., use of condoms) and decrease the misuse of substances (Skevington, Sovetkina & Gillison, 2013; Wood & Jewkes, 1997).

Programmes such as Soul City, LoveLife and Partners in Sexual Health (PSH) promote youth empowerment, try to identify gaps that exist in knowledge, and look to see how youth advocate for policies that are more inclusive and supportive of young people's needs (Collard, 2010; Wilbraham, 2009). For example, the *Mpintshi's programme*, which is a LoveLife initiative, seeks to develop youth's leadership, activism, agency, self-awareness, strengths, skills, competencies, network goals and resilience to tackle life challenges they face (Lovelife, 2016; Peltzer & Chirinda, 2013). Soul City is another out-of-school SE programme; it uses edutainment to promote empowerment through radio, newsprint and media (Jana et al., 2015; Rispel et al., 2010).

SE programmes like Stepping Stones (SS) have tried to challenge gender roles so that relationships become more gender-equal (Skevington et al., 2013). SS also advocates for gender transformation especially for people who are living in remote and low-income areas (Skevington et al., 2013). SS uses a participatory learning approach to empower women and men to take charge of their lives by ensuring that they are in control of their sexual and emotional

relationships within social and cultural, economic and political contexts (Jewkes et al. 2008; Skeveington et al., 2013).

Out-of-school SE programmes have been identified as having some degree of exclusion.

Some out-of-school SE programmes are centred on individual conduct and ignore the biopolitical and socio-economic factors that influence how HIV spreads, as well as how institutional and structural violence affects people's ability to exercise their free will and increases social vulnerability. Individualized HIV prevention and treatment programs encourage taking personal responsibility for one's risk of contracting the virus, but they neglect to address other types of obstetric, common, and sexual violence, which has a negative impact on sexual and reproductive health and rights in numerous ways (Kaunda-Khangamwa et al., 2022).

4. Empowerment Approaches

Empowerment approaches are necessary. They encourage people to acquire their agency. Below, I provide a discussion of what empowerment entails and its meaning in SE programmes.

4.1. What is empowerment?

In psychology, empowerment is defined as the ability of people to gain mastery over their lives and to advance collective goals (Kloos et al., 2012; Offord, 2008; Visser & Moleko, 2012). Empowerment encourages individuals to exercise their agency by creating a change in their own lives and that of others (Visser Moleko, 2012). Therefore, empowerment helps individuals to realise their full potential.

Empowerment is also defined as a process that people, organisations and communities use to gain control over the things that affect or concern them (MacPhail, 2006; Offord, 2008). It is a process that develops with time and it is different in every context (Kloos et al., 2012). Empowerment is also a process that happens at different ecological levels i.e., from individual to macro-systems. At the individual level empowerment is used to promote self-betterment without regard for one's community or broader society (Kloos et al., 2012; MacPhail, 2006). For example, empowerment at the individual level can lead to mental empowerment which in turn can promote better health (MacPhail, 2006). At a macro-setting level empowerment refers to role relationships marked by mutual influence and reciprocal helping (Kloos et al., 2012).

Although empowered individuals can empower organisations (MacPhail, 2006) some

individuals who feel empowered may not necessarily empower their organisations or communities. Similarly, empowered organisations may not empower their employees or bring about changes in the community (Kloos et al., 2012; MacPhail, 2006). Empowerment at a community level or in communities focuses on developing communities and their members. This is achievable by getting people to participate in community-based interventions that will enable them to feel empowered (MacPhail, 2006; Offord, 2012; Visser & Moloko, 2012). When individuals become part of community-based interventions, it promotes unity and empowerment of individuals. This leads to increased power and control (MacPhail, 2006).

Empowerment can also be said to be complex, dynamic and contextual (Kloos et al., 2012). Empowerment can further be described as subjective and materialistic (Offord, 2008). It is subjective as it provides individual or community development. Empowerment is also materialistic as people or organisations can use empowerment for self-gain to gain power over people and resources (Offord, 2008).

Community empowerment ensures that there is adequate capacity building and a desire of communities to facilitate interventions that are not affected by a lack of competence (MacPhail, 2006). In the advancement of communities, capacity building is understood as having access to financial, material, technical and social resources. This can be achieved through participation in community and civic organizations (MacPhail, 2006).

Advocacy is an important empowerment tool; it is used to help people gain more control over their lives which leads to them feeling empowered (Kloos et al., 2012). Effective empowerment is not uniform. In other words, it is a multifaceted concept in the sense that individuals, organisations, communities and societies can become more empowered (Kloos et al., 2012; Visser and Moloko, 2012) in a variety of ways.

4.2. Empowerment in sexuality education programmes

Some sexuality education (SE) programmes promote awareness, empowerment and a change in social norms and healthy behaviour through using methods that promote social change (Jana et al., 2015). Social change takes place through dialogues, debates, actions and reflections, social learning and efficacy (Jana et al., 2015).

A call has been made for SE programmes to move past just providing education and information

to promoting strategies that allow socially disadvantaged communities to understand their own vulnerability. This will promote a shift towards understanding vulnerability as social rather than an individual risk behaviour and will allow for collective empowerment and community mobilization (MacPhail, 2006).

As such, researchers have argued that SE programmes should be designed to acknowledge young people as having the agency to act in empowered ways. For young people to be able to act in an empowered way means they should be treated as agents. This means youth should be acknowledged as being able to engage in informed decision-making (Francis, 2010). According to MacPhail (2006) young people need to be empowered as empowering young people will create a space for youth to question their vulnerability. They should be exposed to empowerment that grants them the opportunity to develop the capacity to work together in such a way that they are able to take control over the different circumstances that makes them vulnerable (MacPhail, 2006).

For youth to be empowered, social, economic, cultural and educational factors need to be taken into context. It is crucial to consider the factors that impede their ability to act in empowered ways. Francis and Rimmensberger (2008) acknowledge that poor self-esteem result lack of interpersonal and negotiating skills. To overcome some of these barriers that lead to marginalisation and disempowerment an intellectual analysis should be adopted. MacPhil (2006) proposes that an intellectual understanding of the social conditions that disadvantage youth will help young people to make better sense of their sexual health by challenging the social context.

Therefore, empowerment-based programs are needed to help reduce the incidences of STIs and unplanned pregnancies, abusive power relations and increase equity. Macleod and Moore (2022) argue that self-efficacy and agency are used to describe empowerment programmes. Self-efficacy and agency are individualistic terms. As such, Macleod and Moore (2022) further argue that often empowerment-based programmes focus too much on empowering the individual forgetting that the individual is embedded in particular social and economic contexts. Therefore, there is a need to reconsider and redress how empowerment programmes are presented to reflect the variety of injustices in relation to race, gender, sexual orientation, gender identity, and ability status (Macleod & Moore, 2022) that may hinder individuals from gaining empowerment.

Ricardo et al. (2006) argues for awareness of young people's sexual behaviour and vulnerabilities and an understanding of gender. With gender being a social construct, there is a need for a shift in the manner in which empowerment programmes are taught and represented. The complexities of gender when designing empowerment programmes need to be considered as gender is dynamic (Ricardo et al., 2006). As such, empowerment programmes need to diversify sexual discourse in their curricula so that it is more comprehensive and inclusive. Macleod and Moore (2022) propose that empowerment programmes need to include critical perspectives and feminist theory.

5. Bridging the gap in Sexuality education

To counter community resistance to SE, researchers have argued that there is a need to teach different stakeholders such as clinic staff, parents, teachers, and society at large about the importance of young people gaining access to contraceptives, condoms, and information regarding their sexuality (Beyers, 2011; Delius & Glaser, 2005; Svanemyr, Amin & Robles, 2014; Villa-Torres & Svanemyr, 2014; UNESCO et al., 2018). The involvement of different stakeholders is crucial in the learning of human relationships and sexuality, especially for younger age groups (WHO, 2010).

To bridge the gap that exists between parental discussions and sexuality education means implementing interventions to address parents' attitudes and skills (Phetla et al., 2008). These interventions need to encourage and teach parents to reflect on their values and sexual knowledge, sexual risk, their own sexual socialisation and discomfort with having sexual conversations (Phetla et al., 2008). Whilst research advocates for different stakeholders to be taught about sexual matters, there is a need to move away from constructing youth as dependent on parental teachings (Wilbraham, 2009).

In addition, to help overcome barriers that hinder open discussions on sexual matters and sexuality education needs to be tailored to meet the needs of young people. There is a need to look at the framework in which sexual education is positioned. The public health sector's focus on educating young people on how and why they should prevent contracting illness fails to engage young people on how they can express their sexual agency (Bhana et al., 2019). A multi-pronged approach is needed in order to overcome injustices.

6. Conclusion

During adolescence the youth undergo different bodily changes. These bodily changes are seen as influencing their decision-making. The adolescent stage has also been found to be associated with social problems such as the early onset of sexual debut, unwanted pregnancy, HIV/AIDs, STIs, having multiple partners and the mistreatment of young women. These social problems pose a threat to the sexual and reproductive health of youth.

There are several factors that have been highlighted to be the cause of youth vulnerabilities. Firstly, socio-cultural, economic, power and gender inequalities are some of the factors that are the leading cause of youth vulnerabilities. Secondly, lack of sexual knowledge and the absence of parent-child sexual talks also contribute to youth vulnerability. Thirdly, sexual violence, which is the leading cause of gender-based violence, endangers young women as it leads to forced sexual encounters and threatens their health by increasing HIV infection and teenage pregnancy. Lastly, the media plays a role in shaping youth's sexuality. It may provide youth with harmful and damaging messages about their sexuality. Although the media may pose a threat, it also helps to disseminate positive messages on youth sexuality.

Sexuality education is often taught heterosexually and through moral discourse. As such, sexual education both in School and out-of-school programmes has been recorded to be exclusionary to a certain degree. The reason, as argued by Macleod (2009) is that it is premised on the metaphor of danger and disease.

Challenges experienced by youth when it comes to sexual education have called for the need to relook at how sexual education is taught. Empowerment approaches and the abandoning of heterosexual constructions have been proposed as stepping stones towards comprehensive and inclusive sexual education discourse.

Sexuality education interventions have attempted to provide SRH knowledge. Some of the positives of SE programmes are that they've managed to reach out to the youth outside private/public school spaces. Out-of-school SE programmes have attempted to provide awareness about HIV and promote empowerment. Some of the negatives of SE programmes are that they focus too much on creating HIV awareness and fail to capture the experiences of young people.

Research over the years has provided a different lens through which youth sexualities have been understood. There are many complexities that surround youth sexualities. These complexities show the need for more research to be conducted on sexual education, in particular, that of children outside school. Therefore, this chapter provided an outline on some of the key narratives surrounding youth sexualities.

CHAPTER 3

THEORETICAL FRAMEWORK

1. Introduction

In this chapter, I discuss the sexual and reproductive citizenship (SRC) framework to help understand how citizenship as a concept should be incorporated into youth empowerment sexuality education. Firstly, I address sexual and reproductive health rights (SRHR). I then provide a historical account of SRHR. I further draw on SRHR in a South African context and break down SRHR into sub-components whereby I define each component. This is done to show how the sexual and reproductive citizenship framework is rooted in sexual and reproductive health rights. Secondly, I move on to describe sexual citizenship where I provide a detailed discussion on how citizenship is sexed. Thirdly, I tackle reproductive citizenship and outline how it promotes access to reproductive rights and health. Fourthly, I provide a discussion on feminist principles of citizenship. These principles include citizenship as a status and practice; differentiated universalism; public and private interstice; situated agency; politics of recognition, redistribution; and reparation.

To better understand the citizenship principles, I use the sexual and reproductive citizenship framework that Macleod and Vincent (2014) conceptualised as a point of reference. This allows me to illustrate key points surrounding feminist citizenship principles, thus bringing forth the challenges present within some concepts of citizenship.

The term sexual minorities are used to describe how marginalised groups are denied access to sexual and reproductive citizenship rights and health based on their sexuality (Potgieter & Reygan, 2012). Therefore, in this chapter, the term sexual minorities is used to refer to lesbian, gay and bisexual identities, as well as transgender women and intersex individuals (Potgieter & Reygan, 2012).

This chapter will also speak to how the notion of citizenship is contested. It will also highlight that although citizenship rights are written in the law, they are not easily accessible. This makes access to citizenship in different spheres challenging and inaccessible due to various factors such as dominant heterosexual views that marginalise sexually diverse individuals.

2. Sexual and reproductive health and rights (SRHR)

According to Brown et al. (2019) sexual and reproductive health (SRH) initiatives recognise the importance of including rights in their programmes to achieve their goals. Therefore, many programmes have included topics such as “maternal health, abortion, sexuality, sexual health, contraception, reproductive morbidities, gender-based violence, needs and rights” of marginalized groups in society as part of their outreach (Brown et al., 2019, p.326). The Siyakhazi Youth Network (SYN) is a perfect example of a sexuality education programme that promotes SRHR values. The objectives of the SYN programme are guided by the SRHR model and they include providing quality access to sexual and reproductive health information, empowering the youth, and recognising youth sexuality in policies (Partners in Sexual Health, 2018). SRHR provides a point of reference and guidance for many programmes within the sexual and reproductive health domain (Partners in Sexual Health, 2018). It also encourages SRHR initiatives to promote inclusivity and equality. In the following sub-section, I provide a historical account of how SRHR began before I describe what SRHR entails. I will further break down SRHR into sub-concepts.

2.1. History of sexual and reproductive health rights

The year 2019 marked 50 years since the United Nations Population Fund (UNFPA) began and 25 years since the International Conference on Population and Development (ICPD) was held in Cairo (UNFPA, 2020). UNFPA is dedicated to addressing the reproductive health needs of people. An international declaration on sexual and reproductive health and reproductive rights was released by the UNFPA and ICPD, which shaped women and their families, and the societies in which they live (UNFPA, 2020).

The 1994 ICPD in Egypt brought about a shift in the way sexual and reproductive health was understood (Berro Pizzarossa, 2018), in particular, it mainstreamed sexual and reproductive rights (Conway, 2014). During this conference, discussions were held about the right for people to access sexual and reproductive health (Berro Pizzarossa, 2018). Since then, SRHR has undergone different revisions to meet people’s needs today (Berro Pizzarossa, 2018).

The ICPD helped to address issues that were ignored and overlooked. For example, it assisted

in recognising that the violation of women is a violation of their human rights (Berro Pizzarossa, 2018). Among the other issues discussed at the conference were family planning, fertility control, safe sex and pregnancy free of coercion and discrimination (Berro Pizzarossa, 2018).

As a result of the ICPD conference, reproductive rights were established. During the conference, reproductive rights (Nkala-Dlamini & Twala, 2022) were conceptualized as the basic right of all couples and individuals to freely decide when they want to have children and at what given time. Reproductive rights address people's access to information and the right for people to acquire the highest standard of sexual and reproductive health (Berro Pizzarossa, 2018). Moreover, the ICPD accepted different human rights that were already recognised in national and international arenas (Pizzarossa, 2018).

2.2. Defining SRHR

SRHR plays a crucial role in people's health and survival, economic development and the well-being of humanity (Starrs et al., 2018). It is made up of the following components: sexual rights, sexual health, reproductive rights and reproductive health (Starrs et al., 2018).

The first component of SRHR is sexual rights which can be described as part of the human rights of all individuals. Sexual rights focus on ensuring that all sexuality services and education are non-discriminatory and allow people to enjoy their sexuality without being coerced and their rights violated.

All individuals have the right to bodily autonomy. Therefore, people should have the agency to choose their sexual partner, make their own choices regarding their body if they choose to be sexually active or not, and be provided with comprehensive sexuality education (Starrs et al., 2018; Turner, 2008). Sexual rights not only address the desire to reproduce but the ability for individuals to have sexual freedom for example in lesbian and gay relationships where there is no intention to reproduce (Turner, 2008).

The right to privacy and freedom of expression are key in sexual rights. Some of the potential sexual rights that have been mentioned by advocates in the context of reproductive rights include the right to nondiscrimination, bodily integrity, freedom of information, access to health care,

protection from epidemic diseases, equality within the family, the right to marry and start a family, and the right to the highest possible standard of mental and physical health (Siegel, 2006). Miller (2000) notes that sexual rights include a variety of rights, including civil and political rights as well as economic, social, and cultural rights, which are necessary to guarantee the pleasure or expression of sexuality. Miller (2000) also provides an interesting argument on how simply listing the right to equality, privacy and information in relation to sexual rights does not guarantee that all individuals will be able to access these rights.

Indeed, Bhana (2014) supports Aggleton et al. (2006) argument in the fight for sexual rights and the freedom of every individual to manage and make decisions about their sexuality freely and responsibly, free from compulsion, discrimination, and violence, has been more intense in recent years.

The second component of SRHR is sexual health which has to do with the emotional, physical, mental and social well-being of people (WHO, 2021). Sexual health requires equal access to healthcare services regardless of a person's socioeconomic status, gender, race and sexuality (Starrs et al., 2018). Sexual health is premised on a positive and respectful stance towards sexuality and sexual relationships in which people engage in safe and pleasurable sexual activity that is free of discrimination, coercion and violence (WHO, 2021).

The third component is reproductive health (Starrs et al., 2018). Reproductive health looks at all the things that have an impact on people's reproductive systems (Starrs et al., 2018). Reproductive health is premised on people living satisfying reproductive lives, engaging in safe sex and receiving quality access to accurate information about their reproductive system for reproductive health people should receive affordable contraceptives and safe abortion and antenatal care services (Starrs et al., 2018).

The final component of SRHR is reproductive rights. Reproductive rights promote agency, access to information, the right to privacy, confidentiality, respect and informed consent in relation to reproduction (Starrs et al., 2018). Reproductive rights are associated with sexual agency and the ability to make informed decisions without being coerced (Turner, 2008).

The above sub-components gave rise to the integrated definition of SRHR that is an encompassing

of physical, emotional and social well-being of individuals. It looks at all the aspects concerning sexuality and reproduction. SRHR is viewed as being able to provide positive sexual functioning, satisfaction and pleasure (Starrs et al., 2018). In addition, it addresses issues such as violence, stigma and bodily autonomy which usually affect individuals' psychological, emotional and social well-being (Starrs et al., 2018).

For SRH services to be accessible it means they must be easily available (Starrs et al., 2018). Looking at the definition given to SRHR, it can be noted how the different components intersect with one another and how access to services is key in all of them. The emergence of SRHR gave rise to the notion of sexual and reproductive citizenship. Below, I delve into what citizenship entails. I further break down citizenship into sexual and reproductive citizenship.

3. Citizenship

In understanding the concept of citizenship, it is important to understand how citizenship is shaped and influenced by history. Therefore, colonialism and apartheid doctrines in South Africa have played a critical role in the political and social struggles facing citizenship. Citizenship is interconnected to multiple factors that shape how it is accessed and who can access it. To tackle the different components that make up citizenship, we need to understand both sexual and reproductive citizenship. In addition, we also need to understand the discourses that shape citizenship.

This section on citizenship hopes to shed some insights on the different nuances given to citizenship. Therefore, a description of what citizenship entails and the different nuances around it will be provided. To situate the discussion on sexual and reproductive citizenship, the rest of the chapter speaks to the Macleod and Vincent (2014) framework which draws on feminist and queer re-workings of citizenship theory. The sexual and reproductive citizenship framework advocates that sexual education should incorporate the different concepts of citizenship. Therefore, in the following section, I will provide a history of citizenship, a description of what sexual and reproductive citizenship entails. Within the different sections, I will describe citizenship concepts and show how they should be conceptualized in terms of sexuality education.

3.1. Definition of citizenship

Turner (2000) describes citizenship as concerned with membership, rights and access to entitlements. Marshall's concept emphasis on social citizenship, encompassing rights and access to social and economic resources that contribute to full participation in society (Turner, 2000).

Citizenship as membership has to do with the inherit ability to enjoy rights within a given (Turner, 2000). Expanding on the concept of citizenship as membership, Turner (2000) breaks down citizenship to be concerned with civil, political and social rights. As a political construct citizenship is understood to be concerned with the ability of people to voice their opinions and take part in elections. Social citizenship is understood as concerned with the rights of people to access entitlements and advocate for warfare. In terms of civil rights, citizenships look at the ways in which people can claim their legal status, obtain freedom of speech, receive access to a fair trial and have equal access to opportunities (Turner, 2000).

Citizenship is also concerned with belonging. Belonging refers to being a member of a particular community or nation. It involves a feeling of attachment, identification, and inclusion within a given social and political entity (Alfred & Fox ,2019). Belonging encompasses social, cultural, and emotional dimensions. It can involve shared cultural values, language, traditions, and a sense of shared identity with others who are part of the same community or nation.

3.2. Central arguments on Citizenship

Citizenship is both a contextual (Isin & Turner, 2002) and a contested concept (Cossman, 2007; Potgieter & Reygan, 2012). It is contextual as citizenship can come to mean different things to different people. On the other hand, it is a contested concept as it is understood as involving endless discussions on whether it is being used correctly by individuals (Barnes, Auburn & Lea, 2000). It is also a highly contested concept as it carries with it immense political value (within it are political and social identity issues), rights and responsibilities (Hunter, 2016). Therefore, citizenship is dynamic, constantly being revised and contested (Barnes et al., 2000).

Nyers (2000) argues that citizenship is not just complex but participatory (Shildrick, 2013) and a meaning-making process. This means it is socially and politically constructed (Turner, 2000). Citizenship is shaped by regulations and the state (Bhambra, 2015). The meanings given to

citizenship are not uniform (Alfred & Fox, 2019).

In the context of citizenship, Turner (2000) emphasizes the dual nature of participation, calling for both inclusion and the advancement of exclusionary practices. Turner (2000) further connects this idea to the concept of social conflicts as a primary driving force behind the pursuit of citizenship. These conflicts serve as the backdrop for understanding the struggle for citizenship, which often remains concealed within challenges related to accessing and practicing citizenship. Social movements are an example of citizenship as practice and demonstrate the struggle for citizenship (Turner, 2000).

Citizenship has the power to forfeit and deny individuals rights (Alfred & Fox, 2019). Citizenship is embedded within cultural, social and political matters that makes it hard for it to be accessed. For example, Turner (2000) argues how institutions such as religion are able to adopt the concept of belonging through the ideology that provides universalistic discourse of political space. In religion, for example in Christianity it is achieved through the naming of a place or space as a house of God. Thus, proclaiming any act outside this as ungodly. Turner (2000) also references how Christianity across different spheres is represented and understood differently. This thus pinpoints to the battle between private and public citizenship. In the private, Turner (2000) argues that it is perceived or represented through moralism, devotional religious practice, the conviction of wrong.

As such, Nyers (2004) argues that the embeddedness of citizenship within different systems creates a space for agency panic. Agency panic causes people to live in fear, develop anxiety and unease as they think through how they can navigate access to citizenship. Feelings of uncertainty bring forth the concept of the risk society which mirrors political governance (Nyers, 2004).

Shildrick (2013) extends this discussion by shedding light on the challenges faced by individuals who rely on the government for support, particularly those with disabilities. Shildrick (2013) highlights how changes in social policies, including the shift towards community-based care and reductions in specialized education programs, present significant hurdles to actively engaging as citizens within society. The alterations in welfare benefits further underscore the limited opportunities for individuals with disabilities or varying abilities to participate and be recognized as citizens (Shildrick, 2013).

In addition, Nyers (2004) argues that the government wants to reassure us and handle potential problems, but it also depends on keeping us worried about insecurity (Nyers, 2004). This form of governance is paradoxical in nature. It asserts its legitimacy by alleviating public fears and containing potential threats but is at the same time reliant on this sense of unease to actively foster public anxieties about insecurity (Nyers, 2004). Government laws related to citizenship include the criteria for acquiring citizenship, the rights and duties of citizens, the protection of citizens' rights, and the regulation of various aspects of citizenship such as immigration, voting, and access to social services. These laws can vary significantly from one country to another.

Therefore, Bhambra (2015) argues that citizenship is performative. It needs to be scrutinized in both political and non-political spheres as it is defined by social and political categories. In the political perspective, it is masked through the struggle for citizenship, compelling individuals to navigate between political and non-political society. This struggle is represented in the constant shift between exclusion and inclusion (Bhambra, 2015).

Debates centred around citizenship are usually framed based on political inclusion and exclusion nuances in a country. It defines who belongs to a political community and who does not, often perpetuating biases and inequalities related to factors such as race, gender, ethnicity, sexual orientation, religion, and region. In addition, citizenship has the ability to enforce unity. While playing a divisive function through dividing the population into smaller groups managed and governed by the state (Nyers, 2004). This can be seen through how citizenship in its categorization of who belongs, it focusses on one's place of birth which can affect individual's access to resources like food, healthcare, education and life opportunities, highlighting the far-reaching implications of citizenship (Nyers, 2004).

Moreover, Alfred & Fox (2019) propose that citizenship is perceived as a dynamic capacity emerging within a complex network or amalgamation of tangible and interrelated components. This includes individuals, tangible assets (money and property), communities, nation-states, norms and values, legal and policy frameworks, as well as ideas such as nationality, belonging, and democracy. Moreover, the struggle to belong raises political contestations. Therefore, Bhambra (2015) asserts that citizenship is performative, shaping the belief in one's right to have rights.

To create a visual representation of the complexities of citizenship Nyers (2004) poses the question of what's left of citizenship in their study. This question raises the argument about the different connotations and descriptions used to understand citizenship. As such, Nyers (2004) argues that citizenship has divided into three categories i.e. citizens, quasi-citizens and non-citizens which perpetuate exclusionary margins within social and political contexts. This statement by Nyers (2004) concurs with

Citizenship is a complex and dual-edged political concept, simultaneously lauded and fraught with challenges (Nyers, 2004). Within the complexities of citizenship lies political struggles. The politics of belonging which is embedded in the idea of citizenship create social hierarchies.

On the other hand, Shildrick (2013) argues that citizenship promises equality by granting equal rights and responsibilities to all citizens, drawing people in and engaging them in a deeper understanding of the power dynamics operating in societal spheres like civil, social, political, and legal domains. Despite this promise of equality, these power dynamics often remain hidden or unacknowledged, allowing certain distinctions or inequalities to persist (Shildrick, 2013)

Turner (2000) provides an account of how the different structures in society and the manner in which citizenship is perceived leads to hierarchies. As such creates social class. It is a social class at it is deeply hierarchal. The hierarchy in citizenship is evident through the constant clash between social and political matters. For example, a clash between social and political can be seen through economic profitability and welfare provision. Turner (2000) further provides a discussion on how social and political conflicts within political and social spheres are in competition with one another through the acquisition of resources.

The idea of politics within citizenship stems from the struggle to belong. This can be seen on how people in society constantly struggle to access rights and entitlements based on their identity. As such, Bhambra (2015) proposes the question of "what makes a citizen" (p.104). This question is significant as it answers the segregation and division that is present with access to citizenship.

3.3. Struggle for Sexual Freedom and Citizenship

In the past, citizenship was understood through colonial and apartheid doctrines. In contemporary

society, it is shaped by various factors. When studying and understanding citizenship, it is important to grasp the implications that come with labeling individuals as 'subjects'. Bhambra (2015) asserts that subjects are excluded from accessing and enjoying rights due to prescriptive and normative beliefs on citizenship that disqualify them. Therefore, Nyers (2004) argues that the vague meanings and definitions given to citizenship presents complexity for the state as it struggle to define citizenship.

The struggle for citizenship is evident through the constant transition and evolution of meanings attributed to citizenship (Shildrick, 2019). For example, during Marshallian times, citizenship was closely tied to civil, legal, political, and social rights. In contemporary society, the definition of citizenship has been extended to encompass gender, race, and sexualities.

Shildrick (2013) argues that simply granting sexual rights to differently-abled individuals is not sufficient in the fight for their sexual freedom. The sexuality of differently-abled individuals is plagued by oppression and discrimination. The public often admires individuals with disabilities who push past their limitations, although not all disabled individuals see it this way. Some disabled individuals even use the term 'supercrip' for highly accomplished peers (Shildrick, 2013). This argument points to the struggle for sexual citizenship.

In understanding citizenship, Nyers (2004) calls for citizenship to be participatory, and Turner (2000) argues that citizenship is closely linked to the idea of democracy. Interestingly, Turner (2000) asserts that citizenship plays a dual role: one of inclusion and exclusion. The inclusive-exclusive role played by citizenship is evident through unequal access to resources, further exacerbating exclusion. As such, the notion of citizenship, although inclusive, is still plagued by inequalities and exclusions. Bhambra (2015) argues that individuals perceived as non-political are those that fall outside citizenship. Thus, the assumption that when one does not fall within the normative bracket of citizenship, they are excluded.

3.4. Challenges of accessing and practising citizenship

To access full citizenship rights, one must conform to societal norms. When this is not possible, differently albed individuals might receive what are often called 'special' rights, indicating their

divergence from the privileged norms and placing them in an inferior position. Essentially, when the law helps differently albed individuals, it reaffirms their devalued identity and subjects them to further control. Access to rights and entitlements for differently albed individuals does not challenge normative standards of ableism. Instead, it strengthens the system that creates and maintains such distinctions (Shildrick, 2013).

Turner (2000) argument about how citizenship is deeply political and contested through the meaning making process of who is and who qualifies to be called a citizen. In addition, Nyers (2004) argues that citizenship narratives are centred on the marginalisation and subordination of the other. As such, triggers the emotions of uncertainty through constantly causing individuals to evaluate and scrutinise their citizenship status which may hinder their ability to exercise or practice citizenship. Shildrick (2013) further adds to this argument through recognising that differently-albed individuals are emotional beings. As such, their sexual desires should be considered as they contribute to sexual citizenship. Moreover, Shildrick (2013) delves into how the refusing to acknowledge sexuality of differently-albed individuals exposes them to risk (such as violence and abuse).

Turner (2000) argues that the struggle for citizenship is concealed within challenges of access and practicing citizenship. Labeling categorizes disabled bodies into distinct identities such as blindness, mobility issues, congenital deformities, or learning disabilities, each with their own traits and societal expectations. This transformation, which used to make disability seem overwhelming and monstrous, now seems to promote conformity and submission. The expanding rights related to disability should not be automatically seen as a positive advancement but as a reinforcement of biopower's control mechanisms (Shildrick, 2013).

3.5. Critique of Citizenship

Citizenship can be critique for being exclusionary. As such, to remedy exclusionary practices of citizenship. Shildrick (2013) proposes a quasi-Deleuzian approach, which will provide critical insights on sexual citizenship and address queer identity and ableism doctrines (Shildrick, 2013). The Deleuzian approach calls for transformation, advocates for a reevaluation of how citizenship is defined. This entails revisiting the prioritization of able-bodied individuals and the abandonment of differently-abled individuals' sexual experiences in promoting citizenship. The Deleuzian

approach advocates for unity and inclusivity.

Citizenship can also be critiqued for pushing for normative discourses. In doing so, it perpetuates inequality and the subordination of certain groups (Nyers, 2004). As such, Shildrick (2013) calls for a shift in education programmes and increased support for the sexual citizenship of differently abled individuals. In addition, Shildrick (2013) highlights how citizenship worsens inequality through exclusionary practices. This is evident through how although citizenship may advocate to access to welfare, the chances of differently-abled individuals in accessing their rights is limited due to poor recognition.

In addition, Shildrick (2013) deliberate on how individuals who cannot meet the criteria of a self-reliant citizenship may lose social and political rights. Therefore, to challenge citizenship doctrines, Nyers (2004) proposes a shift from societies that are reliant on inherited characteristics to those that emphasize accomplishments. Nyers (2004) delves on how citizenship is constantly changing from things like ethnicity and gendered to what one can achieve and on their beliefs. Therefore, Nyers (2004) engages with how the shift towards contemporary society means that the government is faced with the dilemma of having to mediate between private property owners and working class. Nyers (2004) pinpoints to the battle facing citizenship.

Moreover, citizenship can be critiqued for being deeply political. It is political as it involves the subordination and marginalisation of some groups through the notion that it is identifying and classifying individuals into citizenship. As such, Turner (2000) argues that the criterion put in place describes and dictates who qualifies to be a citizen or not. This criterion is as argued by Shildrick (2013) is cemented within normativity. Shildrick (2013) makes an example of how an oppressed identity like disability has been formed, assigned, and consistently enforced within a specific context (Shildrick, 2013).

Citizenship can be critiqued for being regulatory. The government uses citizenship to enforce and push for its agendas (Turner, 2000). As such to challenge present discourses of citizenship. Shildrick (2013) proposes the queer theory as one way in which normative discourses of citizenship can be critiqued. Shildrick (2013) also calls for transformation of citizenship. Thus,

proposes the dismantling of fixed identities and diversification of sexual behaviour. In addition, Shildrick (2013) argue that in applying transformation need to need to revisit the connection made between sexuality and disability. Need to challenge any traditional views of society that construct differently-abled individuals sexuality based on ideas of deficits or completeness, sameness and difference, hierarchy, and assumed restrictions for a harmonious society (Shildrick, 2013).

Alfred & Fox (2019) introduce the humanist concept of citizenship and present a critique of citizenship. They emphasise that understanding citizenship involves examining how sexualities education operates at a micro level, influencing the formation and expression of citizenship. The authors stress the importance of recognizing the intricate connections between personal experiences, especially in the realm of sexualities, and the broader socio-political landscape in shaping one's identity as a citizen. They call for a more nuanced understanding of citizenship that is inclusive, promotes diversity, and highlights the interconnected process involved in becoming a citizen.

To address challenges with participation, Shildrick (2013) proposes the concept of nomadic citizenship. Nomadic citizenship emphasizes a form of power that operates collaboratively. 'Nomad' citizenship involves a shift away from the individual's political status towards a collective arrangement that emerges from 'participatory group democracy and the self-coordinated expression of differences for the mutual benefit of all involved (Shildrick, 2013). Nomadic citizenship advocates for collaborative power instead of modern government politics. In addition, Fox & Alfred (2019) concur with Shildrick (2013) on the proposition of nomadic citizenship.

Bhambra (2015) highlights the racial challenges within citizenship and proposes new perspectives to address and overcome these challenges, providing a critical analysis of the existing paradigm. Nyers (2004), Alfred and Fox (2019) critique the traditional notions of citizenship, focusing on issues related to belonging, rights, and the criteria defining a citizen, challenging established norms and assumptions. Shildrick (2019) explores the role of government in shaping sexual citizenship, shedding light on how policies and societal attitudes influence sexuality issues, especially for individuals living with disabilities. Each of these scholars offers a unique perspective on citizenship, incorporating various dimensions such as social, racial, rights, and sexuality issues,

contributing to a comprehensive understanding of citizenship and its challenges in modern society

According to Shildrick (2013), governance is intertwined with sexuality, and conversely, sexuality is intertwined with governance to the extent that sexual matters are always entangled with the various systems involved in shaping and sustaining the socio-cultural framework. Additionally, societal norms perpetuate the regulation of sexuality and construct differently-abled and sexually diverse individuals as outsiders. Governmentality lies at the core of the social structure, orchestrating and overseeing socio-political interactions through a complex web of institutional and personalized regulations. This reveals a mechanism that questions the belief that expanding socio-political acknowledgment and control is the definitive answer to address the marginalization of disability and sexuality (Shildrick, 2013).

4. Sexual citizenship

Sexual citizenship appears to be primarily concerned with securing legal and societal rights for a particular sexual identity rather than safeguarding behaviors that deviate from the norm. Consequently, this restricted approach to sexual citizenship could be perceived as regressive because it doesn't encompass the entire spectrum of behaviors, identities, and relationships that make up human sexuality (Shildrick, 2013). Sexual citizenship and reproductive citizenship involve the rights and responsibilities related to sexuality and reproduction within the context of citizenship.

Alfred & Fox (2019) describe citizenship as a theoretical concept that is embedded in politics, law, social policies and is centred on promoting sexual rights. Sexual citizenship advocates for acknowledgement of diverse sexualities and identities. Sexual citizenship encompasses the rights to consensual sexual activity, freedom from discrimination based on sexual orientation or gender identity, access to sexual healthcare and education, and the ability to express one's sexuality openly without fear of persecution citizen (Alfred & Fox, 2019).

4.1. Definition of sexual citizenship

Sexual citizenship also extends to other things. Firstly, it promotes equal access to sexual rights (Conway, 2014; Richardson, 2000), public participation and sexual agency (Pieterse, 2015). It promotes that people's social, sexual and political status be recognised (Burchardt, 2018).

Furthermore, it examines how people's social and political status is constructed as well as the challenges they encounter when trying to access their sexual rights (Burchardt, 2018; Turner, 2008). Therefore, sexual citizenship explores the issues of who can and is allowed to enjoy sexual rights, gain sexual intimacy and sexual fulfilment (Turner, 2008). It also looks at issues of sexual expression and identity (Cossman, 2007).

Secondly, scholars point out that citizenship is generally sexed and represented heterosexually which needs to be undermined (Potgieter & Reygan, 2012). Heterosexual constructions are dominant and affect the way sexuality is understood. The construction of citizens heterosexually leads to social and cultural life being understood based on those terms (Potgieter & Reygan, 2012). Heterosexual constructions of sexuality in society perpetuate the objectification of women and sexual minorities. For example, sexual minorities and women are objectified by cisgender heterosexual men through pornography (Conway, 2014). This depersonalises and reduces women to the male heterosexual gaze. The objectification of women and sexual minorities increases sexual violence. Furthermore, women with disabilities are also restricted in terms of their sexual citizenship (Conway, 2014).

Thirdly, sexual citizenship tends to be privatised and domesticated (Hubbard, 2001). The privatisation of sexual citizenship leads to sexual minorities feeling excluded and restricted from fully accessing their citizenship (Hubbard, 2001). The reason is that a citizen is usually perceived to be heterosexual. Therefore, in most societies, sexual minorities are denied sexual citizenship based on their sexuality. For example, gay men are denied sexual citizenship as a result of their sexuality being perceived as not socially acceptable (Isin & Wood, 1999).

To counteract the above, all sexual beings should be allowed to fully participate in the political, social, cultural and spatial environment. Therefore, sexual citizenship should promote the inclusiveness of all sexual beings across society (Isin & Wood, 1999). In addition, to redress sexual citizenship issues there is a need to balance a negative interpretation of sexual citizenship with a positive one. A positive view on sexual citizenship will allow sexual others to be understood. In understanding sexual citizenship, it is critical to understand sexual rights and the identity of differently abled individuals. Differently-abled individuals are often portrayed through an outsider's perspective and their sexual emotions are given minimal attention (Shildrick, 2013).

The lack of recognition becomes evident through the prioritization of ableism and neglect of the sexual experiences of differently-abled individuals (Shildrick, 2013).

In addition, differently-abled individuals in contemporary society experience stigma, judgmental societal attitudes, challenges with accessing rights and sexual reproductive health, limited sexual education, poor communication and their expression of challenges are often ignored (Shildrick, 2013). Thus they develop poor self-esteem and low body image which affect their ability to access rights and entitlements.

5. Reproductive citizenship

Reproductive citizenship includes access to contraception, family planning services, abortion services where legally available, comprehensive sex education, and the right to make informed decisions about reproduction without discrimination (Alfred & Fox, 2019). Reproductive citizenship looks at the reproductive health of all individuals (Richardson & Turner, 2001), their sexual status and political identity (Cooper, 2011; Riggs & Due, 2012). Although reproductive citizenship promotes equality in reproductive care many people still do not have access to it (Richardson & Turner, 2001).

Reproductive citizenship is inclusive of those individuals who do not want to reproduce and reproduction from same-sex couples (Morison & Lynch, 2019; Turner, 2008). The reason for this is that in most societies heterosexual reproduction is valued amongst other modes of reproduction (Riggs & Due, 2012). The preferred and acceptable reproduction is preconceived as natural contraception (Riggs & Due, 2012). Heterosexual reproduction is normalised, and other modes of reproduction are mapped as wrong or unacceptable (Riggs & Due, 2012). In most societies, desirable sexuality is conceptualised as one that involves heterosexual fertility and reproduction (Richardson & Turner, 2001).

Roseneil et al. (2013) argue that non-heterosexual individuals' reproductive rights are acknowledged with margins of exclusion and inequality. Roseneil et al. (2013) further argue that although women's rights are imprinted in the law, they still experience similar issues to those of non-heterosexual individuals and differently-abled individuals, such as sexual violations and marginalisation.

6. Social constructionism and SRC Framework

Before, I delve into providing a description SRC Framework. I will provide a brief discussion of social constructionism. Social constructionism is concerned with how people make sense of socially constructed meanings, norms and practices (Cikara et al., 2022). Central to social constructionism is societal beliefs, values and norms that are constructed through social interactions, language, context and culture (Cikara et al., 2022). As such, locating Macleod and Vincent (2014) SRC framework within this theory brings forth citizenship challenges which include how identities and sexualities are constructed, how rights and agency is accessed differently across different contexts. These different factors are intertwined and exist within social and political contexts.

The Sexual and Reproductive Citizenship (SRC Framework)

The SRC Framework is made up of six citizenship principles. Namely: 1. citizenship as status and practice; 2. Differentiated Universalism; 3. Public and private interstice; 4. Situated agency; 5. Politics of recognition, redistribution and reparation. The sixth principle which is inclusive and process-based educational processes is an additional principle to the Macleod and Vincent SRC principles.

7. Citizenship as a status and practice

In this section, I discuss the issues raised in Macleod and Vincent (2014) sexual and interstice reproductive citizenship framework (SRC) concerning citizenship as both status and practice.

7.1. Status

Citizenship can be described as both a status and practice (Isin & Wood, 1999). As a status, it refers to belonging and identity-based rights, and as a practice to rights and responsibilities (i.e. civil, political and social) (Holzner & Oetomo, 2004) that define an individual's membership in a community (Isin & Wood, 1999). Citizenship is conceptualised as membership of communities (Cossman, 2007) and the relationships between members of those communities (Potgieter & Reygan, 2012). Therefore, citizenship as membership is concerned with belonging to a community (Barnes et al., 2000; Moreau, 2015; Pieterse, 2015), very often within a nation-state.

Citizenship can be divided into social, civil, political and cultural membership. Social membership in a nation-state speaks to rights and responsibilities. As such, look at practices around rights and responsibilities that explain what it means to be a member of a community (Hunter, 2006; Isin & Wood, 1999). Social membership is usually accompanied by many complexities, in most countries, people are denied legal membership based on their nationality (Isin & Wood, 1999). Those individuals who are regarded as citizens acquire rights which in turn demand responsibilities (Hunter, 2016).

Citizenship can be extended to civil, political and cultural membership. Citizenship in civil rights has to do with things such as the liberty and freedom of a person. Citizenship as a political right looks at social rights which include the right to economic welfare (Hunter, 2016; Turner, 2008). It refers to political participation and representation in civil society (Hunter, 2016; Pieterse, 2015). An example of political rights includes the right to vote in elections (Turner, 2008). Cultural rights are rights that have to do with art and culture. Cultural rights encourage individuals to practice any culture of their choice. They promote equality of different cultures, non-discrimination, and human dignity (Ssenyonjo, 2019).

Sexual minorities are usually excluded from civil, political and cultural membership (Cossman, 2007; Pieterse, 2015). For example, looking at the political sphere, one can see how matters related to the sexual orientation of sexual minorities are rarely addressed. Culturally, sexual minority sexuality is constructed in a range of spaces as wrong and deviant.

Citizenship as a status is also about the distribution of entitlements (Turner, 2008). For example, reproductive entitlements mean that women and children should have access to resources including family security systems or educational systems (Turner, 2008). However, entitlements are not just about status; there are cultural and emotional aspects to them. For example, if people feel like they do not belong in that society, they feel like they do not have a right to various social services or that they can ever fully participate in them (Arnot & Swartz, 2012). Moreover, Shildrick (2013) argues that claiming one's citizenship status is affected by pain, harm, or inequality that confine people into subordination.

The process of becoming a citizen is filled with many complexities (Cossman (2007). Debates

surrounding citizenship have been accompanied by questions about what it means to become or be recognised as a citizen and the type of citizens being reproduced in the process. This is because the process of becoming citizens operates on a range of technologies of inclusion and exclusion, constituting the subjectivities of people through these technologies (Cossman, 2007). In addition, Shildrick (2013) argues that the inclusion of certain groups within norms of heteronormative society is a challenge. This is evident through the reinforcement of normative practices and the exclusion of those that do not fall into the bracket of what is deemed socially acceptable.

Belonging is both deeply subjective and political. It is expressed through narratives of self (identities) and people's need for relationships (Yuval-Davis, 2006). Nonetheless, in South Africa, the struggle for lesbian, gay, bisexual, transgender, queer, intersex, asexual and more (LGBTQIA+) belonging continues, shaped by several intersecting, fluid dimensions arising from both individual identity and agency, as well as the boundaries of place, positionality, community, and culture. The inclusive and exclusionary processes of becoming a citizen are illustrated when sexual minorities experience exclusion despite legal laws put in place for them to gain full access to sexual rights (Potgieter & Reygan, 2012).

Citizenship may be exclusionary when it promotes heterosexuality, thus, excluding non-heterosexual beings (Hubbard, 2001). Dominant beliefs surrounding citizenship normalize and encourage the idealised heterosexual nuclear family (Hubbard, 2001). For example, good heterosexual citizens are constantly praised and rewarded by the state in terms of medical, welfare and housing provision, while sexual others are marginalised because of their sexual status (Hubbard, 2001). The exclusion of sexual minorities conveys processes of not just becoming citizens but unbecoming citizens as well (Cossman, 2007).

Thus, people are excluded from citizenship, firstly, based on dominant ideologies of citizenship. Secondly, they are excluded spatially (for example, gay men and women may be excluded from being married in a Church (Hubbard, 2001). An aspect of this exclusion is rendering other sexualities invisible (Potgieter & Reygan, 2012). Thirdly, citizenship is exclusionary as it excludes outsiders from resources (Turner, 2008) and those individuals that do not subscribe to normalised

notions of citizenship. For example, lesbians and gays are sometimes denied access to an African identity based on the belief that homosexuality is un-African (Moreau, 2015). Yuval-Davis (2006) argues how politicization supports white people and reinforces the perception that homosexuality is un-African. Fourthly, it is exclusionary as the conceptualisation of citizenship as membership holds exclusionary margins. The language used to describe who is a citizen constructs certain people as outsiders. Indeed, the term citizen on its own hold's exclusionary connotations. Who decides who is and is not a citizen and based on what criteria, is central (Barnes et al., 2000). Therefore, Macleod & Vincent (2014) argue that belonging or inclusion in SRH is not “conferred but requires access to information about entitlements and rights: a key issue for critical sexuality education” (p.15). As SRHR are considered universal rights, belonging and sexual reproductive citizenship should be inclusive. One way in which the inclusion of gay can be achieved is through pro-gay social movements (Shildrick, 2013).

7.2. Practice

Citizenship as a practice can be conceptualized in different ways. It allows people to realize their identity as civic and political agents. This allows them to claim their rights and entitlements in practice, for example, individuals can claim their sexual rights in society and the constitution (Barnes et al., 2000). Additionally, citizenship as a practice involves rights and political participation. The word practice helps us understand the dynamic construction of citizenship which is constantly changing due to political struggles (Barnes et al., 2000).

In addition, citizenship can also be described as a means and an end (Kloss et al., 2012). As a means, it seeks to improve decision-making. For example, if citizens participate in decision-making, they are more likely to be committed. As an end value, citizenship assists in decision-making (Kloos et al., 2012). For citizenship to meet people's needs, it should be inclusive and incorporate people in important decision-making, giving people equal access to resources and just treatment (Holzner & Oetomo, 2004).

Therefore, citizenship as a practice is often concerned with rights and responsibilities (Cossman, 2007). It is also about taking responsibility for the activities that follow the rights and duties granted to people by the state (Cossman, 2007). For example, young people are granted sexual rights but are expected to also be responsible for both their own and their partner's health, consent

and pleasure (Holzner & Oetomo, 2004). In other words, although young people have sexual rights, they must take responsibility for the outcomes or outputs that come from engaging with those rights.

7.3. Meanings of the above in terms of sexuality education

In sexuality education (SE), Macleod and Vincent (2014) argue the relationship that exists between status and practice requires access to information about youth entitlements in the sexual reproductive health (SRH) domain. Status in SRC as described by Macleod & Vincent (2014) is not conferred. In other words, SRC status requires people to have access to information about their entitlements and rights.

As such, Macleod & Vincent (2014) argue that young people's status should be coupled with conversations around citizenship as a practice. This entails discussions on how some individuals, especially women and marginalised groups, such as disabled people, may be excluded from fully accessing their rights and as a result should be included in citizenship matters (Macleod & Vincent, 2014). To win the battle for the inclusion of differently abled and sexually diverse individuals there is a need for a better understanding of belonging. The concept of belonging has to do with identity-based rights. Thus, Macleod and Vincent (2014) call for the recognition of all identities in SE.

8. Differentiated Universalism

To understand differentiated universalism, we need to consider how cross-cutting issues (such as quality access to health care) are affected or influenced by contextual issues (such as gender norms and relationships) which may impede quality SRH. Everyone has a right to sexual and reproductive health (SRH) needs. SRH needs and issues on sexuality are addressed through sexual health services, sexuality education, counselling and access to information (Starrs et al., 2018). For SRH needs and services to be met everyone needs to receive adequate SRH information (Starrs et al., 2018).

Furthermore, to meet the SRH needs of people means SRH services must meet the public health and human rights of all people. This can only be achieved through access to quality health care and for their sexual health to be accepted (Starrs et al., 2018). Additionally, meeting the SRH

needs of people means that people should become knowledgeable about sexual and reproductive rights (SRR) which is based on the human rights of all individuals (Starrs et al., 2018). These are cross-cutting or universal issues.

False universalism, however, is when principles are applied without due regard to the local context. Macleod and Vincent (2014) use the notion of differentiated universalism to describe how sexual education (SE) should reflect a combination of cross-cutting issues (for example, the importance of quality reproductive healthcare) with contextual issues (for example, how particular localised gender relations shape SRH). Differentiated universalism in SE also involves a critical reflection of legislation and policies (Macleod & Vincent, 2014).

9. Public and private interstice

The private and public spheres are perceived to be separate entities. However, they are intrinsically dependent on each other. What happens in the private sphere influences some of the things that happen in the public and vice versa. The divide between private and public spheres has called for a closer study of the divide between them.

9.1. Private sphere

The private sphere is known as a place of intimacy, family (Cossman, 2007; Hubbard, 2001), women and children (Isin & Wood, 1999). It is a place of intimacy as one has control over one's body, feelings and sexual relationships. Therefore, the private sphere is an environment that offers people some sort of privacy (Hubbard, 2001).

Although the private sphere offers individuals privacy, it is accompanied by a lot of controversies and challenges. For example, one challenge that women in the private sphere experience include that of their role being perceived as domestic (Isin & Wood, 1999). This misconception comes from the belief that a woman's duty is to reproduce, take care of the home and children. As the private sphere assigns gender roles, it can be criticised for denying individuals freedom of participation in the public domain (Pieterse, 2015). Sexual matters are assigned and said to belong in the private sphere. These narratives have an impact on women's sexual citizenship and perpetuates patriarchy and gender norms (Pieterse, 2015).

In addition, heteronormativity normalises heterosexuality in the public and private spheres. Heteronormativity promotes heterosexual conduct and creates hierarchies and dichotomies between heterosexuals and homosexuals (Javaid, 2021). These hierarchies and dichotomies perpetuate patriarchy and gender norms in the private sphere, which is evident through how sexual minorities generally feel socially isolated (Richardson, 2000). They do not feel accepted and as belonging because it is in the private that they are silenced and rendered invisible (Isin & Wood, 1999; Hubbard, 2001). For example, lesbian and gay men have to hide their sexuality as they fear their sexuality being exposed in public which can conflict with their privacy (Hubbard, 2001). Furthermore, Isin and Turner (2002) argue that the failure to acknowledge the challenges of individuals' experiences in the private sphere plays an important role in the way people can act as citizens and their access to their sexual rights.

Spaces such as the home constitute a large part in shaping how individuals understand and perform their sexuality (Francis, 2013). In most cases the home environment, which is that of the private space work to problematise or challenge sexual diversity as private spaces work to hide what is considered publicly immoral or unacceptable.

In the private sphere, gender-based violence has proliferated over the years. Gender-based violence and gender inequality have now become synonymous. In most cases, sexual violence in the private sphere is accompanied by cases of gender inequality. Whereby men still believe women, children, and sexual minority groups (Moffett, 2006).

Moffett (2006) argues that it is important to remind South African women of the importance of their right to equality in the public sphere. However, this does not necessarily translate into equality in the private sphere. In other words, there are differences on how women can access equality in private and public spheres. The private sphere is a space that is extremely patriarchal and hierarchical. Similarly, to the private sphere, the public sphere is deeply political, hierarchical and highly unequal. The private sphere as Moffett (2016) writes is still not a free and safe space for many.

9.2.Public sphere

The public sphere is about the right to participate in public processes regardless of one's sexuality

(Isin & Turner, 2002). The public sphere allows people to engage in common affairs (Pieterse, 2015). Thus, it should be freely accessible to all individuals. Acquiring access to it means achievement full citizenship (Hubbard, 2001; Isin & Wood, 1999).

However, full participation is not always achievable due to the public sphere being inaccessible. The inaccessibility of the public sphere leads to gender-related oppression, marginalization, discrimination, and victimisation (Francis, 2019). Young people, women and sexual others i.e., sexual minorities may experience challenges when they try to access the public sphere. Some of the challenges include the belief that women's roles are in the home (Isin & Turner, 2002) and that they are responsible for procreation, with the social body sanctifying reproductive morality (Kaunda-Khangamwa et al., 2022). This prevents women from fully enjoying their political rights (Isin & Turner, 2002).

The patriarchal system places men in the public sphere as fathers and husbands and places women in the private sector of the home as mothers and spouses. This is one of the key elements that influence women's political participation around the world. This ideological gap does not, however, accurately represent reality. In the daily lives of women, the lines separating the public and private are frequently blurred. However, the home realm is still seen as the appropriate environment for women in both the North and the South, whereas the public domain is identified with men (Akbari et al., 2020).

Moreover, women are not the only people who experience challenges when it comes to sexual expression and roles in the public sphere. Sexually minority groups which are sexually diverse and differently-abled individuals often experience public harassment and humiliation (Isin & Wood, 1999). Humiliation experienced by sexually minority groups stems from negative messages passed around in public (Isin & Wood, 1999) which makes them vulnerable to sexual violence and homicide. Sexual minorities in the public sphere are negatively portrayed in arguments around how their sexuality disrupts binary gender norms and dominant ideologies. As such, those individuals who fall outside binary gender norms have to disguise or deny their sexuality as it is deemed unacceptable. They disguise their sexuality in an attempt to avoid homophobic attacks, gay-bashing, and verbal abuse (Hubbard, 2001; Isin & Turner, 2002).

To help address violence towards sexual minorities in the public sphere social movements such

as Free Gender in South Africa advocate for lesbian and gay rights to be treated the same way as women's rights (Moreau, 2015). This movement also advocates for the rights of lesbian and gay individuals to be treated with dignity (Moreau, 2015). Additionally, to address the transgression that happens in the public sphere lesbian and gay individuals challenge homophobic oppression through gay pride parades and marches (Hubbard, 2001).

The public sphere is about visibility, access to citizenship and the ability to practice democracy (Isin & Wood, 1999). Sexual minorities are often perceived as invisible, which constructs them as having no rights and needs. To challenge the exclusion of sexual minorities in the public sphere homophobia and misogyny should be challenged (Hubbard, 2001). This can be achieved through advocating for the sexual rights of sexual minorities to be recognised and practised. Sexual minorities should be able to use public spaces without having to fight to be equally recognised and their sexuality should be recognised without them having to prove it (Hubbard, 2001).

In addition, public and private settings are more than just backdrops for identity enactment; they actively contribute to the development and moulding of varied identities. Spaces are turned into regulatory landscapes that either promote or impede identity formation. South Africa's physical and psychological limits of inclusion and exclusion have shifted as a result of societal transformation following democratisation. However, old margins/doctrines have been reinscribed while new margins have materialized (van Zyl, 2011).

Therefore, to counteract exclusion there needs to be a shift in the way people understand sexuality. This calls for radical openness when trying to engage with sexuality issues (Hubbard, 2001). A shift in the ways sexual minorities are understood will help challenge heteronormativity in the public sphere and will allow sexual minorities to make claims for sexual rights (Hubbard, 2001).

Although the public sphere is presented with a lot of challenges with access to citizenship, it is important to note some of the gradual changes that are happening. Changes in citizenship can be seen in South Africa where gay marriages are legalised (Cooper et al., 2004; Turner, 2008). Gay couples are now incorporated as part of civil unions. This grants them the same rights and benefits that married heterosexual couples enjoy (Turner, 2008).

In Namibia, men who are caught wearing earrings in public are criticised and may be told to take them off or have them pulled from their ears because doing so is considered feminine and a sign of homosexuality (Brown, 2022). Gay men and lesbians who identify as transgender have reported more physical harassment, hostility, and emotional abuse in various Namibian communities. In addition, gay men and lesbians experience verbal assault by healthcare workers and their confidentiality is frequently violated (Brown, 2022).

9.1. Public vs private sphere

The public-private divide has existed for a long time. The divide between these two spheres has led to them being understood as separate entities. However, research has indicated that the public and private spheres are codependent (Isin & Wood, 1999). They also explain that division that exists between the private and public spheres represents the foundation on which citizenship is traditionally understood and practised. For example, traditional norms of citizenship allocate sexual matters to the private sphere.

The public-private divide interconnection is illustrated in domestic violence and child abuse. For example, domestic violence and child abuse usually happen in the private sphere, but the consequences or outcomes of this violence are usually addressed in the public realm. To combat the exclusion of sexual minorities in the public sphere, sexual minorities should be allowed to move around secluded spaces of privacy and intimacy and the public space of rights, property ownership and political representation (Hubbard, 2001).

However, the classification of some areas as public or private spaces limits sexual minorities' access to SRH (Isin & Wood, 1999) in the sense that access to both spheres is largely impacted by different factors. These include power as a determinant of who can and cannot access certain places, wealth and status (Isin & Wood, 1999). These factors not only deny women full access to both spheres but also gay men and lesbians (Isin & Wood, 1999).

To further challenge fixed, gendered and sexualised beliefs of citizenship, the fixed boundaries between the spheres need to be abandoned (Isin & Turner, 2002). For example, dismantling the public-private divide will promote the inclusion of women and sexual minorities in public theory, practice and policy-making meaning given to gender will be done away with (Isin &

Turner, 2002).

9.2.Public-private divide in terms of SE

In sexual education (SE), sexual citizenship brings into focus the interstice between the private and the public. The public-private divide can be dismantled by recognising how both spheres are closely intertwined with each other. As such, it is important to note that decisions that are made in the private sphere are influenced by the social (i.e., public sphere) and vice versa.

A gendered separation exists in the public and private spheres (Macleod & Vincent, 2014). Gender, in both spheres, plays a role in separating or dividing acceptable practices and serves to reinforce heteronormativity. To disrupt the division between public and private spheres in SE calls for the meanings given to gender to be dismantled in both political and social contexts (Collard, 2010; Macleod & Vincent, 2014). This requires highlighting the fact that gender is fluid rather than fixed. It also means acknowledging the gateways to citizenship for all sexual beings including abled and disabled people, heterosexual and homosexual people, black and white people (Macleod & Vincent, 2014).

10.Citizenship and situated agency

Agency cannot be divorced from citizenship. Accessing one's citizenship status means having the agency to do so.

10.1. Situated agency

Agency is deeply rooted in biological, social and cultural contexts that inform and shape agents. Human agency is shaped throughout life by personal experiences and impacted by social and cultural contexts (Frie, 2011). Agency enables agents to interact with their environment (Frie, 2011; McGann, 2017). Therefore, agency is situated between the individual (agent) and the environment (McGann, 2017). In addition, agency is something that happens not in individuals but in situations (McGann, 2017). Thus, based on this agency can be conceptualised as situational. Situated agency is both subjective and contextual. In other words, it can be accessed differently across different spaces. It promotes participation in a shared and situated space (Frie, 2011). For example, in private settings, sexual minorities have greater agency as they can freely perform their sexuality. This provides sexual minorities with autonomy (McGann, 2017). Other private settings

such as gay nightclubs provide gay/lesbian individuals with a greater agency (Hubbard, 2001). In gay nightclubs' gays/lesbians are free to dress up in a manner that they are most comfortable with.

However, despite some spaces forging participation and individuals being able to acquire their agency, there has been opposition by different stakeholders across different contexts on youth gaining agency. Hubbard (2001) records that different stakeholders play a significant role in limiting youth's agency and access to SRH. The different stakeholders (which are inclusive of parents, schools, adults, community leaders and teachers) believe that young people gaining agency will lead to the violation of gender and cultural norms.

In cases where young people have to exercise agency, they are often told to practice abstinence to avoid getting pregnant and tasked with taking responsibility for their actions (Shefer & Macleod, 2015). Young people are often told to exercise their agency but are taught abstinence from sex is the only option and that they should take responsibility for this whilst at the same time told to follow prescribed gender practices that limit their agency (Shefer & Macleod, 2015).

Hubbard (2001) argues that the acquisition of agency across contexts is limited. Strode and Essack (2017) give the example of how sexually diverse individuals in the private (of the home) are usually denied sexual expression which is a form of agency by parents.

10.2. Situated agency in terms of SE

Inclusive citizenship can be promoted through active participation in civil society (Macleod and Vincent, 2014). Citizenship as participation means the ability to express situated human agency and for people to be able to act as agents in societies in which they live. To act as a citizen requires a sense of agency. Agency is acquired through being able to freely act out one's sexuality (Macleod & Vincent, 2014).

Agency can also be understood alongside the availability of resources. For example, unequal access to resources (personal, material, and cultural) can be understood to be dependent on people's situations (Macleod & Vincent, 2014). It is easier for those who are privileged to gain access to resources, whilst the disadvantaged struggle to obtain access to resources. As such, they must make do with what they have (Macleod & Vincent, 2014).

Macleod and Vincent (2014) make an argument for how citizenship is a form of expression. For example, it contributes to the recognition of marginalised groups such as women. However, despite recognition of marginalised groups such as women, Macleod and Vincent (2014) argue about how there is still a gap between the South African Constitution and the lived reality of gay people. For an instance, black LGBTQIA+ individuals continue to experience problems such as overcrowding and poverty. This hinders their ability to take up legal recognition in the politics of distribution. Therefore, they may struggle to acquire access to sexual reproductive health due to a lack of resources (Macleod & Vincent, 2014).

Therefore, Macleod and Vincent (2014) argue that because agency is situated, there is a need to understand the politics of recognition and politics of redistribution. Whilst making this acknowledgement, Macleod & Vincent (2014) also argue that agency in SE is embedded in sexual citizenship which is in turn intertwined in identity politics which looks at how individuals are recognised in society.

11. Politics of recognition, redistribution and reparation

The politics of redistribution (also known as economic politics) address inequalities of social status and unequal distribution of resources, whilst the politics of recognition (also known as cultural politics) address gender inequalities, ethnicity, identity, age, and sexuality (Feldman, 2006; Webb, 2010). The politics of reparation looks at how people who have been wronged can be compensated.

11.1. Politics of recognition

The politics of recognition promote sexual diversity, recognition of sexual identities (Feldman, 2002; Brown, 2006) and gaining social status (Swanson, 2005). It is about individuals being socially accepted in society. The social status of marginalised groups in society is minimal. Their marginalised status affects their participation in social life (Swanson, 2005).

Status inequality leads to marginalised groups in society being excluded and regarded as invisible. Constructing marginalised groups in such a manner affects their social interaction (Swanson, 2005). Therefore, politics of recognition try to deconstruct different statuses and change the way people's social identity is conceptualised. Thus, it highlights struggles over identity and difference

(Brown, 2003). For example, young people's sexuality is often mis-recognised at schools (Isin & Turner, 2003).

The failure to recognise sexual diversity of young people at schools leads to them being marginalised (Isin & Turner, 2002). Additionally, the misrecognition of young people living in schooling environments is largely due to stigma and stereotypic views (Feldman, 2002). The above experiences of marginalised groups and young people call for the need to recognise multiple identities (Hannah, 2001). The full recognition of all sexual beings needs to happen both in private and public spheres (Isin & Turner, 2002).

Furthermore, challenging present discourse on sexuality calls for heterosexual norms and gender constructs to be dismantled (Cossman, 2007; Hubbard, 2001). To further challenge present constructs around sexuality calls for a change in the way people conceptualise sexuality. This will encourage sexual minority groups to freely express their sexuality (Hubbard, 2001; Isin & Wood, 1999).

The politics of recognition forge a vision whereby a large number of individuals will have to access and be granted rights regardless of their sexuality (Hubbard, 2001). Moreover, non-heterosexuality should be normalised. The normalisation of diverse sexualities promotes a sense of inclusion and leads to the incorporation of sexual minorities in dominant political and social institutions (Cossman, 2007).

The above issues of recognition are intrinsically related to the issues of redistribution (Brown, 2006). Politics of redistribution and the politics of recognition are often represented as mutually exclusive (Brown, 2003; Webb, 2010). It is crucial to note how issues of recognition are intrinsically related to issues of redistribution (Brown, 2003).

11.2. Politics of redistribution

The politics of redistribution are concerned with the unequal distribution of resources (Brown, 2006). Politics of redistribution ensures that material distribution of resources must be equally distributed to all people and participants must have the agency to voice their concerns (Brown, 2006). It helps address political struggles that people encounter when trying to access resources (Swanson, 2005).

The politics of redistribution look at how resources are distributed in different sectors, for example, in the finance sector, division of labour, community level (through fighting poverty) and societal level (Brown, 2006). Access to resources in poor communities is a struggle. People living in poor communities experience problems when they try to access social and economic resources and lack access to information.

Poor communities struggle to access social and economic resources, information and organisational skills that will equip them to become active participants in social services. The repercussions of this in practice is that it furthers their impoverishment and marginalisation (Brown, 2006). This prevents poor communities from becoming active participants in social services.

Misrecognition and maldistribution of resources stem from injustice and unequal participation of individuals in society. The maldistribution of resources is addressed through changes in economic structures. Additionally, the misrecognition of status calls for the abandonment of cultural values that hinder equal participation (Swanson, 2005).

Furthermore, maldistribution, misrecognition and equal participation are central to social justice (Brown, 2006). Social injustice comprises economic and cultural injustices. Social injustice is also inclusive of class inequalities and status hierarchies (Brown, 2006).

11.3. Politics of reparation

The politics of reparation seek to repair access to healthcare, entitlements and rights so that they are more accessible to everyone (Banjo, 2003). The politics of reparation seeks to remedy mental, psychological, cultural, educational, social, institutional, technological and economic injustices (Banjo, 2003).

Therefore, the politics of reparation are a social justice issue (Balfour, 2005). Reparations are an important part of transitional justice and seek to redress injustice (Pradier et al., 2018). To redress injustices, Banjo (2003) and Pradier et al. (2018) call for reparations to be peaceful, fair and just. For reparations to be just mean individuals who have been wronged be compensated for reparations serves a restorative and moral function that holds benefits for both victims and

societies as a whole (Pradier et al., 2018).

11.4. Politics of recognition, distribution and reparation in terms of SE

Politics of recognition is based on identity and the fundamental right to having one's sexuality recognised (Macleod & Vincent, 2014). It tries to recognise diverse sexual orientations and gender identities that exist. On the other hand, the politics of redistribution focus on fair and equal distribution of resources (Isin & Ruppert, 2015). As such, political redistribution advocates for all people's entitlements to, for example, legal and safe medical care. To maintain justice, both the politics of redistribution and recognition are necessary for discussions of sexualities in SE (Macleod & Vincent, 2014).

The struggle for LGBTQIA+ recognition and acceptance in South Africa could thus be regarded as a struggle for political belonging, based on political norms of equality drawn from the indivisibility of human rights (van Zyl, 2011). This recognition requires resources (redistribution).

12. Inclusive and process-based educational processes

Inclusive and processed-based educational processes are part of the sexual and reproductive citizenship framework. There are several educational principles. Firstly, the educational principle of high expectations for every learner promotes intellectual engagement and self-awareness (Soler Costa, 2018). The second educational principle that should support SRC is that of inclusion and a participatory learning environment (Soler Costa, 2018). This principle should be stressed as it allows learners to participate and engage with the curriculum being taught. The third principle has to do with learners being able to voice their opinions and having the agency to do so (Soler Costa, 2018). It encourages learners to be more active in classroom environments. It promotes agency, empowerment and encourages learners to be more active in leadership roles by enabling them to actively engage with the learning material (Soler Costa, 2018). The fourth principle helps bring to attention some of the learning challenges experienced by learners. It encourages learners to construct and be part of knowledge development (Soler Costa, 2018).

The fifth principle is that of partnering with parents or guardians with the aim to enhance learning (Soler Costa, 2018). This principle should be incorporated into SRC as it will encourage parents to teach their children about sexual and reproductive health issues and at the same time teach

parents about sexual and reproductive matters more extensively.

All the principles highlighted above are needed and necessary for SRC as they help challenge present issues within SE and offer ways in which inclusive and enabling education can be achieved for learners. Therefore, SRC must be underpinned by the above principles for it to be more inclusive, promote the right to education and be able to reflect on context and culture (Stubbs, 2008).

The inclusion of sexual diversity is crucial in sexuality education. When individuals feel included, they are more likely to participate in it. As a result, the experiences of all sexual beings, including those of the LGBTQIA+ community, women, young people and differently-abled individuals, should be incorporated into SE.

To combat exclusionary margins within programmes, pedagogy must be reflexive and critical. In other words, it should shift from constructing youth sexualities as surrounded by danger and disease (Shefer & Macleod, 2015; Stubbs, 2008). A reflexive and critical approach will aid in the reduction of negative stereotypes about youth sexualities. A reflexive and critical approach to youth sexualities will also help promote gender diversity and equality which will in turn help overcome negative reproductive discourses (Shefer & Macleod, 2015).

Moreover, a reflexive and critical approach not only calls for changes in curricula but also changes in the attitudes of different stakeholders in society. Therefore, Shefer and Macleod (2015) call for a closer look at curricula and for teachers to move away from promoting normative discourses in the classroom environment. This can be achieved by understanding youth's sexualities and experiences. This will lead to open and active dialogues with young people which will make them feel included (Shefer & Macleod, 2015).

One way to promote critical and reflexive curricula is through adopting a critical pedagogy. Critical pedagogy (CP) offers young people an opportunity to feel included in curricula. CP is concerned with oppressive power relations. CP empowers and humanises young people by encouraging agency, autonomy and emancipation (Aliakban & Faraji, 2011). CP allows emancipatory education to take place. It helps bring forth some of the challenges experienced by learners in schooling environments and provides a better study environment. It further gives

young people an opportunity to express themselves. It also problematises the marginalisation and subordination of sexual minority groups (Aliakban & Faraji, 2011).

CP can then be conceptualised as an educational response to the inequalities and oppressive power dynamics that are prevalent within the education sector. This is illustrated in CP's goals to emancipate and educate all people irrespective of their sexuality, gender and class. CP is needed in educational practices as it allows learners to be part of knowledge development. It also allows learners to critically and actively engage in the information that is being shared with them in classroom environments (Aliakban & Faraji, 2011).

13. Conclusion

In this chapter, I described the emergence of the SRHR. I provided a chronological account of how SRHR came about. I then moved on to providing a discussion on sexual and reproductive citizenship retrospectively. My research is grounded in the sexual and reproductive citizenship framework. To lay out the chapter, I addressed all the principles of citizenship. I explored how citizenship has multiple definitions. Citizenship is described as membership, belonging, and political participation. Although citizenship can be said to be inclusive, it also carries exclusionary margins that label those who do not fit into the narrative of a citizen as partial or non-citizen. Therefore, citizenship carries emotional and cultural aspects that shape how people conceptualise and represent their sexuality.

The second principle of citizenship as a status entails citizens taking ownership of and responsibility for their rights. As highlighted earlier, citizenship as a status is about sexual diversity and the ability of sexually marginalised groups to access and practice their sexuality. Therefore, citizenship in practice is fluid due to its various constructions. The SRC framework as conceptualised by Macleod and Vincent (2014) highlights that citizenship as both a status and practice speaks to rights, entitlements, identity-based rights, belonging and access to resources.

The third principle, differentiated universalism in citizenship looks at the SRH needs of individuals and how they can access them. In terms of SRC, it looks at how principles (be they laws or policies) are applied in practice without taking context into consideration.

The fourth principle, the public and private interstice speaks to both the private and public spheres. The private sphere is a place of intimacy, while the public sphere provides individuals with sexual autonomy and citizenship rights. Both spheres are faced with margins of exclusion as they are not easily accessible to all sexual beings. The public and private spheres are conceptualized as separate entities. However, they are not mutually exclusive and are impacted by gendered, sexualised, and fixed narratives present within both spheres. They have an impact on the way citizens access their rights and entitlements.

The fifth principle of citizenship is situated agency which has its grounding in biological, social and cultural contexts. The ability of citizens to practice and access their agency is dependent on their contextual surroundings. Different contexts forge citizens with different agentic access. In terms of SRC agency signals citizenship.

The sixth principle is the politics of recognition, redistribution, and reparations which looks at how individuals are socially accepted, their social status and sexual diversity. The politics of redistribution address access to economic and social resources and the maldistribution of resources. The politics of reparation focus on healthcare, entitlements, and rights so that they are more accessible. The politics of reparation is a social justice issue. The seventh principle is inclusive and process-based educational processes. Thus, it helps address systems and structures of discrimination. This involves a dynamic process of inclusive-based educational practices.

This chapter provided an outline of the sexual and reproduction citizenship framework. The principles of citizenship (i.e. status and practice; differentiated universalism, public vs private interstice, politics of recognition, redistribution and reparation; and reparation; and inclusive-based educational process) highlight challenges, gaps and inequalities present within citizenship.

CHAPTER 4

METHODOLOGY

1. Introduction

The previous chapter outlined the theoretical framework. In this chapter, I provide an outline of the methodology that was used. Firstly, a discussion of the research questions and the objectives is presented. I then discuss the research design and sampling strategy. In addition, I provide an in-depth discussion of template analysis and how I approached the data. I further engage with the advantages of template analysis. A discussion on the trustworthiness of the data follows. Under this topic credibility, dependability, transferability and confirmability are discussed. Additionally, a discussion of research limitations is provided.

Reflexivity helps improve rigour in research (Guillemin & Gillam, 2004). As such, I ensured that I took a reflexive stance while conducting this research. It is necessary that the researcher remain reflexive so that they gain an understanding of any research limitations that may be present. Additionally, reflexivity was maintained to eliminate research bias and increase the quality of data analysis (Guillemin & Gillam, 2004).

Ethical considerations are a crucial aspect of research. To ensure that ethical conduct was adhered to several ethical protocols were considered. These include confidentiality, informed consent and non-maleficence. To conclude the chapter, I outline where data will be stored and make future recommendations for the research.

2. Research Questions

The primary goal of this research was to conduct a formative evaluation of a manual of a selected intervention using the *Masizixhobise* toolkit. As such, the research sought to establish:

1. Whether and how the intervention has promoted understandings of sexual and reproductive citizenship (SRC) in terms of:
 - a. Inclusivity, i.e., status and practice.

- b. Contextual understandings of SRH, i.e., differentiated universalism.
- c. Empowerment, i.e., situated agency.
- d. Power relations in relation to decision-making and agency, i.e., public and private interstice.
- e. The politics of recognition, redistribution and reparation.

2. Whether and how the intervention undermines patriarchal, heterosexist and able-ist premises of citizenship.

3. Research Design and Methodology

In this subsection, I provide a discussion of the type of research approach that was selected. The sampling strategy is described. I then go on to discuss what a formative evaluation entail. Thereafter, I described the *Masizixhobise* toolkit and its significance in the research.

3.1. Research Approach

The type of research approach that was used in this study is qualitative research. Qualitative research is suitable for the proposed research because it allows for the interpretation of data using words (Bryman et al., 2012). It is also suitable for the proposed research as it will help generate deep insights. In this research, qualitative research was used by the researcher to understand how this particular programme teaches and promotes SE in its manual. Qualitative research is contextual which means it tries to understand phenomena within the circumstances it occurs (Collins & Hussey, 2014).

3.2. Sampling strategy and sites for recruitment

The initial idea was to sample a programme run by Partners in Sexual Health (PSH), but because of COVID restrictions, these programmes were put on hold. Instead, I decided to use the manual as data. I used the PSH sexual and reproductive health rights (SRHR) facilitator's manual as data. The PSH SRHR manual consists of 207 pages. The manual is centred around providing SRHR knowledge to women and young girls. The manual consists of nine modules. The topics listed from modules one to nine respectively are: anatomy and physiology of the reproductive system; human sexuality; contraception, pregnancy, termination of pregnancy & infertility; sexually transmitted infections; HIV and AIDs; HPV and cervical cancer; cancers of the reproductive system; gender and gender-based violence; relationships; communication

and decision-making skills; and human,sexual and reproductive rights.

4. Formative evaluation

A formative evaluation was undertaken in this research. A formative evaluation helps examine the worth (Brown & Kiernan, 2001) and effectiveness of a programme (Nieveen & Folmer, 2013). It is a process that allows for the testing of a programme with the aim to maximise feasibility, acceptability and effectiveness in real-world settings (Brown & Kiernan, 2001; Cambre, 1981). A formative evaluation helps to pinpoint weaknesses in a programme by developing recommendations that will help improve it (Brown & Kiernan, 2001).

Cambre (1981) and Maslowski and Visscher (1999) argue that providing a formative evaluation is necessary if an organisation wants to gain feedback that will assist in the design, production and implementation of educational programmes. As such, the researcher conducted a formative evaluation to gain insight into how Partners in Sexual Health (PSH) promotes sexual and reproductive citizenship within their “Sexual and Reproductive Health and Rights” manual. The formative evaluation was also conducted on PSH’s manual to help increase its feasibility so that it is more accessible and inclusive.

In addition, Collumbien et al. (2022) argue that conducting a formative evaluation research plays a crucial role in the creation and execution of programmes and goes beyond simply assessing performance. But evaluation gives a method of reasoning in addition to a way of gathering data, analysing it, and interpreting the results (Collumbien et al., 2022). It provides a line of thinking. The reasoning behind this assumption is premised on the SRC framework discussed in the previous chapter.

5. The *Masizixhobise* Toolkit

The *Masizixhobise* toolkit is a newly developed toolkit by Sarah Moore (research project member). The main objective of the *Masizixhobise* toolkit (which translates to let’s empower ourselves) is to help NGOs evaluate the effectiveness of their empowerment sexuality education programmes using the sexual and reproductive citizenship (SRC) framework. The *Masizixhobise* toolkit was also developed to help anyone who wants to design an empowerment sexual education programme.

The *Masizixhobise* toolkit is informed by the sexual and reproductive citizenship feminist theory conceptualized by Macleod and Vincent (2014). The *Masizixhobise* toolkit is made up of several toolkit guides that can be used by researchers or organizations seeking to evaluate a programme. The researcher utilised the manual and textual guide (which is toolkit G) from the *Masizixhobise* toolkit. The other guides contained in the toolkit that may be utilised by the researchers or organisations are the programme design guide, interview guide, focus groups and observations guide for both participants and facilitators.

The main goal is to give young people the confidence to assert their identity as citizens with the right to sexual and reproductive freedom. The social justice aspects of empowerment. Thus, there is a focus on the social and political, with individual efficacy and agency (such as close relationships) serving as a subset rather than the focal point of this larger topic. For the purposes of the toolkit, sexuality education programmes refer to all in-school, out-of-school, and online initiatives aimed at educating young people about SRH issues (Macleod & Moore, 2022).

The reason the *Masizixhobise* toolkit was chosen instead of other evaluation model such as Stufflebeam's (2000) CIPP model was because it contains citizenship principles which align with the goal of the evaluation. In comparison to Stufflebeam's (2000) model that hopes to evaluate a programme through evaluating the context, inputs, process, products of a programme. It does not contain anything that hopes to address sexual and reproductive citizenship issues (Stufflebeam, 2000).

6. Procedures for Analysis and data interpretation

The sub-section below will provide a description of the type of analysis that was used and how I analysed data. This subsection will further explore the concept of reflexivity. Reflexivity helped me to discuss some of the challenges I encountered while conducting the research.

6.1. Template analysis

Template analysis was adopted from thematic analysis. Template analysis is used in qualitative research. Template analysis, also known as TA, can be described as a form of analysis that involves pinpointing, examining and recording themes within the data (Maguire & Delahunt, 2017). The main goal of TA is to identify a list of themes that are important or interesting and

can be used to address the research question (Maguire & Delahunt, 2017; Brooks et al., 2015). The themes are developed using a template (Brooks & King, 2012). Template analysis is a form of analysis that contains a coding template. In other words, TA involves creating a template of codes before analysing data (Brooks & King, 2012; Simons et al., 2018). TA uses hierarchical coding. This means that during the coding process themes are organised systematically (Brooks et al., 2015; Brooks & King, 2012). Template analysis involves having a set of a priori themes from a subset of data or using existing theory to form the initial template, which is then revised and refined when applied further to the data (Simons et al., 2018). As such, for the purposes of this research, the priori themes were adopted from the *Masizixhobise* toolkit which is informed by the sexual and reproductive citizenship (SRC) framework.

TA can be used to collect data from interview transcripts, textual data, focus groups, diary entries and written questionnaires (Brooks et al., 2015). Therefore, TA encourages the researcher to develop themes more extensively where the richest data are found (Brooks et al., 2015; Simon et al., 2018). TA is suitable for this research as it allowed the researcher to have a priori of themes that were developed using the theoretical framework and to capture emerging themes in the data.

Stage 1: Reading and familiarizing oneself with the data

At this stage, the researcher had to read and re-read the data (Brooks et al., 2015; King, 2014). Since the SRHR manual was utilised, I had to familiarize myself with the contents of the manual to gain a better understanding of the programme and how it teaches young people about sexual and reproductive health and rights issues.

Stage 2: Generating initial codes After reading and re-reading

The researcher must generate initial codes (Brooks et al., 2015; King, 2012). The priori of themes that were generated from the *Masizixhobise* toolkit which includes inclusivity (status and practice), differentiated universalism (context), public and private interstice, situated agency (empowerment), politics of recognition, redistribution and reparation. The emerging themes (which are also referred to as sub-themes) are those that appeared while the researcher was analyzing the SRHR manual.

Stage 3: Searching for themes

This stage involves searching for themes. Themes are identified through their meaning (Brooks et al., 2015; King, 2012). Instead of searching for themes, the researcher used the *Masizixhobise* toolkit principles as the main themes (also known as priori themes). The toolkit principles were adopted from the SRC framework. The SRC principles were used as a template to form the main themes. Therefore, since the main themes were already identified using the *Masizixhobise* toolkit, the meaning of each theme will be borrowed from the toolkit.

The template consists of seven priori themes that were adopted from the toolkit and they are as follows: Theme 1: Citizenship as status and practice; Theme 2: Differentiated Universalism; Theme 3: Private and public interstice; Theme 4: Citizenship and situated agency; Theme 5: Politics of recognition, redistribution and reparation; and Theme 6: Inclusive and processed based educational processes

Stage 4: Reviewing themes

This stage involves systematically organising themes to see if they are different from each other (Brooks et al., 2015; King, 2012). In this stage, I had to revisit each theme and see how it fits with my research objectives and questions. In this stage, I also reviewed my themes to see if they aligned with the purpose of my research.

Stage 5: Defining and naming the themes

This stage involves giving meaning to themes. Brooks et al. (2015) and King (2012) argue that in this stage of the template the researcher has to explain how themes are similar and related to one another. Therefore, I gave meaning to each of my themes with the help of the SRC framework. I further provided meaning to my subthemes which I generated from the data (SRHR manual) and illustrated how they are related to the main themes.

Stage 6: Finalising template

This stage involves analysing the data once the initial template is complete. Once I was done with creating the initial template using the *Masizixhobise* toolkit. I applied it to my data the first time around. After I was done with the analysis, the toolkit was further revised. This meant that I had to go back to my initial template and revise it further. Further revision of the template meant abandoning most of my initial sub-themes and generating new ones using NVivo Software.

However, I realised using NVivo was proving not to be very helpful in my research so I ended up analysing my data manually. The reason NVivo was not effective in assisting me map out the template analysis was due to: 1. The template was constantly being revised according to the revisions to the toolkit; and 2. Nvivo software was not picking up subthemes that are connected to the a priori of themes due to their variation.

Analysing my data manually involved reading and re-reading the manual until I generated the desired sub-themes that were aligned with my research. Once the final initial template was complete, I pulled out extracts from the SRHR facilitator's manual that I felt belonged under the appropriate themes. Once this process was complete, I took on Brooks et al.'s (2014) argument on the importance of supporting one's discussion with empirical evidence. Therefore, in my analysis, I ensured that I supported my assumptions and arguments with academic sources. The final template is attached under Appendix D.

7. Advantages of template analysis

Template analysis consists of a priori themes. For the purposes of my research, a priori of themes were developed using the sexual and reproductive citizenship framework. The nice part about having a priori themes is that they can always be redefined if they seem irrelevant to the research data (King, 2012). TA consists of a step-by-step guide that helps the researcher understand how to go about developing their themes. Having an initial template helps the researcher take a systematic approach to analysing data (King, 2012).

TA is structured in such a way that it provides broad and in-depth engagement with the data. It is also crucial to understand that TA enables the researcher to come up with a template that consists of themes. The a priori of themes can be said to guide the researcher in terms of what to look for and how to structure their analysis. More importantly, the a priori of themes developed using the template are not just based on personal experience but on the SRC framework (Brooks et al., 2015).

Additionally, this helps maintain reliability and validity. Template analysis has been termed a constructivist approach to meaning (Brooks & King, 2012). The constructivist approach states that there are different ways to interpret data. Following that, the template is used to create a priori

themes. The priori of themes can be developed using a literature review or theoretical framework (Brooks et al., 2015). For the purpose of this research, the SRC framework conceptualised by Macleod and Vincent (2014) was used.

Template analysis is flexible which means it can be adapted to any study (Brooks et al., 2015; King, 2012). Template analysis can be used by anyone hoping to do a phenomenological and experiential approach (King, 2012). TA is beneficial compared to other research analysis tools as it allows the researcher to apply their theory to the analysis.

8. Limitations

Research limitations help pinpoint things that might limit a study design (Price & Murnam, 2004). To help eliminate research limitations it is crucial to maintain trustworthiness. A research design that has internal validity is one that obtains accurate findings (Price & Murnam, 2004). It is crucial that a researcher consider all the factors that might limit their research. Therefore, it is necessary to check for trustworthiness and other factors that might limit the research process. It is also vital to ensure that a reflective approach is adhered to during the research process.

8.1. Trustworthiness

Trustworthiness helps maintain rigour in research (Shenton, 2004). In other words, it allows the researcher to test whether the research data, interpretation and methods used are appropriate and align with the research goals. There are four components that need to be considered when checking for trustworthiness, namely, credibility (internal validity), transferability (external validity), dependability (reliability) and confirmability (objectivity) (Yvonna et al., 2007; Schwandt et al., 2007). It is important that internal and external validity is maintained so that accurate results are produced (Price & Murnam, 2004).

Credibility is also known as internal validity. Credibility has to do with confidence in the data, interpretation and methods used to ensure the quality of the study (Collins & Hussey, 2014; Hardin, 1996). Credibility is essential when trying to establish trustworthiness. Credibility involves ensuring that the analysis of the study is carried out correctly (Bryman, 2006). To ensure credibility in my research, I ensured that all the information contained in my analysis (i.e., extracts) was taken from the SRHR Manual without any modifications. I also employed Collins and Hussey's (2014) technique of cross-checking to ensure validity was maintained. The process

of cross-checking involved me double-checking that the extracts were quoted correctly from the manual and that the page numbers and module sections tally with the information in the manual.

Transferability is also parallel to external validity. The concept of external validity looks at whether your findings can be used in other contexts (Bryman, 2006; Hardin, 1996). Transferability refers to the extent to which the results of the research can be generalised. In this research, there is limited transferability as other SE manuals may address different topics in different ways. Nevertheless, for similar kinds of manuals, the findings of this study may assist in highlighting empowerment challenges regarding the empowerment of youth to take up their sexual and reproductive citizenship.

Dependability is similar to reliability in quantitative research (Bryman, 2006). To ensure that my data was dependable, I cross-checked and ensured that there was a connection between my literature review discussion and my findings. I also presented my work at the CSSR work-in-progress colloquium to receive feedback and input from my peers regarding my analysis.

Authenticity is an additional criterion for trustworthiness. For research to be authentic, it needs to be fair and just (Bryman, 2006). As such, I ensured authenticity in my research study by ensuring that my research does not prejudice or harm anyone.

8.2. Reflexivity

Reflexivity is a way of ensuring that rigour is maintained (Guillemin & Gillam, 2004). Reflexivity helps improve the integrity and trustworthiness of the research (Finlay, 2003). Reflexivity in this sense involves improving the quality and validity of the research. It helps recognise the limitations of the knowledge generated, thereby fostering more rigorous research (Guillemin & Gillam, 2004). Reflexivity is a process whereby researchers place themselves and their practices under scrutiny while acknowledging the ethical dilemmas that permeate the research process and impinge on the creation of knowledge (Guillemin & Gillam, 2004). Reflexivity allows the researcher to reflect on their biases during the process of conducting their research. It can be described as a self-evaluation tool (Finlay, 2002).

Reflexivity is also a dynamic and continuous process that occurs at every stage of the research (Guillemin & Gillam, 2004). A reflexive approach to research involves thinking critically about

the research process and how knowledge is constructed. Basically, what influences the researcher's construction of knowledge and to what extent do these influences appear in planning, conducting, and writing up the study (Guillemin & Gillam, 2004). As such, to maintain reflexivity, the researcher must analyse how subjective and intersubjective influences affect the study (Finlay, 2002).

Reflexivity involves being sensitive and having a way of addressing things appropriately (Guillemin & Gillam, 2004). Sensitivity in reflexive research involves eliminating and choosing information that is aligned with their views (Finlay, 2002). Therefore, being reflexive requires that we become aware or conscious of the way we interpret our data, our role in the analytic process, and challenges the researcher to eliminate preconceived ideas and assumptions when analysing data (Mauthner & Doucet, 2003).

A reflexive researcher is one who is aware of all the things that might potentially influence their research and is able to reflect critically on their own role in the research process (Guillemin & Gillam, 2004). This means the researcher engages in self-introspection whilst conducting research. As such, it allows the researcher to be more open-minded in the way they approach their data and be more objective in their approach (Finlay, 2002).

8.3. Methodology reflection

During the process of conducting this research, the researcher experienced many challenges. Firstly, the rise of the COVID-19 pandemic made it impossible to collect data as planned. Partners in Sexual Health (PSH) had to undergo changes due to the COVID-19 pandemic. As such, my research colleagues and I had to explore other means of collecting data. Initially, data collection was going to be obtained from the Siyakwazi Youth Network (SYN) which is part of PSH. In the SYN, the plan was to conduct interviews, observations and focus groups during youth camps. However, due to the pandemic, this could no longer take place. Thus, the researcher had to explore other modes of data collection. Other modes of data collection involved revising the research questions and exploring different techniques of collecting data until a suitable one was found. This limited the output of the data as the researcher was unable to conduct interviews, focus groups and observations.

Not being able to follow up with my initial plan of collecting data from PSH SYN had an impact on the depth and richness of my data as I did not get the opportunity to capture participants' and facilitators' experiences of being part of the programme.

8.4. Researcher reflections

To reflect on my journey as a black female student, I experienced several challenges during the process of conducting my research. The rise of the COVID-19 pandemic did not just affect my data collection but also had an impact on my overall progress and well-being. The COVID-19 pandemic forced institutions of higher education to shut down their residences. This meant that each student had to return home.

With the limited time that students were given to return home, most students were left feeling distressed. Returning home during a pandemic had both advantages and disadvantages for my academic progress. To reflect on the positives of my journey, working from home during the pandemic meant that I could spend time with my family. This provided me with a sense of safety as I was close to my loved ones. However, working from home also meant that I had to adjust my academic learning. Working from home proved to be challenging as the working space was often uncondusive and unproductive.

Apart from an uncondusive study environment, I experienced network connectivity issues. Network connectivity issues impeded my progress as it prevented me from attending important research meetings and colloquia. It also prevented me from easily accessing the internet as I would spend time trying to get my phone connected to the internet. This led to me feeling frustrated. Other issues that played a role in my progress were health and financial issues during the COVID-19 pandemic. As a result, my family and I experienced a lot of financial and emotional distress

Despite shortcomings encountered during the process of my data, I had a supportive team. When things got overwhelming, we would meet virtually and brainstorm a way forward that would help ease anxiety. This encouraged me to continue working on my thesis. There are many lessons that I have learned during my academic journey. These lessons include having to be okay when things do not go as planned with one's research. I have also learned that the academic journey is not easy. It was filled with trials and tribulations. I have come to understand during the process

of my thesis that academic writing is a process that develops over time, one that involves a lot of relearning and unlearning of discourse. While writing my thesis, I also learned to be more expressive in my academic writing and to always back up my arguments with empirical evidence. Therefore, it is important to persevere and endure the whole research process.

My current research has helped me reflect on my education experience as a young woman. Reflecting on my schooling years, I have noted that not much has been done to improve sexuality education since I left school more than 7 years ago. This goes to prove that there is still a lot that needs to be done when it comes to the literature surrounding SE. For example, in and out-of-school programmes still address sexual education heterosexually. Most young people today are becoming more aware of sexual diversity. However, the SE curricula may inadvertently promote heterosexuality as acceptable, making other sexualities incorrect.

Before I began my research, I had a limited view of what sexuality entailed. But, after I started conducting this research, my understanding of sexuality heightened. I got to take a closer look at what sexual education entails, especially the way it is taught and how young people understand it. In the process, I got to reflect on my own experiences of how I acquired sexuality education (SE). Interestingly, most of the information I found in the literature was no different from what I was told and taught growing up.

At the beginning of the research, I held the view that young people should be able to receive and access SE. However, I did not keep in mind the challenges that young people may experience when trying to access sexual knowledge. Interestingly, in the course of my interactions with the manual, I learned more about sexual and reproductive health and rights. I even got to engage with how different spaces forge different opportunities for individuals when it comes to accessing their entitlements and rights. Additionally, I got to understand that even though young people are said to have rights and sexual agency, their ability to take up rights is dependent on a spectrum of factors which include geographical contexts, race, gender and sexuality.

Conducting research on sexual education has opened my mind to a lot of things. It has opened my eyes to how although SE is available it is often inaccessible. This is largely due to social and political contexts. To further note, conducting research on sexual education has allowed me to better understand why young people behave the way they do.

Conducting research centered around sexual education has made me understand the need to prioritise sexual education. Most young people learn or gain sexual information from the media, their peers and parents. However, there is a need for SE programmes in most communities that not only target young girls as needing SE but, also offer a holistic, comprehensive, integrated and multi-layered SE. This means sexual education programmes should not target educating young girls about sexual education but everyone (including boys, mothers, fathers and caregivers) and differently-abled individuals. This is necessary as young girls and women are not the only ones who need SE but young boys and men also need it so that they act correctly. There is no point in educating one gender while leaving the other behind. Therefore, it is crucial and necessary that SE programmes engage with the sexuality of sexually diverse individuals in their sexual discourse.

9. Ethical considerations, concerns and precautions

The ethics protocol for this research was approved by the Research Proposals and Ethics Review Committee (RPERC) of the Psychology Department, and later by the Rhodes University Ethical Standards Committee (RUESC) which is registered with the National Health Research Ethics Council (Registration Number REC-241114-045), in November 2019. Ethical considerations are a good way to ensure that the researcher does not harm, violate or misuse information. Therefore, in this study, the following research considerations were considered.

9.1. Ethics for manuals

Since the researcher evaluated a programme manual, there are a few ethical considerations to consider. These include informed consent, confidentiality and research bias. Below, I will briefly describe how I ensured that the above ethical considerations are maintained.

Informed consent includes the researcher ensuring that they gain permission from the participants before they use their information (Visser & Moleko, 2012). However, since I conducted a formative evaluation of a programme. My team had to gain permission from Pasty de Lora (CEO of PSH) to conduct an evaluation of the programme. Appendix contains a letter of consent to collect data from the manuals and Appendix G a letter requesting collaboration with PSH.

Non-maleficence has to do with avoiding harming participants. However, since there were no participants in this research, the concentration was on not harming future PSH participants through sloppy evaluative work.

In other words, I needed to ensure that the way in which I critiqued the programme was not biased. As such, I had to be mindful of the way I conducted the formative evaluation. This required that I pay attention to the language used to describe the output of the results. For example, I needed to ensure that the language used to analyse the manual was not harmful and demeaning.

Visser and Moloko (2012) define confidentiality as the practice of not disclosing sensitive information obtained from respondents. Since there are no respondents in my study, permission to share the manual or information from the manual will have to be obtained from PSH organisers.

10. Conclusion

This chapter provided a discussion on the type of research approach that was used. This research made use of a formative evaluation. In this chapter, a description of the sampling approach employed was discussed. In addition, a description of the formative evaluation and *Masizixhobiso* toolkit was presented. Moreover, a discussion of the analytical approach that will be employed was provided. A discussion about trustworthiness and the ethical considerations employed in this research concluded the chapter.

CHAPTER 5

INTERPRETATION OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS ISSUES

The previous chapters provided a detailed account of the theoretical lens and toolkit that were meant to help analyse data. This chapter is broken down into two sections with section one focusing on sexual and reproductive health rights and section two on contextual and educational issues. Below, I provide an analysis of the first section on sexual and reproductive health rights. Before I delve into the analysis, I provide a brief discussion of what a formative evaluation entail. It is crucial to note that data for this research was sourced from PSH SRHR manual and focuses on integrating the core components of sexual and reproductive health (SRH). The core concepts are outlined under different modules and will be outlined briefly below.

1. Introduction: A formative evaluation of the SRHR Manual

A formative evaluation involves gathering data and information during the development process in order to increase the effectiveness of a programme (Collumbien et al., 2022). Under this section, I provide a description of the sexual and reproductive rights (SRHR) manual and its structures. In the SRHR manual Module 1 is on anatomy and physiology. This module engages with male and female anatomy during the different life stages. Module 2 is about human sexuality and addresses topics such as sexuality, sexual diversity and behaviour. Module 3 deals with topics of contraception, pregnancy, termination of pregnancy and infertility. Module 4 discusses closely on sexually transmitted infections, HIV and AIDS, HPV and cervical cancer. Module 5 is a continuation from module 4. It engages with cancers of the reproductive system (such as breast, cervical, testicular and prostate cancer). Module 6 is on gender and gender-based violence (provides a definition of gender in both social and biological constructions and indicates how one can identify gender-based violence). Module 7 is about relationships. Module 8 is about communication and decision-making. Module 9 is about human, sexual and reproductive health rights (Partners in Sexual Health, 2011).

The SRHR facilitator's manual indicates that its main purpose is to provide:

SRH trainers or facilitators with evidence-based information that can be used to train non-professional community health workers (CHW) and peer educators (PE) as well as youth, women and men to understand SRH. The benefits for CHW and PE are that they will be able to transfer the knowledge acquired within their service or catchment areas or amongst their target audience. Civil society exposed to the SRH training recommended in this manual will understand SRH and be able to make informed decisions about their own SRH. All exposed to this training will be able to advocate for universal access to comprehensive SRH Rights and services (SRHR Facilitators Manual, 2011, p.1).

The emphasis, thus, is on knowledge, informed decision-making, and advocacy. The manual seeks to reach young people especially with the aim of reducing infant, child and maternal mortality. The SRHR manual further addresses social and health issues that affect society at large. These issues include HIV/AIDs, lack of access to sexual knowledge, communication and access to sexual and reproductive health (SRH). It hopes to promote comprehensive sexual knowledge. The end goal of the training manual is to “serve as a guide for SRH trainers to facilitate a learning process for adolescents, women and men to understand SRH and access or advocate for quality SRH services and SRH Rights” (SRHR Facilitators Manual, 2011, p.1).

Below, I present a formative evaluation of the SRHR manual. The analysis consisted of seven a priori themes, namely, citizenship as status and practice, differentiated universalism, private and public interstice, citizenship as situated agency, politics of recognition, redistribution and reparation, and inclusive and processed educational processes. I developed sub-themes within each of the themes mentioned above that emerged in the SRHR manual.

It is crucial to note that the structure of the analysis below incorporates the structure of the manual and textual guide from the *Masizixhobise* Toolkit. In other words, questions found under the manual and textual guide will be incorporated as part of the analysis. As such, to analyse my data I will make use of all the questions under the textual and manual guide, incorporate themes from the template and generate sub-themes from the PSH SRHR facilitators manual. In addition, the

analysis consists of 5 sections, however, in this part of the analysis, I looked at only one section. The other section will be described in the second part of the analysis.

PART 1: SEXUAL AND REPRODUCTIVE RIGHTS

Sexual and reproductive health rights (SRHR) form Part 1 of the analysis. Part 2 will be discussed later on in the chapter. SRHR is mainly focused on the different types of rights which I delve into below. It is crucial to note that Part 1 of the analysis is made up of Section 1 from the *Masizixhobise* toolkit and under this section, there are five evaluation questions.

But before, I can provide an interpretation of sexual and reproductive health rights results (part 1). I will map out the themes and subthemes in table 3 below that falls specifically under part 1. The main purpose of table 3 is to facilitate a better understanding of both themes and subthemes under part 1. Table 4 will be provided under part 2 of the interpretation of contextual and educational issues under chapter 6. Although section 1 consists of 5 evaluation questions. In table 3, there are four subthemes (each question has its own subtheme). It is crucial to note that question 5 of the *Masizixhobise* toolkit does not have a subtheme as it is a response to question one to four of section 1.

Theme	Subthemes
SECTION 1: SEXUAL AND REPRODUCTIVE RIGHTS	
A priori of Citizenship as status and Practice	➤ Sexual and reproductive rights (Q.1)
	➤ Conduct-based rights (Q.2)
	➤ Identity-based rights (Q.3)
	➤ Relationship-based rights (Q.4)

Table 3: Showing themes and subthemes found under sexual and reproductive health rights (part 1).

2.1. SECTION 1: SEXUAL AND REPRODUCTIVE RIGHTS

The key focus of this section is to explore the different types of rights. This section consists of one theme called citizenship as status and practice and four subthemes. The subthemes of SRHR, conduct-based rights,

identity-based rights and relationship-based rights will be discussed extensively below.

➤ **A PRIORI THEME: CITIZENSHIP AS STATUS AND PRACTICE**

In the theory chapter under the section on citizenship as status and practice a description of citizenship as status and practice was provided. Citizenship as status is described as concerned with belonging (Pieterse, 2015) and identity-based rights (Holzner & Oetomo, 2004) and citizenship as practice with the ability to practice rights and responsibility (Cossman, 2007).

• **Subtheme 1: Sexual and reproductive health rights (SRHR)**

Sexual and reproductive health rights are usually discussed concurrently. Both sexual and reproductive rights address a variety of issues which were discussed in the theory chapter of this research. To recap, sexual rights are concerned with the right to life, privacy, freedom from violence, education and information, equality, freedom from discrimination, and access to good quality healthcare in relation to sexuality (Lottes, 2013). Reproductive rights, on the other hand, are concerned with reproductive health matters such as access to contraceptives, abortion and reproductive healthcare (Turner, 2008).

1. What and how are sexual and reproductive rights referred to in the text?

a). The right to access healthcare services.

In extracts 1, 2 and 3 the assumption is that individuals who gain access to the manual should be able to advocate for universal access to comprehensive SRH rights and services. This may not be the case for all individuals who have accessed the manual depending on the context. To concur with this statement, Farrior (2009) notes that universal access to rights is affected by various factors such as GBV (towards women, children and sexually diverse individuals), inequalities, limited public participation and health. On the other hand, Garcoin (2014) argues that the process of advocating and promoting universal access to SRH rights and services comes with the ability for individuals to claim their agency and feel empowered.

Extract 1

All exposed to this training will be able to advocate for universal access to comprehensive SRH Rights and SRH services [Introduction page, p.i].

Extract 2

UN goals listed in the manual are: to eradicate extreme poverty and hunger; to achieve universal primary education, to promote gender equality and empower women, to reduce child mortality, to improve maternal health, to combat HIV/AIDS, malaria, and other the process of implementation of the SRH Policy diseases, to ensure environmental sustainability; and to develop a global partnership for countries is to provide an integrated accessible development [Introduction page, p.iv].

Extract 3

The availability and universal access to sexual and reproductive health information and services supported by a functional sexual and reproductive rights-based legislation are essential to foster sexually healthy non-judgemental individuals [Module 3, p. 40].

Under Extract 2 UN goals, the declaration states that universal education “promote and eradicates gender equality and empowers women.” Therefore, in cases where individuals do not feel empowered, they might not feel like agents. Thus, they have limited capacity to claim their rights.

Extract 3 highlights the importance to balance SRH information and rights. A balance between the two is said to promote healthy and non-judgemental individuals. Thus, the linkage between the social and individual is stressed. Extract 3 also provides a dichotomous discussion as it engages with rights and at the same time challenges that individuals encounter when trying to access their rights. In the text, the word “universal” is mentioned a few times. The manual speaks about universal rights, universal access to resources and universal education. To foster universal rights, Farrior (2015) in the Convention on the Rights of Persons with Disabilities addressed the need to factor in women and girls with disabilities when speaking about universal rights as they are subjected to repetitive forms of discrimination and violence within and outside the home. Farrior (2015) further observes how they are neglected and mistreated. In addition, extract 3 records that if we are to achieve universality there is a need for sexual and reproductive rights (SRR) legislation to be effective and relevant.

Extract 4 and 5 address sexual and reproductive rights.

Extract 4

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexual education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or

not; •consensual sexual relations; •consensual marriage; •decide whether or not, and when, to have children; and •pursue a satisfying, safe and pleasurable sexual life [Module 9, p.193].

Extract 5

Reproductive rights were defined as embracing “certain human rights that are already recognised in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so and the right to attain the highest standard of sexual and reproductive health. This includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.” Since human reproduction generally requires sexual activity, sexual rights are closely linked to reproductive rights” [Module 9, p.193].

Extract 4 argues that “all persons” should receive the highest standard quality sexual and reproductive health care services. The closest extract 5 gets to mentioning healthcare services is by stating that individuals should have the “means to” access their reproductive rights.

Extracts 6, 7 and 8 respectively address access to healthcare services.

Extract 6

Policy Framework on Sexual and Reproductive Health and Rights. This policy framework was endorsed in January 2006. The policy framework focuses on strengthening the health sector to ensure access to SRH services. To operationalize or to implement the Continental Policy Framework, the Maputo Plan of Action (MPOA) was endorsed by African Heads of States in 2006 [Introductory page, p.iv].

Extract 7

Human rights apply to sexual and reproductive life and health. For example, they include: with whom and under what circumstances a person has sex; whether to carry a pregnancy to term; and the right to protect one's body from sexual violence or coercion [Module 9, p.193].

Extract 8

In South Africa TOP has always been legal, but it was made more inclusive and broader in its scope in the Choice on Termination of Pregnancy Amendment Act of 2008. For example, a female of any age may consent to her own TOP, even a girl child. Nevertheless, every effort must be made to involve those closest to her and, in fact, an effort should be made to enquire why the child would be fearful of involving parents as it may point to sexual abuse. The Child Care Act of 2005 does not apply in the case of a TOP. Despite the fact that TOP is legal in South Africa, females are still accessing backstreet abortionists. A range of reasons exists, for example, not knowing that TOP is legal, not knowing where safe services are, not wanting people to know that she is pregnant and thinking that she may not qualify for a screening policy at a clinically safe service [Module 3, p. 39].

Under extract 6 it is mentioned that the Policy Framework on SRHR's main goal was to strengthen access to healthcare services. Its importance is stressed through reference to endorsement by heads of state. Extract 7 on human rights are inclusive of both sexual and reproductive rights. As such, freedom of choice and expression is stressed.

Kaunda-Khangamwa et al. (2022) provide an interesting argument where they record that access to healthcare services hindrances is caused by inequalities. Inequalities usually present themselves through social norms and policies that dictate how to access healthcare services, that prescribe how gender and sexuality should be conceptualised and who qualifies and is deserving of obtaining these services. These challenges are evident in extract 8.

Extract 8 records how, despite termination of pregnancy (TOP) being legal in South Africa, young women still opt for backstreet abortion. The reason for this includes limited knowledge of TOP services. Therefore, to challenge views around TOP services Kaunda-Khangamwa et al. (2022) propose that only giving people services is insufficient. Kaunda-Khangamwa et al. (2022) argue that providing TOP services is insufficient if we want to promote comprehensive access to healthcare services. As such, they propose that we need to do away with judgemental views that deny people access to healthcare. Interestingly, under extract 8, rights are spoken about as made more “inclusive and broader” including for the “girl child”. Despite these rights, young people’s agency in accessing services is restricted.

Extract 9 speaks about how contraceptives do not only prevent unwanted pregnancy but allow people to enjoy their sexuality.

Extract 9

Contraception use should not only prevent an unwanted pregnancy but also assist couples to enjoy their sexuality. This would include sexual intercourse, communication and good loving relationships with each other and their children [Module 3, p.74].

It has drawn a lot of attention and been categorically stated that teenage pregnancy is hazardous. The literature frequently utilises words like "unanticipated," "unplanned," "mistimed, and even "undesirable" when discussing pregnancy among young people (Nkala-Dlamini & Nkomo, 2022). These phrases are frequently interchanged to indicate that it is either socially acceptable or natural for young individuals to become pregnant or parents, much less out of want or intention.

Men are still largely ignored by research, policy, and services. However, men are now receiving more attention for three crucial roles: supporting their partners, satisfying their own SRH needs, and acting as agents of change within their communities (Kaunda-Khangamwa et al., 2022). The

absence of male SRH discourse is evident in this manual as well. Where most examples provided in the text highlight and challenges experienced by women. There are limited or no examples where men are portrayed as facing a crisis of needing SRH. Most of the issues represented are those that affect young women.

b). The right to affordable, appropriate and good quality healthcare goods and facilities.

The right to equal and safe access to education is enshrined in the United Nations (UN) Declaration of the Rights of the Child and has been noted repeatedly in the South African Constitution (Bhana, 2014).

The extract below addresses access to quality and appropriate health care.

Extract 10

All individuals need access to shelter, food, protection, security, comfort, health services, educational services and social services in order to survive on this earth and the world. Most individuals do not have above-mentioned essentials in order to survive. There is a host of reasons for this including: unjust warfare, imprisonment without trial, forced marriages, sexual assault, rape, limited or poor-quality service delivery, legislation denying individuals to make decisions about their own sexual and reproductive health
[Module 9, p.192].

The extract speaks about access quality access to healthcare services, with health, educational and social services as a necessary part of life. The manual goes on to indicate that these are not always provided, giving a list of social reasons.

Kaunda-Khangamwa et al. (2022) argue that in order to achieve this, it is necessary to have access to inclusive, safe, and appropriate healthcare services, accurate information about contraceptive methods, their availability and affordability, support and care in the event of unplanned pregnancies, guidance and support for menstrual, conceiving, and reproductive cancers, as well as HIV and other sexually transmitted infection prevention (Kaunda-Khangamwa et al., 2022).

Extracts 11 and 12 address the need for quality TOP services.

Extract 11

A 15-year-old girl went to the clinic and requested a TOP. The professional nurse called in the HIV lay counsellor and told him to counsel her. The professional nurse then left the room and went to phone the young girl's mom, because she knew the girl's parents. The teenager's mother came to the clinic and gave her a scolding in front of the staff. Later that night the parents found the teenager hanging from a tree in the yard. The parents were devastated. The young girl's suicide note read, "I am sorry mom for what I did" [Module 3, p.98].

Extract 12

The group should also be informed that the girl had a choice and the right not to inform her parents. It should be clear that the suicide could have then been avoided. There were many factors that may have contributed to the suicide and this may have included her embarrassment about her mom and the rest of the staff knowing as well as the perception that she had failed herself and the rest of her community. Another point to remember is that had the teenager been counseled by the health professional first and given the opportunity to decide whether she wanted to go ahead with the TOP or not as well as the opportunity to have a meeting with her mother facilitated, the outcome may have been different. She could have gone to another facility, but it should not have been necessary as all services should treat her similarly. The health professional and the parent violated the young girl's sexual and reproductive rights [Module 3, p.98].

In extract 11, a 15-year-old girl seeking TOP services received poor-quality access to healthcare services, in particular the principle of confidentiality was breached. Poor quality access to healthcare can have negative repercussions as it can put a person's life in danger. The negative repercussions of poor healthcare are evident in extract 11 where a young girl committed suicide. Stutz et al. (2019) argue that the repercussions of poor access to and quality of health care reduces quality of life and has life-long consequences. Some of the repercussions include fear of accessing safe and quality reproductive healthcare (Braeken & Rondinelli, 2012).

In my theory chapter, I spoke about citizenship holding emotional aspects to it. The emotional aspects are evident in extract 11 where the young girl felt like a disappointment to her parents and decided to take her own life. It is important to outline that the healthcare professional violated the young girls' sexual and reproductive rights.

Kaunda-Khangamwa et al. (2022) state that limited funding for SRH services and the difficulties health workers face in counselling women also pose obstacles. The example illustrated in extract 12 calls for professionally trained nurses to administer TOP services that understand that everyone has a right to reproductive healthcare services regardless of their age. In the extract, the nurse violated the sexual rights of the child and failed to obtain permission from the child before sharing their sexual status with her parents. As such, her right to privacy was compromised. Kaunda Khangamwa et al. (2022) argue that comprehensive healthcare is hampered by inter alia negative attitudes of health workers toward unmarried women using contraception.

Extract 13 speaks about quality TOP services.

Extract 13

The young woman is asked how she feels about the alternatives to TOP. Once she has agreed to TOP, she is asked if she wants to sign the consent form immediately or go home and think about it. Most

women who access TOP services have already made up their minds and agree immediately. After signing the consent form the health professional should explain the rest of the procedure [Module 3, p.99].

The text promotes an understanding of SRC as it advocates that young people should have the agency to consent to a TOP. Quality TOP services are illustrated in extract 13 where a young woman is informed of what the TOP services entail and is made aware of other options that are available to her if she is not sure if she wants to have TOP done.

Extracts 14 and 15 respectively, advocate for counselling pre- and post-abortion.

Extract 14

The woman must be counselled for a long-term contraceptive method at her post-abortion visit, whether it was a medical or surgical termination of pregnancy [Module 3, p.95].

Extract 15

ACTIVITY TWO: LEGISLATIVE FRAMEWORK PROTECTING HUMAN RIGHTS AND SEXUAL AND 'REPRODUCTIVE RIGHTS

Purpose: To enable participants to explain the legislative framework to protect human rights and sexual and reproductive rights.

Start this activity by explaining the purpose then ask the participants to make a list of all the existing policies that protect the rights of individuals in this country. OR provide them with a list of rights and ask them if there is a to protect this right and to express their opinion:
Receive counselling after rape [Module 9, p. 195].

Extracts 14 and 15 both speak about the need for counselling within SRH healthcare provision. Counselling is crucial to the well-being of individuals. In extract 14, the statement “must be counselled” goes against the Choice of Pregnancy (CTOP) ACT which speaks to non-mandatory counselling. There is a suggestion of possible coercive counselling here. Extract 15 (with additional material) asks the learners to link policies to counselling thereby emphasising how good healthcare practices are embedded in policy or should be.

Extract 15 speaks about counselling after rape. This is the only time counselling after rape is mentioned throughout the whole manual. As such, more information is needed on what to do and where to seek help when raped, the absence of this information denies young people knowledge of how to protect themselves and report sexual violations such as this one. Thereby, increasing the number of cases that go unreported and unrepaired.

Extract 16 speaks about quality termination of pregnancy (TOP).

Extract 16

The health professional explains to her what a TOP is and the two procedures. She/he explains what will be done to confirm the gestational stage of the pregnancy and, because it is a state institution, she would have to accept the surgical TOP. She/he also tells the woman that there are other options as well, like adoption of keeping her baby [Module 3, p.99].

The Sexual and Reproductive Health Rights (SRHR) manual not only speaks about challenges present when it comes to accessing TOP it also provides a description of quality TOP services entails. Educating young people about what quality TOP services entail is important as it helps keep them in the know should they require TOP.

Extract 17 presents an example of how coercion denies individuals an opportunity to access their rights. It addresses the issue of human rights and the violation of human rights.

Extract 17

Force or coercion is normally applied to deny other individuals the opportunity to have access to all the factors needed to ensure survival on this earth. The needs referred to for survival are termed rights. The force applied by other individuals is referred to as a violation of human rights [Module, p.192].

The extract highlights how individuals should not be denied access to their rights. Coercion and violence are identified as denying individuals access to their right to resources.

c). The right to healthcare services that are free from discrimination and stigma.

Extract 18 addresses stigma based on fertility.

Extract 18

In most instances the woman is blamed for the infertility or accused of being at fault and most men assume that there may not be a problem with themselves. These are some of the possible causes, although there are many unknown causes [Module 3, p.103].

Gender-related stigma is presented especially if a couple is struggling to conceive. The extract shows how men are usually seen as separate entities from issues of infertility. As such, the blame is shifted to the women. This ideology is still present in communities that have limited SRH knowledge.

Extract 19 addresses access to accurate SRH.

Extract 19

Young girl of 17 in grade 11 tells the boy she had sex with 3 hours ago that she is not using a contraceptive. The boy tells the girl that he will not take responsibility if she becomes pregnant. The couple then decides to go to the clinic and speak to a health practitioner and ask for advice. At the clinic the health practitioner tells them that they are irresponsible to have sex at such a young age and tells the

girl she is too late for any treatment and that she must just live with the consequences. It has been four hours since the couple had sex when they are seen at the clinic.

1. What do you think of what the health practitioner said to the young couple?
2. Do you think the couple behaved responsibly or irresponsibly from the time they had sex to the time they decided to visit the clinic? [Module 3, p.71].

In posing discussion questions, the manual problematises the discriminatory behaviour of the healthcare provider. Francis (2008) argues most young boys and girls are judged and discriminated against when they try to access SRH services. In the extract, young people are denied accurate SRH and given wrong information. Instead of assisting the young boy and girl the health practitioner blames them for being irresponsible and uses their age to tell them that they are too young to be sexually active.

The ability of the SRH manual to highlight issues of poor SRH and service, stigma and discrimination, and being denied good quality access to SRH demonstrates the challenges that young people experience on a daily basis. Kaunda-Khangamwa et al. (2022) argue that to foster accessible and inclusive spaces, there is a need for healthcare professionals that will provide unbiased and non-judgmental SRH services.

Extract 20 and 21 address stigma based on one's sexual status.

Extract 20

The Minister of Correctional Services reports in parliament that there are still prisons where prisoners are being denied ARV treatment and some are being victimised because they are HIV positive [Module 9, p. 198]

Extract 21

A 32-year-old woman who has been HIV positive for three years, visits the clinic and wants to make an appointment for a pap smear. The health professional asks her when was the last time she had a pap smear. The woman then answered two years ago, because she heard that a woman must have her first pap smear from the age of 30. The health professional then tells her that she cannot come for another pap smear because she is HIV positive and it will not make sense. She will in any case die eventually. The health professional also tells her that if she feels uncomfortable about her condition, she should stop having sex, drink her vitamins and enjoy her life or what is left of it

Discuss:

1. How was this learner's rights violated?
2. What should have been done to prevent this from recurring? [Module, p.197].

In extract 20 although the prisoners committed a crime, they are still entitled to their right to SRH, which is receiving access to ARVs treatments. They still have a right not to be stigmatised based on their health status. As such, the above extract brings the rights of imprisoned people to

the participants' attention. Extract 17 on the other hand presents a case of a woman who was stigmatised and given misinformation based on her HIV status. In extract 21 the woman is given misinformation through the use of damaging and hurtful words from healthcare professionals when seeking SRH. In the text, the healthcare professional used the phrases "you will die" and "stop having sex" to make the woman feel worse about her situation. Moreover, the woman seeking a pap smear was made to feel like she was undeserving of healthcare due to her HIV status. Therefore, stigma and discrimination are evident, which the participants are asked to identify.

The extract illustrates how individuals living with HIV are often stigmatised and discriminated against not only by society but by professionally trained healthcare professionals. The manual through drawing attention to this sees youth as drivers of change. They are supposed to advocate for fair treatment with youth (Wigle et al., 2020).

d). The right to accurate information on sexual and reproductive health concerns.

In a discussion on sexual and reproductive rights, it is important to take into context how both sexual and reproductive rights are human rights. Extract 23 addresses the retrospective statement.

Extract 23

In 1948 the Declaration of Human Rights was drafted which outlined all the human rights that all individuals or human beings on this planet are entitled to. In South Africa, prior to 1994 the vast majority of South Africans' rights were denied and this was enforced by the Apartheid legislation. However, since 1996, it is enshrined in the new South African Constitution that all individuals should be treated equally and that nobody's rights should be violated. If any individual's rights are violated they may report the violation to the justice department [Module 9, p.192].

The first extract speaks about how prior to 1994 the majority of Africans were denied human rights due to apartheid. Miller (2000) argues that human rights before democracy were somewhat unclear and inaccessible due to apartheid laws that restricted freedom of movement and prevented access to good quality health care. Post-1994 in South Africa, the Constitution promotes the right to equality and non-violation of rights. However, Bhana (2014) indicates that although the Constitution promotes equal access to the rights of all citizens the extent to which these rights are translated in society is limited.

Before engaging with the extracts, it is crucial to note how reproductive and sexual rights are mentioned in passing in other chapters of the manual, with the main focus being on reproductive

health issues. The two extracts that follow below provide a definition of what sexual and reproductive rights entail.

Extract 24

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to: •the highest attainable standard of sexual health, including access to sexual and reproductive health care services; •seek, receive and impart information related to sexuality; •sexuality education; •respect for bodily integrity; •choose their partner; •decide to be sexually active or not; •consensual sexual relations; •consensual marriage; •decide whether or not, and when, to have children; and •pursue a satisfying, safe and pleasurable sexual life [Module 9, p.193].

Extract 25

Reproductive rights were defined as embracing “certain human rights that are already recognised in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so and the right to attain the highest standard of sexual and reproductive health. This includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.” Since human reproduction generally requires sexual activity, sexual rights are closely linked to reproductive rights” [Module 9, p.193].

In both extracts, the word “all” is used to describe to whom rights cater for. This means everyone regardless of their sexual orientation and identity, gender, race, or ethnicity are entitled to rights. Both extracts speak about what sexual and reproductive issues entail.

Extract 24 refers to seeking, receiving and imparting information which suggests the circulation of knowledge about sexualities. It does not refer to accurate/inaccurate and biased/unbiased information. The type of sexuality education is also not expanded upon. Extract 25 on the other hand, only engages with reproductive information.

Extract 26 speaks about irresponsible sexual behaviour of young people.

Extract 26

Three young women are chatting about STIs. Two of them are sexually active with different young men in the community. The third one has had the same boyfriend for the past three years and he is her only sexual partner. She tells her friends that before she started to have sex with her boyfriend she asked him to accompany her to the clinic for a finger prick HIV test.

The other two laugh at her and say she was stupid to do that as she could have lost him. Then one of the women with many sexual partners takes it further and says she will never go for an HIV test because she uses a condom when she has sex. When it breaks she just washes out her vagina with a Dettol solution. This same woman also says that from time to time she has a discharge from her vagina, but then before she has sex with another man she washes her vagina with a special mixture that she buys from the herbalist.

The other woman, who also has many sexual partners, says that once before her vagina had burned when she urinated and that she had a smelly discharge. She says these symptoms appeared a few days after she had sex with a well-dressed guy from the church she belongs to. She remembers that he had sores around his penis.

Explain whether the young women's sexual behaviour is putting them at risk of contracting HIV [Module, p.114].

Extract 26 addresses multiple issues encountered by young people. It speaks about young girls

having multiple sexual partners, misinformation among young people and lack of proper sexual and reproductive healthcare. Addressing these issues in the text helps create awareness of how sometimes young people have an altered perception of the dangers of engaging in risky sexual behaviour. The discussion prompts the participants to engage with accurate information on the consequences of engaging in unsafe sex. Thus, this calls for youth to be engaged in accurate SRH information. Francis (2019) writes that risky sexual behaviour and misinformation among young people are the cause of increased teenage pregnancy.

On the other hand, Ricardo et al. (2022) record how peer pressure is one of the other reasons for increased risky behaviour among young people. The issue of informed decision-making will be discussed later in this chapter. However, it is important to note how the extract provides an analogy of how poor decision-making intersects with the lack of SRH information.

Extract 27 identifies “barriers to sexual and reproductive rights” provides an example of the challenges experienced by young people when trying to access TOP.

Extract 27

A 15-year-old young girl goes to the clinic and tells the professional nurse that she wants to terminate her pregnancy. She is 10 weeks pregnant. The professional nurse tells her that it cannot be done because she is more than ten weeks pregnant.

Discuss:

3. How was this learner's rights violated?

4. What should have been done to prevent this from recurring? [Module 9, p.196].

Nkala-Dlamini & Twala (2022) argue that access to SRH services may be facilitated or hindered by healthcare professionals' attitudes. In the extract, firstly, the young girl is denied access to TOP as the healthcare professionals told her she could not get termination of pregnancy (TOP) despite the fact that a professionally trained healthcare provider can administer TOP services for up to 12 weeks. The discussion questions “1. How was [sic] this learner’s right violated?; and 2. What should have been done to prevent this from recurring?” suggest that young people need accurate information that they may request an abortion up to 12 weeks of gestation in order to counter such barriers.

Both extracts below hope to educate young girls about how access to contraceptives is both a sexual and reproductive right.

Extract 28

ACTIVITY FOUR: CONTRACEPTION AS A REPRODUCTIVE AND SEXUAL RIGHT

Purpose: To enable participants to understand the importance of contraception and that having access to

contraception and contraceptive services is a sexual and reproductive right

The scene takes place in the house of a couple who have been married for a year. They are engaged in an argument about their children and about how little time they have available to spend on them. The husband has one child from a previous relationship to a woman he was not married to and this child is six years old. The couple have 2 children, aged 3 and 2, who were born before they got married. The wife is currently seven months pregnant and has developed high blood pressure during the pregnancy. She was diabetic before she became pregnant. The reason for the tension becomes clear during this scene: The wife feels that they should be sterilized because they do not have enough time for their children. The needs of the children also take up a lot of time. Because she suggests that her husband be sterilized, he becomes angry and tells her that she is the one who should be sterilized because he is a man and because he would become impotent after the operation [Module 3, p.73].

Extract 29

Couple sit in the waiting room at the ante-natal clinic in the Community Maternity Centre or, as previously known, the MOU (Midwife Obstetric Unit), waiting for the wife to be seen for her pregnancy check. A health professional calls them into the consulting room and asks them to share any concerns that they may have. The husband informs the health professional that his wife insists that he be sterilised, but that he feels that she is the one who should be sterilised instead. The wife interrupts, insisting again that the husband should go for the procedure because they would have even less time to provide the love and guidance that children need from their parents, if they were to have more children. The husband and wife start to shout at each other. The health professional asks them to calm down, go home, sort themselves out and come back only once they have decided which one of them will be sterilised. The health professional ends the consultation by accusing them of having too many children and wasting taxpayers' money by overpopulating the country [Module 3, p.73].

Extract 28 and 29 engages with the issue of using contraceptive measures. The activity consists of role play in which participants play out a dispute between a heterosexual couple and contraception. The ability of the text to speak about contraceptives as both a “sexual and reproductive right” is empowering. Liche-Deroche et al. (2014) provide an argument for how in South Africa there is a knowledge gap on how to administer and use contraceptives. As such, a large proportion of women experience challenges when trying to access contraceptives. This is evident in the extracts above. Access to various contraceptive methods and information is limited for all women (Liche-Deroche et al., 2014). The challenges with accessing accurate SRH information are evident in the above extracts. The example illustrated above highlights issues such as misinformation and miscommunication, poor sexual and reproductive health knowledge.

• Subtheme 2: Conduct-based rights

Macleod and Moore (2022) describe rights based on conduct as focused on sexual behavior in intimate partnerships. “The three primary kinds of claims to these rights are: (a) the right to define what one can and cannot do in intimate relationships; (b) the right to sexual participation or expression and the right to enjoy sexual acts (i.e., the right to sexual pleasure); and (c) the rights of bodily integrity” (Macleod & Moore, 2022, p.148). Therefore, under this sub-theme questions around rights based on conduct as described by Macleod and Moore (2022) will be discussed.

2. What and how are the conduct-based rights referred to in the text?

a). The right to sexual participation or expression.

Extract 30 speaks about primary and secondary socialisation.

Extract 30

Individuals' perceptions of and attitude towards sexual debut, frequency of sex, celibacy and partner choice are influenced by primary and secondary socialisation [Module 2, p. 40].

The extract speaks about socialisation as shaping youth's understanding of sexual knowledge. Shefer and Ngabaza (2022) observe that socialisation plays a role on how individuals conceptualise sexual relationships. The extract also explores a variety of sexual expressions.

Extract 31 speaks about the challenges that individuals experience when they try to acquire their rights to sexual participation and expression.

Extract 31

Homophobia violates sexual and human rights (10 minutes) Two men were imprisoned when they announced their marriage [Module 2, p. 46].

The extract presents a case where a homosexual couple is arrested because of their explicit engagement in same-sex activities and commitment. The manual indicates that their right to sexual expression is undermined through homophobia. In South Africa, same-sex relationships are frequently discredited by humiliation, mockery, teasing, bullying, and physical and sexual violence (Bhana, 2014).

Extract 32 appears under module two and speaks about sexual expression.

Extract 32

Some may prefer caressing, kissing, sharing erotic fantasies, stimulating a partner's genitals with hands and rubbing against each other and this may lead to an orgasm without penetration. Penetrative sex occurs when the male's penis enters the female's vagina or anus or when a penis enters another male's anus [Module 2, p.39].

This extract presents different ways in which young people may choose to engage in sexual activity. A range of conducts are presented as consensual and ethical practices.

b). The right to sexual pleasure.

Extract 33 speaks about pleasure, attitudes and perceptions towards sexual intercourse.

Extract 33

Anybody should be able to enjoy sex (10 minutes) The clinic nurse told a 68-year-old woman that she

should stop having sex because her vagina will become cancerous and that she should act her age and look after her grandchildren [Module 2, p.46].

However, according to Bhana (2014) social and cultural standards are frequently used to control sexual expression and can cause fear, shame, and rejection (Bhana, 2014). This is evident in the above extract where the woman is stigmatised by the nurse. The example in the extract shows how sexual stigma may be experienced by older women.

Extract 34 also speaks about sexual pleasure.

Extract 34

The same individuals may vary their sexual behaviour and even the reasons for particular behaviours. Some individuals may prefer penetrative sex, others not and some may enjoy a combination of both penetrative and nonpenetrative sex. Reasons sometimes given for anal sex range from wanting to experience sexual pleasure alone, to avoiding the consequences of a pregnancy or sexually transmitted infections. The origin of some of the reasons is based on facts while others are myths passed on through generations by elders, peers and social mediums such as the media, movies, religion, culture and educational curriculae [Module 2, p.39].

This extract speaks about sexual preferences, enjoyment and sexual pleasure. Individuals explore different types of sex for various reasons such as wanting to prevent pregnancy. The text further highlights how different stakeholders play a role in shaping sexual discourse. Bhana et al. (2022) outline how different framings of sexuality in terms of heterosexual reproduction, have opened up new ways of understanding sex, sexuality and relationships, with an emphasis on pleasure, politics, particularly culture and respect (Bhana et al., 2019).

Despite present shortcomings present in the manner in which sexual pleasure is spoken about, Allen & Ramusseen (2017) argue that the absence of important aspects of sexuality like pleasure and gendered power relations has been shown to lower the rates of unwanted pregnancies and STIs, yet evidence-based programs may nevertheless provide young people with a patriarchal moral education based on hidden ideals.

Extract 35 speaks about self-pleasure.

Extract 35

The pleasuring of oneself by playing with one's genitals is a normal activity that is learnt as a young child and is known as masturbation. Adults should reassure the child or children that it is normal to pleasurablely explore and enjoy one's body, but that there should be a healthy balance between exhibitionism and pleasure. The normality, as well as the privacy of masturbation, should be stressed in an affirming way [Module 2, p.34].

According to Bhana et al. (2019) the act of masturbation is frowned upon and deemed wrong

socially and culturally. It is important to pay attention to how masturbation is spoken about in the text. Firstly, it can be said to be regulated. This is evident in the text through the assumption that “adults should reassure” the child that it is normal to explore one’s body. Secondly, the extract presents the act of masturbation as needing monitoring as it could lead to exhibitionism. Thirdly, masturbation is presented as something that is “normal.” However, it has to be kept private and encouraged in an affirming way. The assumption here is that masturbation should only occur in strict privacy. There is an easy slippage here into shame and stigma else it is wrong and promiscuous behaviour.

c). The right to bodily integrity.

Extract 36 engages with exploring one’s body.

Extract 36

Erogenous zones vary from individual to individual and are those parts of the body when caressed, kissed and touched, result in sexual arousal. The key to the enjoyment of sex is to know your own body and your erogenous zones. For some it may be caressing the lower back, for others it may be kissing the breasts, or sucking the nipples. Each individual must be able to identify their erogenous zones and this, when communicated to their sexual partner, will make sex so much more enjoyable. This is after all what sex ought to be, primarily.

The genital erogenous zones, in particular, contain a large number of nerve endings, which is why touching or caressing these zones stimulates sexual desire and pleasure [Module 2, p.41].

Bodily integrity is emphasised through knowing and understanding what brings one sexual fulfilment.

- **Sub-theme 3: Identity-based rights**

Sexual identity focuses on sexual self-definition and the growth of unique sexual identities, as opposed to the right to partake in particular in sexual behaviours. These claims can be divided into three groups: “(a) sexual self-definition (including fluid identities); (b) the right to the public and social recognition of specific sexual identities; and (c) the realisation of sexual diversity through access to cultural, social and economic conditions that enable all sexual identities to flourish as part of the cultural landscape” (Macleod & Moore, 2022, p.148).

3. The identity-based rights that are referred to in the text.

a). A spectrum of sexual, gender and reproductive identities.

Yes

Extract 37 speaks about male and female anatomy.

Extract 37

All human beings have the same anatomy and the two sexes differ only with regard to their reproductive systems. However, the human species is not homogenous on every level but is diverse in thinking and practice. This means that individuals may differ in their perceptions of, and attitudes towards many things, ideologies and many more issues in the world [Module 2, p.39].

This text provides an argument about how there are two types of bodies into which human beings are born. They are not limited in their thinking. The text further pinpoints how human beings are “not homogenous on every level but are diverse in thinking and practice.” This suggests they are not limited to which sexuality they can choose to identify with and how they perform their sexuality. This helps forge diverse understandings about sexualities.

Nevertheless, heteronormativity, which is founded on the notion that there are two opposing sexes and that each has gender roles that are preset, normalises behaviours that firmly establish forced heterosexuality as an institution (Francis, 2019). This is also evident in the text. The “two sexes” statement fails to account for intersex bodies for the transgender community.

Extract 38 speaks about sexual violence based on one’s sexuality.

Extract 38

A woman was raped and murdered in Khayelitsha a few years ago because she was lesbian [Module 2, p.39].

The text speaks to how communities and social spaces are against non-heterosexuality and regulate sexuality. For example, as discussed earlier in the chapter, a homosexual couple was imprisoned based on their sexuality and a lesbian woman was raped and murdered in their community. In demonstrating how social spaces often limit sexual minorities and fail to recognise their identities, the manual implicitly endorses the rights of lesbians, gay and bisexual people to their identities.

Extract 39 explicitly addresses sexual diversity as not a disease or an illness.

Extract 39

It is important to note that sexual diversity is not a pathology or illness. Being heterosexual, or homosexual or bi-sexual is an expression or part of an individual's sexuality. It is important that others respect one's sexuality. It is not an individual's, group's or society's right to coerce another to conform to a particular sexualorientation or practice. All individuals should enter into relationships of their choice, feel comfortable within, and consent to these without coercion or pressure to conform [Module 2, p.39].

The above extract stresses the importance of freedom of choice and expression. As such, it

highlights how individuals should be able to choose their sexual identities and the type of relationships they engage in. Although the text engages with same-sex relationships, Miller (2000) provides a compelling argument on how advocacy surrounding same-sex sexual rights focuses on male lives and sexual freedom or expression and fails to address the complex relationships between sexual "pleasure and danger" experienced by individuals that are differently empowered because of sex, gender identity, race, economic status, or nationality.

Extract 40 speaks about discrimination based on sexual orientation.

Extract 40

Discrimination based on sexual diversity (like race and gender) is unconstitutional in South Africa. However, despite our human rights-based legislation that should protect an individual's sexual rights, there are still instances where, in particular homosexuals, are being abused and even murdered. The Malawian case in December 2010 where a homosexual couple was imprisoned for their sexual orientation is one example in Africa. Another example is the case of a woman being raped and murdered in Khayelitsha a few years ago because she was a lesbian [Module 2, p.39].

Extract 40 speaks about the need for all individuals to receive access to quality healthcare free of stigma and discrimination. Extract 38 also engages with the topic of sexual diversity. The extract further speaks about how discrimination based on one's gender and sexual orientation is unacceptable in South Africa. The text draws on two examples, which are: 1. A homosexual couple that was arrested; and 2. A woman who was raped because she was lesbian.

Ricardo et al. (2022) provide a compelling argument about how stigmatisation discourages young men who identify as gay or who engage in sex with other males from seeking sexual health information and treatment, which makes them vulnerable to STIs and HIV. Due to this stigmatisation, health services and regular sexual education programs may not be accepting of young people who are attracted to other people of the same sex or who identify as bisexual, or they may not be prepared to address issues relating to sexual orientation (Ricardo et al., 2022). The rejection of sexual diversity in South Africa is frequently supported by invocations of culture, tradition and religion. These are used to position homosexuality as something foreign or unnatural (Bhana, 2014). Differently abled individuals' healthcare issues and the potential for discrimination and stigma are not addressed in the text. There is a need for the text to engage more on intersectional issues and incorporate the sexuality of individuals living with disabilities into sexual education programmes.

The struggle faced by sexually diverse individuals in the text is represented by the words “imprisoned,” “rape” and “murder”. These words have negative connotations which are usually deadly and cause harm. As such, taking a non-heterosexual identity across different spaces is accompanied by violence, trauma and distress.

Extract 40 addresses the issue of discrimination based on gender and race. LGB individuals have been deprived of the opportunity to enjoy their sexuality as they are abused and murdered based on their sexual orientation. As such, they are unable to claim their sexual citizen status. The acts of abuse towards sexually diverse individuals based on their sexuality are a violation of their sexual rights. Furthermore, acts of violence hinder LGB people from accessing sexual and reproductive healthcare. Attacks on LGB individuals lead to sexual exclusion as individuals are unable to express their sexuality.

Extract 41 addresses human rights violations.

Extract 41

A disturbing human rights violation in South Africa of, especially black, homosexual women is “corrective rape”. This term says a lot about how we may see the sexual diversity around us because the term implies that there is something to “correct” [Module 2, p.39].

The above extract records how gender norms (Bhana, 2014) and sex are regulated (Shefer & Ngabaza, 2022; Ratele, 2022). Gender norms and sex regulate how sexually diverse individuals are perceived and further increases violence. Moffett (2006) further argues that in South Africa gender hierarchies are regulated through rape, the most intimate form of violence.

Therefore, in post-apartheid and democratic South Africa, sexual violence has become a socially endorsed punitive project for maintaining patriarchal order (Moffett, 2022). Extract 8 problematises corrective rape by challenging the belief that if you rape a lesbian, you are correcting their sexuality. van Zyl (2011) records how LGBTQIA+ politics in South Africa are centered around corrective rape. Corrective rape is a sexually violent act that not only denies sexually diverse individuals their rights to sexual identity but limits them as they live in fear of either being killed or sexually violated because of their sexuality. This pinpoints Cook's (2020) argument about limited sexuality identities where individuals are not free to express their sexuality.

Additionally, Shefer and Ngabaza (2022) argue that homophobia silences individuals who identify outside the binary gender spectrum and those who hold different views from what is deemed socially acceptable ways of thinking and behaving. This is evident in the above extract.

Extract 41 addresses the construction of sexual and gender reproductive identities.

Extract 42

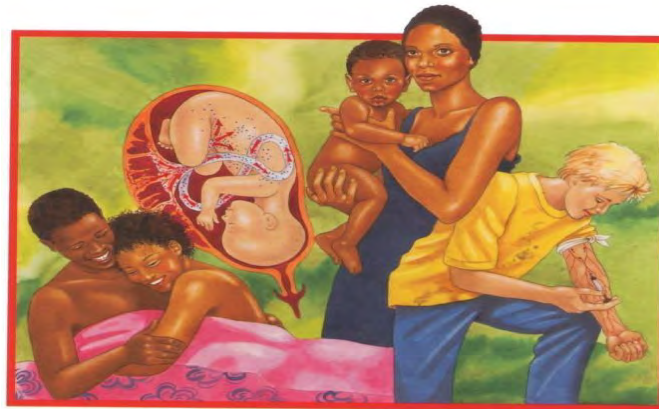


Image sourced from PSH SRHR manual [p. 33].

The image stands alone at the beginning of the module with no accompanying text. In the extract a few things can be seen: 1. A heterosexual relationship (with the possible assumption that the two had unsafe sex which eventually led to the young woman getting pregnant and was left to mother the child by herself i.e., single parenting); 2. The idea that women are responsible for mothering; 3. A picture of the young boy injecting himself with drugs; and 4. Only a heterosexual-abled couple is represented in the text. Overall, the different predicaments illustrated in the text highlight key issues of promiscuous behaviour, irresponsibility and lack of safe SRH. The above image pinpoints Macleod's (2009) and Shefer and Ngabaza's (2022) arguments about how young people's sexuality are usually presented in a negative light through the discourse of danger, disease and damage.

As an introductory image to module two the absence of diverse sexual relationships and distinct ways of having children reinforces able heterosexuality as the norm. In addition, the text risks spreading the message that only heterosexual relationships are prioritised in sexuality education.

In the extract, young people are portrayed through a discourse of ignorance and lack of bodily integrity.

b) The right to sexual, gender, and reproductive self-definition.

Extract 43 speaks about sexual identity and behaviour.

Extract 43

Sexual identity or orientation and sexual behaviour that people display. It refers to who the individual is attracted to sexually and with whom they would like to have a relationship and express affection in a more

intimate manner which may include sexual desire. This is as opposed to relationships with family or platonic friends [Module 2, p.39].

Extract 43 provides a description of sexual identity and behaviour. The extract also speaks about how sexual behaviour and identity influence the choice of a partner. As such, sexual diversity is not limited to different sexualities but to whom an individual may be attracted and their sexual behaviours.

Extract 44 promotes socialisation and SRH knowledge.

Extract 44

This module consists of a range of activities that will assist learners or participants to start to appreciate themselves, their physical bodies and emotions and also enhance relationships. Many human beings, young and old, have been socialised not to pay too much attention to their sexual and reproductive development. Often the only time attention is given to sexual and reproductive development is when there are changes that make individuals physically ill. Even then, whether a teenager or an adult, the individual may find it extremely difficult to seek health advice from health care services. Therefore, the activities in this module aim to identify the barriers that impede human beings from becoming comfortable about their own sexuality and to feel confident about making decisions about their own sexuality. [Module 2, p.32].

Extract 44 speaks about how the activities under module two are aimed at assisting learners or participants to become more self-aware, gain more knowledge about their physical bodies, help understand their emotions better and enhance their relationships. While socialisation is a fundamental part of human development. The extract argues for young people to “appreciate themselves”, “become comfortable”, and feeling “confident about making decisions about their own decisions”

Extract 45 addresses sexual definition.

Extract 45

Sexuality is our whole being. It defines who we are in terms of our own sex, how we have sexual

intercourse or perceive it, our sexual roles, gender, our cultural background, our perceptions of and attitudes towards our physical bodies. Sexuality also influences how we see other persons' bodies, their sex and sexual orientation, as well as our interaction with others and ourselves in various interpersonalrelationships [Module 2, p.32].

The extract speaks about how sexuality is the foundation on which people make sense of reality. Therefore, it is a meaning-making process that helps people interpret situations and events. This is evident in the text through describing sexuality as shaping “our being, sex, sexual roles, perception of our bodies and that of others.” The construction of sexuality pinpoints Aggleton et al.(2022) description of how sexuality is inextricably related to physical behaviour and can be understood verbally, through language and discourse. Both Aggleton et al. (2022) and Cook’s (2022) arguments are evident in the extract above, where they concur with the argument that sexuality influences how we perceive ourselves, the type of relationships we have with other people and how we understand everything around us.

Shefer & Ngabaza (2022) argue that women’s bodies and sexuality are regulated. The above extract illustrates how sexual discourse passes on regulated messages that construct how young people should perform their sexuality (Dlamini & Twala (2022) and Shefer & Ngabaza (2022) argue that as a result sexuality is policed through gender norms, heteronormativity and nuclear family discourse.

On the other hand, Cook (2020) argues that most curricula when teaching about sexuality norms are inflexible, perpetuate heterosexual relationships and the majority focus on educating young people about sex, gender and sexuality. Ignore the experience of young people and how they are affected by these experiences.

Recent studies in South Africa show that the sexuality education system continues to undercut thegoal of providing socially connected adult authority and the expectation of the young person's compliance where young people's irresponsible sexualities are policed, regulated and controlled (Shefer & Ngabaza, 2022).

Extract 46 talks about the reflection of one’s sexuality.

Extract 46
ACTIVITY ONE: REFLECTION ON OWN SEXUALITY

Purpose: To enable participants to reflect on their own sexuality. [...]. Ask each participant to answer the following questions:

1. Are you a female or male?
2. From what age did you know that you were a female or male?
3. Who first told you that you were a female or male?
4. How did you know that you were female or male?
5. What do you think of the following statements?
 - Males who have been circumcised may command sex from anyone
 - Males may only have sex with females
 - Females may have sex with males and females
 - Normal sex when is when a male's penis penetrates a female's vagina
 - Oral sex is good for younger people
 - People older than 60 should not be sexually active any longer

On completion go through each question and explain to the participants the intention of each question, as reflected below:

Question 1

Is determined by the sexual and reproductive organs of the participant

Question 2 – 4

Refers to the socialisation process that occurs when you absorb what parents and teachers impress upon

you. Self-discovery from approximately age three onwards contributes to our socialisation.

Question 5

Focus on participants' attitudes towards sexual diversity [Module 2, p.45].

The extract refers to how young people are usually ushered into male and female sexuality. In this extract alone, the word female is mentioned 6 times and male 8 times. The extract also brings forth the manner in which body parts and socialisation from different stakeholders contribute to individuals' perception of sexuality. However, gender diversity (intersex or transgender identities) are not featured.

c). The right to public and social recognition of specific sexual identities.

The extract 47 speaks about recognition of diverse identities.

Extract 47

It is important to note that sexual diversity is not a pathology or illness. Being heterosexual, or homosexual or bi-sexual is an expression or part of an individual's sexuality. It is important that others respect one's sexuality. It is not an individual's, group's or society's right to coerce another to conform to a particular sexual orientation or practice. All individuals should enter into relationships of their choice, feel comfortable within, and consent to these without coercion or pressure to conform [Module 2, p.39].

The sexual identities of lesbian, gay and bisexual are seen by the manual as being worthy of social recognition. For example, the extract speaks about respect and lack of coercion that LGB people deserve. It is correct that the same is not done for intersex or transgender identities.

• Sub-theme 4: Relationship-based rights

Relationship-based rights have to do with consent, with whom one can have sexual relations and

how the public view sexual relationships. Relationship-based rights are focused on gaining approval from the general public for different types of sexual encounters. Three primary categories of claims to these rights include: a) The right to consent to sexual activities in personal relationships; b) who is allowed to have consensual sexual partners; c) public approval of various forms of sexual connections inside social organisations (Macleod & Moore, 2014).

4. Relationship-based rights that are referred to in the text.

a). The right to consent to sexual behaviours in personal relationships.

Extract 48 addresses the issue of consent in relationships.

Extract 48

All individuals should enter into relationships of their choice, feel comfortable within, and consent to these without coercion or pressure to conform [Module 2, p.39].

In the text, consent is spoken about in the SRHR manual mostly in terms of consenting to a TOP. The only other place in which consent in personal relationships is mentioned is in the extract. With regard to consent in the extract, individuals are said to have the will to choose sexual relationships they are comfortable with without having to conform.

b). The right to public validation of various forms of consensual intimate relationships within social institutions

Extract 49 and 50 both address consensual relationship issues.

Extract 49

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to: •the highest attainable standard of sexual health, including access to sexual and reproductive health care services; •seek, receive and impart information related to sexuality; •sexuality education; •respect for bodily integrity; •choose their partner; •decide to be sexually active or not; •consensual sexual relations; •consensual marriage; •decide whether or not, and when, to have children; and •pursue a satisfying, safe and pleasurable sexual life [Module 9, p.193].

Extract 50

By adulthood changes continue to occur although not as rapidly as during puberty. This is the phase in which platonic or sexual relationships occur. During this phase, the relationships progress to marriage or co-habitation with the opposite or same sex. It is also normally during this phase that some individuals become more comfortable with themselves and their sexual orientation. It is unfortunate that some women and men may not be able to make decisions about their sexual and reproductive health because they may not have access to reproductive and sexual health information and/or services [Module 2, p.38].

Although both extracts tackle the importance of marriage. Extract 49 recognises the need for

consent to marriage. In extract 49, consent to marriage is emphasised through the words “free”, “choose” and “consensual”. These words are used to emphasise freedom of choice. In addition, Extract 49 presents a case where public forms of consensual intimate relationships are validated through marriage. Extract 49 also deals with the issue of how consensual marriage may or may not necessarily lead to marriage.

Interestingly, extract 50 recognises that the ability of individuals to choose a sexual partner is hindered by limited SRH knowledge and services. Extract 50 also presents a case whereby intimate relationships are seen to take two forms i.e., co-habitation with the same or opposite sex or marriage. A study conducted by Peplau and Fingerhut (2007) argues that same-sex marriage is now socially and publicly acceptable due to change in policies. However, the extent to which individuals are able to publicly express same-sex marriages or relationships is met with stigma and prejudice due to misconstrued beliefs (Peplau & Fingerhut, 2007).

Extract 51 speaks about young people’s behaviour.

Extract 51

Adolescents tend to want to behave like adults at times, but lack the emotional and psychological maturity. The major consequences of such immaturity may result in an increase in suicide, delinquency, gangsterism, teenage pregnancy, pornography, drug abuse and trafficking, sexual abuse as well as sexual promiscuity. There is also an increased premature mortality due to HIV and AIDS, back street abortions, drug abuse, rape, violent crime and motor vehicle accidents [Module 2, p.35].

Extract 51 speaks about how young people during the adolescent stage go through different emotional and physical changes. Public recognition of youth sexuality is prescribed through young people being described as wanting to behave like adults at times. The assumption here is that young people are want a role out of their reach because they are lacking emotional and psychological maturity.

The extract further reinforces Macleod's (2009) argument that young people are represented through the discourse of danger and disease. Francis (2019) argues that positioning and framing young people through this lens is done to discourage and instill feelings of fear. The text describes young people wanting to be like adults rendering “suicide, delinquency, gangsterism, teenage pregnancy, pornography, drug abuse and trafficking, sexual abuse as well as sexual promiscuity,” backstreet abortions and increased violence as a consequence of immaturity. Thus, young people

are rendered as lacking informed decision-making skills. Shefer and Ngabaza (2022) argue constructing young people through this lens denies young people the opportunities to develop a sense of personal agency and responsibility for their well-being, safety and enjoyment.

5.Participants’ capacity to take up these rights dealt with.

Extract 52 addresses conduct-based and sexual rights.

Extract 52

Your classmate is a homosexual. He is a good friend. The classmates are making fun of him by calling him names. He reports the classmates' behaviour to the Life Orientation Teacher. The teacher addresses the class about the matter and asks who has been making fun of the homosexual learner, but nobody responds. She then tells the learner not to make up stories and that he does not need to be at school if he does not want to [Module 9, p.196].

The degree or extent to which the young homosexual learner is able to take up their sexual and conduct-based rights is limited by hostility towards sexual diversity by schoolteachers and learners.

Both extracts address access to reproductive healthcare services.

Extract 53

Only young girls who are still at school should have access to TOP services [Module 3, p.100].

Extract 54

A 23 year old is sitting in front of the health professional and requesting a TOP. The health professional tells her that she is very irresponsible and that it is against her religion to speak to her about TOP. The health professional refers her to her colleague in the next room. The health professional greets her and asks her why she wants a TOP. The young woman explains that she just graduated from university and is working at the company which paid her university fees. She cannot afford a baby at this stage. The health professional explains to her what a TOP is and the two procedures. She/he explains what will be done to confirm the gestational stage of the pregnancy and, because it is a state institution, she would have to accept the surgical TOP. She/he also tells the woman that there are other options as well, like adoption or keeping her baby. The young woman is asked how she feels about the alternatives to TOP. Once she has agreed to TOP, she is asked if she wants to sign the consent form immediately or go home and think about it. Most women who access TOP services have already made up their minds and agree immediately. After signing the consent form the health professional should explain the rest of the procedure. Discussion questions: 1. Ask the group what they think about the first health professional. 2. Ask the group what they think about the second health professional. 3. Ask the group if this woman received a good service [Module 3, p.99].

Extract 53 highlights an important matter when it comes to reproductive healthcare which is that of misconstrued beliefs about who should access TOP services. In the extract “only young girls still at school” are said to be the ones to access TOP. In addition, challenges with access to quality reproductive healthcare is limited and hindered by healthcare professionals' attitudes. In extract 54 this is evident through how the healthcare professionals label the young girl seeking TOP as

irresponsible and that her religion does not allow her to provide TOP services. The word “irresponsible” alone is enough to instill feelings of unwillingness to seek safe TOP due to judgement from healthcare professionals. Thus, limiting the capacity to take up sexual and reproductive rights.

Extract 55 addresses how schools are often hostile and judgmental spaces that limit the capacity for young people to take up rights.

Extract 55

Two women were sitting in the bus and the one had the Cape Times open. They were discussing the article where a boy learner raped a girl learner on the school premises. When the news team interviewed the principal about the incident the principal said that the girl was looking for it as she always wears short skirts to school. He also mentioned that if he had his way he would have that girl expelled from the school so that the boy could continue his education.

After the discussion of [...] the facilitator concludes by stating that all have the right to be safe and that nobody should have power over anybody else. It is important to note that females and males are equal before the law and that all cases should be reported so that judicial action can be taken. The more the cases are reported, including reporting of police services who refuse to get involved in gender-based violence, the safer South Africa will become for all [Module 3, p.179].

The capacity to take up rights in the extract is limited by statements such as “she asked for it as she always wears short skirts to school.” Such statements not only perpetuate and encourage sexual violence but also limit young girls from taking up their rights due to blame and stigma.

3. Conclusion

This section forms the first part of the analysis and focuses on sexual and reproductive health issues. The priori theme of citizenship as both status and practice was discussed. This theme encompasses a spectrum of rights, such as conduct-based rights (which look at how individuals should behave and express themselves), sexual and reproductive rights (such as the right to access contraceptives and have an abortion), identity-based rights (concerned with the recognition of diverse identities) and relationship-based rights (includes the ability of individuals to negotiate safe and fulfilling relationships). The different rights outline outlines how young people attempting to access sexual and reproductive health rights experience challenges across the different rights

CHAPTER 6: INTERPRETATION OF CONTEXTUAL AND EDUCATIONAL ISSUES

In the previous chapter (chapter 5), I analysed sexual and reproductive rights (SRR). In this chapter, I engaged with contextual and educational issues. This part of the analysis consists of four sections, numbered from sections two to five. Under each section respectively, the following four priori themes are found: differentiated universalism, situated agency, politics of recognition, redistribution and reparation, and educational processes.

PART 2: CONTEXTUAL ISSUES RELATED TO SRH

Part 1 of the analysis focussed on sexual and reproductive health rights (SRHR). Part 2 will engage with contextual and educational issues. Important to note that under part 2 is made up four sections and a priori of themes. The a priori of themes that will be discussed is: Differentiated Universalism; public-private interstice; situated agency; and politics of recognition, redistribution and reparation.

SECTION 2: CONTEXTUAL AND EDUCATIONAL ISSUES

Section 2 has one theme called differentiated universalism. Under this theme is a subtheme called contextual and SRH issues. It is crucial to take note that part 2 in comparison to part 1 of the interpretation of the results is made up of section 2 to 5 of the *Masizixhobise* toolkit. Therefore, this part of the interpretation of results will focus on question 6 to 18 of the toolkit. Before, I can provide an interpretation of contextual and educational issues. I will provide a representation of themes and subthemes in the form of a table.

Themes	Subthemes
SECTION 2: CONTEXTUAL AND EDUCATIONAL ISSUES	
A priori of theme: Differentiated Universalism	➤ Contextual and SRH Issues (Q.6 &7)
SECTION 3: POWER RELATIONS RELATED TO SRH	

A priori of theme: Public-private interstice	➤ Power relations and SRH matters (Q.8 & 9).
A priori of theme: Situated agency	➤ Agency and empowerment (Q.10). ➤ Empowerment and decision-making (Q.11). ➤ Cross-cutting SRH issues and social reparations (Q.12).
SECTION 4: LEGISLATION, POLICIES AND POLITICAL PARTICIPATION	
A priori of theme: Politics of recognition, redistribution and reparation	➤ Governing laws and policies (Q.13, 14 and 15) ➤ Political participation in SRR (Q.15) ➤ Amendment of sexual violations (Q.16)
SECTION 5: EDUCATIONAL PROCESSES	
A priori of theme: Educational processes	➤ Educational philosophy (Q.17) ➤ Inclusive education (Q.18)

Table 4: Showing themes and subthemes that fall under contextual and educational issues

➤ **A PRIORI THEME: DIFFERENTIATED UNIVERSALISM**

In the theory chapter, this theme was described as focused on how individuals are able to access their entitlements across different contexts. As such, this section provides a discussion on how despite rights (universal) being enshrined in policies, different contexts enable or prevent young people from gaining access to sexual and reproductive health (SRH) such as those of the family, community, education, social, economic and geographic contexts.

➤ **Sub-theme 6: Contextual and SRH Issues**

The word "context" describes everything that has an impact on young people outside of their unique psychological and cognitive characteristics (Ingham, 2006). This sub-theme provides a closer lens on cross-cutting and contextual issues. As such, I draw closely on how SRH across different contexts is represented in the text. It is important to note that different contexts hold different challenges that may hinder individuals from accessing their entitlements.

Cross-cutting issues are balanced by SRH (Macleod & Vincent, 2014). Contextual issues that

are addressed in the text include gender-based violence, communication and decision making and relationships. SRH issues are spoken about in the text sexual and reproductive health issues, including menstruation, fertility, cervical screening, contraception, pregnancy, sexually transmissible infections, chronic health problems (such as cancer) and menopause. The above contextual cross-cutting issues will be discussed below.

6. What contextual issues are raised in relation to SRH issues in the text?

a). Familial contexts

Extract 56 speaks about unintended pregnancy.

Extract 56

Unintentional pregnancy is an extremely stressful experience for teenagers. They have to face the parents, the schooling system and broader community's criticism once the pregnancy is known. The girls and their families may try to hide the pregnancy as much as possible. For example, the girl may be sent off to family in other towns. Pregnant teenagers often lose out on school and further education. Their social life changes as well [Module 3, p. 86].

The complexities present in family and community contexts are evident in extract 55. In the above extract, family context is represented as increasing shame and being a barrier to pregnant or mothering teenagers accessing school or their usual social lives. The extract brings forth how pregnant teenagers in the private sphere of the home and public sphere i.e., the community are shamed and marginalised. In the extract, it is also evident how pregnant teenagers' social status changes once it is found that they are pregnant. The words criticism, sent-off, lose and stressful all explain the emotional stress pregnant teenagers face. Thus, identifies social, educational and SRH issues limit youth.

Extract 57 speaks about how social surroundings influence and shape individuals' understanding of sexual and gender identities.

Extract 57

The immediate role models around them like their family members, friends, peers and their teachers, influence the formation of their sexual and gender identities [Module 2, p.35].

In relation to the extract, family, friends, peers and teachers are depicted as contributing significantly to interpersonal development (Ricardo et al., 2022). As argued by Hubbard (2001) different stakeholders shape young people's understanding of their sexuality. Family and home environment are associated with the private sphere (van Zyl, 2011).

Ricardo et al. (2022) explain that parents and extended family members play a significant role on how young women establish their own sexual behaviours. A young person's own family's customs are frequently the closest and most significant role models for marriage and parenthood in his or her life. Young men's understanding of gender roles is significantly influenced by their female family members, who can either support or question established gender roles. Families and communities frequently prevent young women from accessing knowledge about sex or forbid conversations about it out of concern that they would promote sexual activity. Young men, in contrast, are anticipated to be knowledgeable, assertive, and experienced in matters of sexuality and reproduction.

Extract 58 addresses backstreet abortion

Extract 58

A husband sits next to the bed of his wife pondering why she went for a backstreet abortion, which has now caused her to be admitted to hospital with infection [Module 7, p.184].

The participants are then asked to discuss “how communication took place”. The predicament illustrated in extract 58 provides an example of how contextual issues intersect with SRH.

The contextual issue represented in the extract is communication regarding the wife. There are various reasons that may have caused the woman to opt for backstreet abortion such as poor communication between her and her partner and not wanting her husband to find out that she was pregnant or she was not ready to be a parent. Kaunda-Khangamwa et al. (2022) argue the majority of young and poor women seek abortion because of unsupportive relationships and contextual surroundings of their pregnancies, rather than to exercise their sexual or reproductive rights.

Extract speaks about women having a subordinate status to men.

Extract 59

In most societies the role of the males is that of being superior to women, to protect families, to make the decisions in relationships [Module 6, p.173].

The prescribed roles create inequality between men and women. The legislative framework in South Africa promotes gender equity. The above extract reiterates how gender roles may be

perpetuated in families. The extract pinpoints a few things. Firstly, it reiterates the idea that the private sphere is limiting (Bhana, 2014) where men are the final decision-holders, thus silencing the voice of women (Beyers, 2011). This stands in contrast to legislation that promotes equality.

b). Community contexts

According to Ricardo et al. (2022), structural and community determinants have a significant impact on gender. These contexts influence access and availability of socio-economic opportunities and health services (Ricardo et al., 2022). Extract 60 provides an example of how local contexts are exclusionary.

Extract 60

Unintentional pregnancy is an extremely stressful experience for teenagers. They have to face the parents, the schooling system and broader community's criticism once the pregnancy is known. The girls and their families may try to hide the pregnancy as much as possible [Module 3, p.86].

Pregnancy and childbearing have considerable personal, cultural, and social significance, particularly for young people, in a social context where teen pregnancy happens alongside biological changes. In terms of pregnancy and parenthood, girls are typically criticised for failing to prevent pregnancy (Dlamini-Nkala & Nkomo, 2022). This is evident in extract 59.

In the extract teenage pregnancy is represented as needing to be hidden, a shameful act and criticised. To further contextualise the extract, Nkala-Dlamini & Nkomo (2022) in their study found that pregnant teenagers experience name-calling by community members where they are referred to as "midwives." Nkala-Dlamini & Nkomo (2022) argue that community members referred to pregnant females as "midwives" and referred to their school as a "birth center," comments that suggested there were many pregnancies at the school and that it served as a location for girls to become pregnant (Nkala-Dlamini & Nkomo, 2022). Such responses ignore the idea that sexual behaviour is influenced not just by social norms and expectations but by individual choices that influence pregnancy goals.

Addressing the issue of teenage pregnancy in the manual and contextualising the experiences of young teenagers helps promote inclusive sexuality education that addresses the needs and challenges experienced by young people. In addition, the text also engages with the stigmatisation

pregnant teenagers experience across different contexts showing how exclusionary they are.

However, research indicates that while services can help young people with their sexual and reproductive health needs, they are not a cure-all. Instead, peer and community spaces appear to be the most effective and influential ways to reach young people, especially when it comes to changing social norms regarding sexual behaviour (Ricardo et al., 2022). This is evident in the above text.

Extract 61 is a follow-up from extract 60. It engages with how pregnant teenagers experience emotions of fear and shyness, the reason being that they are scared of their family members and the community finding out that they are pregnant.

Extract 61

This group is least likely to attend ante-natal clinics because they are too shy and scared their parents and the rest of the community will find out. Some of these teenagers may seek back street abortions. These can result in infection and bleeding and they may become so ill that they are forced to seek medical assistance. Unfortunately, some of them may become infertile or may even die [Module 3, p.86].

Extract 61 speaks to how familial and community contexts play a role in the way young people are treated and perceived. The extract explores the politics present when it comes to young people accessing antenatal care. They fear their parents and other members of the community finding out about the pregnancy and also fear being judged by healthcare professionals.

Although not highlighted in the manual, young people's health and behaviour are negatively impacted by poverty, but young women are particularly affected because they typically have less access to information and bargaining power to influence decisions, such as how to protect oneself from HIV (Ricardo et al., 2022). It is vital to recognise the extent to which social forces and gender standards influence how young men behave (Ricardo et al., 2022).

Extract 62 speaks about how both adults and young people are subject to physiological and socio-cultural pressures.

Extract 62

Similar to young girls and boys who experience the rapid changes during puberty with the accompanying physiological and socio-cultural pressures, adults also experience anxiety related to their sexual and reproductive health which could be alleviated by improved access to information and services [Module 3, p.38].

Extract 62 further engages with the importance of access to SRH information which may render better access to information and services.

Extract 63 illustrates how culture and society play a significant role in shaping people's understanding about their sexuality.

Extract 63

Cultural or societal pressures may result in feelings of guilt in the child who may feel forced to refrain from exploring his or her sexuality. Note that this cultural moratorium on denying the young child the experience of sexual pleasure results, most commonly, in adults who do not appreciate their bodies, or understand their sexual feelings [Module 2, p.34].

The extract above speaks about how culture denies young people the opportunity to experience sexual pleasure. Interestingly, the extract further engages with how adults who do not understand their bodies and sexual feelings tend to discourage young people from exploring their sexuality.

Although the text speaks of cultural and social factors having an impact on sexuality, it fails to provide examples that demonstrate how culture cuts across formal education pedagogy through imparting values that go against or disregard what is taught in sexuality education or how negative cultural understandings may be resisted.

c). Educational contexts

Extract 64 contains facilitator notes which are there to guide the facilitators after each activity in the manual.

Extract 64

Purpose: To enable the participants to understand the importance of ensuring a healthy pregnancy
The facilitator concludes by stating that pregnancy is a reality, but that it should be discouraged in order to allow the teenager to enjoy her life, complete her schooling and further education so that she will have matured sufficiently to consider the timing of her planned, wanted pregnancy [Module 3, p.89].

A sense of exclusion is explored in the above extract. Under the facilitators' notes young people are encouraged to enjoy their lives, and complete school so that they can plan pregnancy. The text suggests that pregnancy and schooling are mutually exclusive.

Extract 65 presents an example of how homosexual learners are marginalised at schools.

Extract 65

Your classmate is a homosexual. He is a good friend. The classmates are making fun of him by calling him names. He reports the classmates' behaviour to the Life Orientation Teacher. The teacher addresses the class about the matter and asks who has been making fun of the homosexual learner, but nobody responds. She then tells the learner not to make up stories and that he does not need to be at school if he

does not want to [Module 9, p.196].

The above extract is indicative of how schools may be hostile places (Bhana, 2014). The extracts speak about how homosexual learners are being stigmatised at schools. Schools have been found to mirror social hostility, gender inequality and the disapproval of sexual diversity as they work to control and silence any messages that fall outside the binary gender dichotomy. As such, harassment and oppression are often prevalent (Bhana, 2014).

The above extract provides an example where homosexual individuals' rights were violated. The above extract further pinpoints to the sexual violations young people come across in the classroom. According to Bhana (2014), school culture is strongly heterosexual and policed by adults. Shefer and Ngabaza (2022) provide an interesting argument on how alternate or softer ways of being masculine are abnormal and undesirable, these behaviours are shown to be inferior through mockery, exclusion or violence. Understanding how masculinity is conceptualised, embodied and demonstrated is crucial for tackling homophobia and other forms of discrimination in schools. Schools' opposition to accepting students as sexual beings manifests itself through bullying and othering of learners, particularly young women and people of all sexual orientations (Shefer & Ngabaza, 2022). This is evident in extract 65.

The frequency and types of heteronormativity and heterosexism in educational settings have also been shown by researchers from South Africa. These studies focus on HIV education and how the heterosexual nuclear family supports and embraces heterosexuality. Excluding non-heterosexual pupils, threatens the reproductive justice of children and young people (Shefer & Ngabaza, 2022).

d). Economic contexts

Extract 66 engages with how teenage pregnancy is both a social and economic problem.

Extract 66

In most situations the pregnancy becomes a social and economic burden on the parents and community [Module 3, p.86].

There is a negative view of early reproduction in the extract due to the social and economic burden it brings.

Extract 67 speaks about how socio-economic factors may be considered in legislation concerning individuals' access to termination of pregnancy (TOP).

Extract 67

Termination of pregnancy (TOP) has been a global practice for many years. Across the globe legislation ranges from outright prohibition and criminalizing termination of pregnancy to permitting it if the life of the pregnant woman or girl or the development of the foetus are endangered as well as for socio-economic reasons [Module 3, p.94].

The extract raises awareness about struggles encountered globally when it comes to accessing TOP. The extract speaks about how TOP is a global problem in the sense that it may be constructed as a criminal act or be allowed for social and economic reasons.

Ricardo et al. (2022) record how economic and social disempowerment has a significant impact on young people's access to sexual and reproductive health (SRH). It plays a role in shaping their sexual behaviour. In South Africa, for example, Ricardo et al. (2022) found in their study conducted in the Eastern Cape that lack of employment (which is an economic issue) contributes to young people's attitudes towards sex (George et al., 2020).

In the text, there is an absence of how the economic status of youth may hinder or have an impact on their ability to access SRH. Ignoring economic factors risks omitting young people who live in marginalised settings and struggle to access healthcare and rights.

e). Geographic contexts.

Extract 68 and 69 speaks about sexual violations, rape and coercion in spaces of war.

Extract 68

A 15-year-old girl has just arrived in the country. She comes from one of the countries on the African continent where there is civil war. This teenager and her older brother and sister fled their country. Before they fled, the teenage girl and her sister of 23 were raped. Her sister is not pregnant but the teenager is 6 months pregnant. What are the implications for all concerned? [Module 3, p.90].

Extract 69

A news reporter is reporting from a village which has been taken over by the rebels. He reports that the rebels have taken over the village, consisting of a population of 5000 people. Most of the women and young girls were raped most of the men were killed and the young boys were forced to join the rebel forces [p.194]

Extract 68 highlights how sexual violations in time of war increase unwanted teenage pregnancy and also migration. In the extract, it is also evident that the two sisters are faced with the decision

of deciding on what to do with the pregnancy. Extract 69 speaks about how women and girls are after being raped, killed, and coerced into joining the rebel forces.

Extract 70 speaks about TOP legislation.

Extract 70

ACTIVITY ONE: TERMINATION OF PREGNANCY LEGISLATION

Purpose: To enable participants to understand the content of the South African TOP legislation

Start by informing the participants about the purpose of the activity.

Tell them that you will be testing their knowledge of the legislation as well as their attitude towards TOP. Take three boards and title them TRUE, FALSE and NOT SURE. Place each board in a different corner of the room. Tell the participants that you will be reading out a few statements and that they must move to the respective corner, depending on their knowledge of the legislation and their attitude towards TOP.

These are the statements:

1. A female of any age may give consent for a TOP.
2. The Child Care Act prohibits a minor girl under the age of 18 years to consent for a TOP.
3. Any health practitioner can terminate a pregnancy.
4. A Traditional Healer may provide a TOP service in rural communities.
5. A TOP is another form of a contraceptive.
6. A TOP is against society morals.
7. It's acceptable to have a TOP if rape was the cause.
8. It is not acceptable to have a TOP if the female requested a TOP because she cannot afford this third baby and her husband left her for another woman [Module 3, p. 97].

In the extract, participants are asked to indicate TRUE, FALSE or NOT SURE to a range of statements, including, “A traditional healer may provide a TOP service in rural communities”.

SECTION 3: POWER RELATIONS RELATED TO SRH

This section will cover the theme of public-private interstice and situated agency. Within these themes are the subthemes of power relations and SRH; agency and empowerment; empowerment and decision-making; cross-cutting SRH issues and social reparations.

➤ A PRIORI THEME: PRIVATE AND PUBLIC INTERSTICE

This a priori of theme, as discussed in the theory chapter, looks at how the private space (perceived to be that of family and procreation) and public sphere allow individuals to claim their sexual status and perform their sexuality.

- **Subtheme: Power relations and SRH matters**

8. Power relations referred to in relation to SRH issues in the text.

a). Participants' race/ethnicity.

The text does not speak about participants' race specifically in the manual. Race in the text is mentioned twice and is spoken about in relation to sexual diversity. Beliefs regarding homosexuality are frequently mediated by racial and cultural discourses (Bhana, 2014). Therefore, the SRHR manual can be criticised for failing to explore in depth on how race and gender affect an individual's ability to claim their sexual citizenship.

On page 169, the manual lists race as a risk factor for possible cancer. On page 39, "Discrimination based on sexual diversity (like race and gender) is unconstitutional in South Africa." On page 39, it is stated that it is specifically "black homosexual women" who are most at risk for corrective rape. On page 167, the manual mentions that prostate cancer is "more common amongst black men than white or Hispanic/Latino men. It's less common among Asian/Pacific Islander and American Indian/Alaska Native men". Here the impact of race on health is acknowledged but in a completely different environment - the USA.

b). Participants' socioeconomic status?

The manual does not specifically speak about the socio-economic issues that affect young people's access to SRH. Instead, the text speaks about the dangers young women may be subjected to which are largely perpetuated by socio-economic factors. Ricardo et al. (2022) acknowledge that ethnicity and socio-economic factors, as well as gender norms construction, have a significant impact on young people's sexual behaviour.

Poverty is mentioned in relation to the UN declaration. On page 100 of the SRHR manual (module 3), participants are asked to reflect on the following statement "women who are poor must not go for TOP. They must give their babies to the rich". The fact that women can be granted a 2nd-trimester abortion for socio-economic reasons is acknowledged. On page 86: "pregnancy becomes a social and economic burden on the parents and community."

c). Participants' gender.

Yes. The type of gender that is mostly addressed in the text is male and female. Extract 71 speaks about gender stereotyping, perceptions and attitudes.

Extract 71

Purpose: To enable participants to identify their own perceptions and attitudes in respect of gender stereotyping that leads to gender inequality. [...]. A word will be called out and the group must decide whether females or males normally do it in South Africa. Once they have made their decision they should write the word in the column of their choice. The facilitator gives the participants one minute to decide and to select which gender normally does it.

The words are:

- Cricket player; rugby player; hockey player; basketball player; tennis player; long distance runner; boxer
- Chef; nurse; farmer; cook; decision maker; water fetcher; buyer of groceries; feeder of the children; social worker; doctor; lawyer; traffic cop; principal; church minister; carrier of heavy things; tiler; mechanic; sex worker; trucker; piano player; trumpeter; drummer; opera singer; ballet dancer; hip hop artist.

The facilitator then asks each group to present its evaluation. Finally, the emphasis is on how society decides males and females should behave and what they should do. This is normally the key factor in entrenching gender-stereotypes and gender-inequality [Module 2, p. 116].

The text above provides a good example of how social spaces are gendered. For example, in the extract, it can be seen how jobs are gendered. An interesting point highlighted is that social structures shape how individuals should behave. Social structures perpetuate gender stereotypes and gender inequality as they encourage the exclusion of certain groups of people.

Extract 72 engages with the causes of gender-based violence.

Extract 72

Purpose: To enable participants to describe the causative factors associated with gender-based violence. Start by explaining the purpose [...]. Gender-based violence is due to power imbalance between males and females. [...]. The facilitator concludes the debate by emphasising that the imbalance of power relations is the main cause of gender-based violence. The situation is that despite the legislation, the correctional service at most times does not work within the system. This results in the fact that girls are still raised to be nurturers and to take on careers such as nursing, teaching, social work while boys are still raised to be tough and take on careers in engineering, accounting, and other science related careers. Finally state that all individuals, females and males must be entitled to be able to live where they want to, play sport of their choice, follow any career and not be prescribed by society as to what they should pursue because of their specific gender [Module 6, p. 178].

Ricardo et al. (2022) describe gender roles and interpersonal power dynamics as intricately linked in intimate relationships, and gender-based power dynamics have significant repercussions for both men and women's sexual behaviour and vulnerability. The argument made by Ricardo and colleagues is evident in the text.

The recognition of entitlements in extract 72 helps redress gender roles. The text speaks about the need for individuals to have freedom of choice. The text further challenges prescribed gender

roles through speaking about what people are entitled to. It speaks about how all individuals should have the freedom to choose where they want to live and the type of career they would like to pursue. The extract problematises set gender constructions and ideologies.

Extract 73 speaks about gender construction.

Extract 73

The term gender refers to the female and male roles as determined by society. It is not determined biologically, but culturally. The socialisation, or how males and females are raised by families and later guided by the norms of society influence the gender roles [Module 6, p.173].

According to Ricardo et al. (2022) gender as a concept aids in understanding how social relations are asymmetrical and hierarchical, as well as evident in the extract which suggests that gender is socially constructed as it is not a biological but a cultural construct. Because gender is a social construct it has been found to play a role in shaping the misconception that showing empathy and emotions means you are weak and feminine as a man (Pascoe, 2022).

Ricardo et al. (2022) further argue that masculine gender constructions limit young men and put them at a greater risk of contracting STIs and diseases. On the other hand, Nkala-Dlamini and Twala (2022) argue that gendered disparities in heterosexual interaction limit young girls' capacity to make choices about sex and reproduction. Upon the discussion provided above it is evident that gender is socially constructed. The extract also brings forth the issues of socialisation where the family is said to play a role in shaping individuals' understanding of sexuality. Moreover, the extract foregrounds how social norms further shape gender roles.

Although the manual supports the notion that gender is a social construct it does not address cisgender versus transgender people. Being cisgender is seen as normal and is explained by cisnormativity. Cisgender is a term used to describe people whose own gender identification and the sex they were assigned at birth match. In most schools, cis-heteronormative control is pervasive and maintains the authority and supremacy of heterosexuality (Francis, 2019).

d). Participants' sexual orientation.

The issues of sexual orientation in relationships are already discussed in the other parts of the evaluation, where a homosexual couple was arrested, lesbian women were raped and homosexual learners marginalised at school.

e). Participants' gender identity.

Bodily integrity has to do with one's human body (Ricardo et al., 2022). Extract 74 promotes body integrity.

Extract 74

The human body is unique and intriguing. It is important for individuals to understand the anatomy of their own bodies and how they function in order for them to:

- Be familiar and confident about their own bodies
- Enjoy their bodies
- Prevent harm to their bodies, such as STIs, including HIV, or the effects of an unwanted pregnancy
- Identify abnormalities, such as a vaginal bleeding not associated with menstruation
- Be enabled to make informed choices about their own sexual health [Module 1, p.6].

The above extract promotes positive self-image, asexual pleasure, self-management, prevent harm, abnormalities, identity and the ability to engage in uncoerced decision-making. It stresses the importance of understanding your body. Ricardo et al. (2022) describes bodily integrity as beneficial to the development of individuals.

Extract 75 engages with the topic of gender identity.

Extract 75

Along with the development of the reproductive and sexual organs, this is the stage in which the awareness of sexual and gender identity starts to develop. Little girls and boys learn that they have different genitalia. The immediate role models around them like their family members, friends, peers and their teachers, influence the formation of their sexual and gender identities [Module 2, p.35].

The extract speaks about how young children at an early age start realising that they have different genitalia. Gender identity is similar to gender construction and is shaped by social contexts which in turn shape the formation of sexual and gender identities. Bhana (2014) observes how gender and cultural constructs of sexuality serve as the foundation for heterosexual masculinities.

Heterosexual masculinities in South Africa regulate how people should act, feel, look, and desire. Normative behaviour is reinforced through binary gender constructs, which divide people into males and females depending on how they seem. Gender is created using biological principles..

When someone says that gender is "policed and regulated," they mean that it is "managed and prescribed" (Bhana, 2014). This is evident in the extract where the different stakeholders are said to shape the formation of sexual and gender identities. However, transgender identities are not addressed.

f). Participants' ability status.

The ability status of participants is mentioned once in the whole manual. Extract 76 speaks about how individuals may have different sexual preferences regardless of their sexual identity and physical ability.

Extract 76

Irrespective of sexual identity and physical ability, individuals may vary in their sexual practices. Some may prefer caressing, kissing, sharing erotic fantasies, stimulating a partner's genitals with hands and rubbing against each other and this may lead to an orgasm without penetration [Module 2, p.39].

In the above extract, it can be noted that the extract mentions physical ability, but it does not provide or explore SRH challenges experienced by individuals living with disabilities. Therefore, it can be critiqued based on this.

g). Participants' age

Different age groups are addressed in the manual in the different scenarios throughout the manual. Extract 77 addresses sexuality during old age.

Extract 77

Old age is one of the most difficult stages of many people's lives. There are both physical and mental changes. These changes are seen to reduce one's capacity to function as when younger - physically, mentally and emotionally. Sexual desire may be reduced and sexual response weakened. However, at this stage of life couples often experience different loving relationships, provided they have committed and understanding partners [Module 2, p.42].

The text shows how when one becomes older their body undergoes sexual, physical and emotional changes.

Extract 78 speaks about teenage pregnancy and provides an account for young people who fall pregnant.

Extract 78

Teenage age girls become pregnant intentionally and unintentionally [p.86].

The intentional reasons for teenage pregnancy are the least common and range from wanting to fit in with pregnant peers to cultural beliefs to prove fertility.

The unintentional reasons may be because of:

- lack of understanding of the physiological changes in the body
- misperceptions about how sexual activity may lead to a pregnancy
- not knowing about the emergency contraceptive
- incorrect or late use of the emergency contraceptive
- unprotected sex, thinking that it would not happen on the first few sexual acts
- rape, especially with non-reporting and immediate access to SRH services
- not knowing that teenagers have a right to SRH services [Module 3, p.86].

Unintended pregnancy among young people is often associated with a lack of reproductive knowledge, psychological problems, limited access to contraceptives, incorrect contraceptives usage and forced sexual encounters (Cook, 2020). In other words, teenagers' lack of maturity is emphasised. Therefore, Cook (2020) further argues that teen pregnancy is constantly scrutinised. In the text the scrutiny of teen pregnancy is evident through the use of the words “lack”, “misperceptions”, “not knowing”, “incorrect and unprotected”. These words position the youth’s understanding as limited.

Extract 79 speaks about intended pregnancies.

Extract 79

Those who become pregnant intentionally may initially seem very proud of themselves. This may be short-lived when the realities of teenage parenting become evident even when they may feel on par with their peers. Some of their parents may support them, especially if they were teenage parents themselves. These pregnant teenagers may attend the ante-natal clinics without being ashamed or scared of being confronted by health professionals and adults who disapprove of teenage pregnancy, but are also less likely to book at antenatal clinics than adults. In most situations the pregnancy becomes a social and economic burden on the parents and community [Module 3, p.86].

In contrast to the previous extract that positions youth’s knowledge of SRH as limited and lacking informed decision-making skills, this extract speaks about how sometimes young people may choose to be pregnant. This extract positions young people as able to engage in decision-making. However, the extract further indicates that this decision-making may be short-sighted as teens who become pregnant by choice are still subjected to social stigma in their communities. As such, their pregnancy is perceived as a social and economic burden to parents and the community.

Cook (2020) further builds on the argument above by recognising that taking the decision to become pregnant is frowned upon among young people. This is evident in the extract above where pregnant teenagers are unlikely to attend antenatal clinics because of social stigma and shame. Teenage pregnancy in most countries is perceived as both a “social problem and a personal

calamity” (Cook, 2020, p. 1370). It is mostly assumed that young people conceive by mistake or through sexual coercion/violence.

Extract 80 provides an example of teenage pregnancy.

Extract 80

An 18-year-old is 5 months pregnant and is standing in the queue to collect her state grant for her 16-month-old baby boy. What are the implications for all involved? [Module 3, p. 90]

In community spaces, teenage pregnancy is usually accompanied by a lot of assumptions, one of which is that young people get pregnant so as to obtain social grants.

Extract 81 seeks to educate young people on the consequences of teenage pregnancy.

Extract 81

To enable the participants to understand the consequences of teenage pregnancy in order to prevent or reduce the incidence thereof.

1. A 16-year-old girl is in grade 11. She is enrolled in a science programme at school. When she matriculates, a scientific company will pay for her studies at university. She becomes pregnant. What are the consequences?

2. A boy is 19 and he is a matriculant. He has only had sex with a 14-year-old girl once. He decided to have sex with her because his friends told him that because he is circumcised, he can have sex with a young girl and she will not become pregnant. What were the consequences? [Module 3, p.48]

The above extract speaks about teenage pregnancy and unsafe sexual activity. The extract speaks about teenage pregnancy and unsafe sexual activity. Addressing teenage pregnancy in the manual helps highlight and bring forth some of the challenges experienced by young people. Putting their experiences and difficulties into context through teaching materials.

h). Participants’ religious beliefs.

Numerous aspects of daily life for many South Africans, including social interactions and organising, are significantly influenced by Christianity. Religious convictions influence attitudes and values as well as provide a basis for condemning sinful actions. As the primary means of controlling and comprehending sexuality in that nation, religion is typically the first source of knowledge that South Africans consult when they have questions about sexuality and morality (Bhana, 2014). Ratele (2022) records how religion plays a significant role in regulating sexuality.

Extract 82 engages with access to termination of pregnancy (TOP).

Extract 82

A 23-year-old is sitting in front of the health professional and requesting a TOP. The health professional tells her that she is very irresponsible and that it is against her religion to speak to her about TOP. The health professional refers her to her colleague in the next room [Module 3, p. 99].

Extract 82 provides a scenario where a young girl is seeking TOP. Upon her request for TOP the health professional describes her as irresponsible without even knowing why the young girl wants TOP done. It is noteworthy to see that young people seeking TOP are blamed and stigmatised. In addition, it can be seen how religion shapes and plays a role in how healthcare professionals approach and administer TOP.

Extract 82 further highlights politics in healthcare when it comes to accessing TOP. There are healthcare professionals who refuse to administer TOP due to cultural and religious beliefs. In cases where there are a limited number of professionally trained TOP providers, individuals seeking TOP may find themselves unable to access it. As a result, they may opt for backstreet abortion as they are unable to receive TOP from healthcare centres.

The text tackling issues of participation brings forth challenges individuals experience when they try to access safe TOP services. Additionally, it brings forth how in some cases it is not that young people lack knowledge about safe TOP services, it is poor service delivery from healthcare centres that sometimes push young people to opt for backstreet abortions.

Extract 83 is about religious and political rulership.

Extract 83

The human species is not homogenous on every level but is diverse in thinking and practice. This means that individuals may differ in their perceptions of, and attitudes towards many things, ideologies and many more issues in the world. Even within cultures, there are differences of opinion and practice. Religion and political governance are the most common differences. In addition to that, and for the purpose of this module, another common matter is sexual diversity [Module 2, p. 39].

Conflict over sexuality is a product of religion, society, heterosexual ideas, societal conventions, and the ongoing inspection of gender roles (Bhana, 2014). The manual acknowledges the role of religion but does not go into depth about it. Conservative versions of Christianity paint homosexuality and contraception as unquestionably immoral and an affront to traditional family structures, while also often linking gay men to pedophilia. Many religious, cultural and political

leaders spout hateful rhetoric labelling homosexuality an aberration, as alien to African societies and cultures and therefore a threat to traditional social structures (Bhana, 2014).

Extract 84 speaks about how religion prevents women from accessing and using contraceptives.

Extract 84

It is important to note that there is a range of societal norms and myths that impact on the decision couples or individuals make regarding the method of choice. For example, some individuals may feel that they would not use the injectable method because it may cause infertility. Others maintain that their religion does not allow them to use a method; others even believe that a woman has to experience her first pregnancy before a certain age, whereafter she may use a contraceptive. That men should not be sterilised as it may cause impotency, is a popular myth [Module 3, p.60].

The extract highlights how some individuals may not use contraceptives due to religious beliefs and myths that it causes infertility. An overwhelming majority of South Africans identify as Christian and Christianity continues to influence and shape public discourse.

➤ **A PRIORI THEME: SITUATED AGENCY**

The definition of the situated agency was described earlier on in the chapter. Frie (2011) described agency as involving the interaction of the individual and the environment. As such, Macleod and Vincent (2014) and Macleod and Moore (2022) describe the agency as situated, meaning the ability of individuals to become agents is dependent on their context. For individuals to feel empowered they must feel like agents. This means that for one to claim their rights one must be both an agentic being and feel empowered (Garcoin, 2014).

10. Power relations in relation to individuals' ability to take up their rights.

Miller (2000) provides an interesting argument about the battle for sexual rights. Miller (2000) argues that an individual's ability to make informed decisions is affected by power and resources. In other words, the ability to engage in informed decisions about one's sexual activity is limited by power and resources.

Extract 85 addresses sexual violence in intimate partner relationships.

Extract 85

Every Monday morning the receptionist at a furniture store came to work with a swollen lip or blue marks on her body. The manager of the store had a consultation with her and suggested to her that if she is being abused by her boyfriend she should report him to the police. The receptionist replied that he loves her and that she always starts an argument with him which angers him and he loses control... and hits her [Module 6, p.179].

Miller's (2000) argument above is supported by the example in extract 85. It can be seen that the capacity of the woman to take up her rights is limited. Although the woman was physically abused by her boyfriend she still struggled to leave the relationship or report the abuse. Two reasons that can be said to be the cause of the woman's inability to leave are: 1. poor communication skills ; 2. and lack of agency.

The implications of the predicament illustrated in the text show that women may take responsibility for violence and abuse in relationships. Collard (2010) concurs with this view by further adding that sexual violence limits young women's acquisition of agency.

Extract 86 speaks about harmful and healthy relationships.

Extract 86

Relationships can be harmful or fulfilling for the individuals involved. A fulfilling relationship or "healthy" relationship is normally identified by effective communication amongst all involved. If it is between two individuals then normally there is lots of sharing, and chatting. However, the major challenge in sexual relationships is communicating about sexual practices that include using a condom or contraception, type of sex act, planning a family or not, accepting or terminating a pregnancy [Module 6, p.182].

The extract provides a good insight into what a healthy fulfilling relationship entails. Extract 86 identifies effective communication as fundamental in relationships as it helps strengthen them. Pascoe (2022) records that achieving effective communication is sometimes a challenge due to contextual settings. Module six invites participants to discuss how communication challenges can be overcome but does not directly address contextual issues, and their impact on people's ability to claim safe sexual practices.

Effective communication skills, particularly the capacity to empathise with others, have long been recognised as essential to fostering healthier sexual behaviours throughout life (Pascoe, 2022). Nevertheless, sexual health and safer sex programs typically neglect to address these skills.

Extract 87 speaks to some of the challenges individuals experience in intimate relationships.

Extract 87

All relationships experience difficulties at some stage. However, there are relationships that experience more difficulties than enjoyable times. Signs of problematic relationships may include the following:

- Disrespect for each other
- Not being able to be yourself in the relationship
- Loneliness and isolation
- Feelings of contempt for the partner
- One partner's sexual affair
- Absence of shared values and common goals
- Episodes of physical and sexual violence
- Feeling obliged to be in the relationship
- Forced to be in the relationship
- Can't agree on the right time to start having sex.

The facilitator concludes by summarising the main points from the groups and emphasises that individuals should never feel trapped or obliged to be in a relationship. If they feel too uncomfortable and they have communicated their feelings and there is no attempt from the partner to jointly address the matter then the relationship is not mutually beneficial [Module 7, p.183].

Extract 87 provides various examples that are indicative of harmful relationships. Harmful relationships are dangerous as they lead to sexual abuse and the inability of individuals to negotiate healthy sexual practices. While the manual correctly identifies communication as a potential issue in intimate relationships, it does not link these to gendered norms or structural inequalities. The solution is simply individual action.

➤ **Sub-theme: Empowerment and decision-making**

The subtheme of SRR has to do with how it promotes and encourages young people to claim their rights and practice them. In attempting to provide a description of what empowerment entails, it is crucial to understand that agency goes hand in hand with empowerment (Gacoin, 2014). Therefore, the theme of sexual and reproductive empowerment looks at the ways in which the text promotes empowerment and agency.

11. The impact of these power relations is discussed in relation to individual decision-making and responsibility.

In the SRHR manual, module eight specifically deals specifically with decision-making and communication skills. Differences in power hinder individual decision-making. The concept of responsibilities is important when it comes to SRH. The question that is often posed is who is responsible for SRH. The extracts that follow will provide a closer lens on the matter at hand.

Extract 88 is about initiating safe sex in sexual relationships.

Extract 88

She does not want to have sex with him if he is not going to use a condom and whenever he wants to have sex she tells him that she is menstruating [Module 7, p. 184].

The participants are invited to act out this scenario after which questions are posed about how the communication should have taken place. The young girl is aware of the consequences of unsafe sex, but she had to create an excuse (menstruation) instead of addressing the issue directly. The text provides a case where a young girl is able to engage in safe decision-making regarding their sexual health and gain control over the predicament at hand through exercising

her agency. This agency is constrained by gendered norms, which are not addressed directly in the manual in relation to this case.

To promote effective decision-making. The SRHR manual provides a step-by-step guide on how to go about making decisions in extract 89.

Extract 89

The decisions:

1. You decided to get tested for HIV.
2. You decided to break up with your partner of three years.
3. You decided to tell your partner that you know she is having a sexual relationship with someone else.
4. You have decided to leave your violent partner.
5. You have decided to tell your parents that you are pregnant.

NOW USE the eight steps below to implement your decision. Each group will explain their steps.Steps for implementing the decision:

Step 1 – Consider what will make the decision easiest to carry

out.Step 2 – Think about likely barriers to carrying out the

decision. Step 3 – Rehearse your decision safely or privately.

Step 4 – Discuss the decision and plan with a supportive person.

Step 5 – Think about how to carry out your decision in the safest

way.Step 6 – Implement your decision according to plan.

Step 7 – If barriers arise in carrying out the decision, develop a different plan of action or rethink the decision.Step 8 – Be aware that even when people do not encounter a barrier they have the right to re-evaluate the decision and change their minds.

The facilitator concludes this exercise by emphasising the importance of thinking through how the decision will be implemented. One must be comfortable with the decision as the implementation process is then less stressful and much easier [Module 8, p.189].

Extract 89 provides a step-by-step guide that is designed to build and develop an individual's decision-making in sexual relationships. Extract 89 demonstrates how engaging in decision-making is often not easy and records that knowing what one wants in life is beneficial as it may improve their SRH. The phrases “You decided,” “rehearse,” “discuss,” “think about” and “implement” help situate youth as individuals who are able to think for themselves and have the capacity to communicate and think through their decisions. The manual acknowledges that participants may experience barriers in their decision-making. These are made explicitly but the idea of agency being “situated.”

Extract 90 and 91 speaks about how it is important that individuals adopt informed decision-making skills as it helps eliminate stress, disappointments, disillusionment and uncertainty.

Extract 90

Making decisions is generally not easy. However, in life humans are confronted on a daily basis to make decisions about what to wear, what to eat, when to leave for work, who to talk to, what to read, which route to travel to work, whether to have sex, use contraceptives, plan a pregnancy or to terminate a pregnancy, breast feed, whether to have sex without a condom [].Being clear about what one wants in life

and feeling comfortable about the decisions, is essential for maintaining a healthy life free of stress, disappointments, disillusionment and uncertainty. This will certainly enhance sexual and reproductive health [Module 8, p.186].

Extract 91 addresses the importance of effective and healthy communication in relationships.

Extract 91

There are various forms of communication. Most times individuals are not sure how to express their feelings regarding certain issues and particularly during a sexual relationship. Because individuals at times lack the ability to communicate effectively, they become frustrated in the relationship, they are unhappy, are not sexually fulfilled, are unable to make decisions about safe sex or preventing a pregnancy. Most individuals lack assertiveness and hence their sexual reproductive rights are being violated. Or conversely, they are aggressive and they violate another individual's sexual and reproductive rights [Module 8, p.186].

The text highlights how power in relationships intersects with SRH. The text engages with how individuals experience difficulties when it comes to expressing themselves in sexual relationships. The information contained in the text concurs with Pascoe (2022) who records that communication in heterosexual intimate relationships can be difficult and disconnected because of poor communication skills among many males and the negative connection with showing emotions, thus viewed through a subordinate lens. The extract, however, places blame for communication difficulties on the individual by asserting that individuals lack assertiveness and are aggressive.

➤ **Subtheme: Cross-cutting SRH issues and social reparations**

This subtheme hopes to shed some light on how individuals who are sexually violated across different contexts have limited access to SRH. In addition, this subtheme explores how individuals whose rights has been violated usually do not receive social reparations.

12. Rights to healthcare and social reparation when harm has been caused.

Extract 92 makes a call towards combating GBV.

Extract 92

Gender-based Violence must be opposed by all in order to ensure a society free of gender inequality. All citizens young and old have the right to safety, security and to be fairly and justly treated [Module 6, p. 174].

GBV in South Africa is among the highest in the world (Gouws, 2022). Therefore, extract 92 calls for the opposition of GBV. To achieve gender equality, the extract states regardless of one's age all are deserving of the right to safety, security and to be treated fairly and in a just manner. The extract problematises violence and calls for it to be addressed. In addition, the word 'all' in the

extract makes clear that everyone should be able to access quality SRH and be treated fairly and justly.

GBV, limited sexual agency and access to rights are a recurring issue across this chapter. To help put forth issues of sexual violence and social reparations, extract 93 presents a list of different GBV cases.

Extract 93

- A man killed his partner and then chopped her into pieces (Sowetan, 2008).
- A serial killer in Limpopo raped and killed a number of young children in a village (ibid).
- In Soweto, at Emdeni Township, a 15-year-old teenage girl was recently gang-raped by five old men in their house (Khaya FM News, January 09).
- The Victims Empowerment Centre (Free State) assisted a lady to lay a charge of rape against her abusive husband. The police failed to comply with the Domestic Violence Act by not acting and the victim died under suspicious circumstances.
- In the Western Cape, a minor was sexually harassed by the father. To date, the SAPS has not yet arranged for the victim to receive trauma counselling.
- A police officer in Vhembe District raped a 14-year-old girl after drinking liquor with the child's mother. The case was reported in the Limpopo Sowetan of 28 September 2008.
- A victim was severely assaulted by her ex-boyfriend and hospitalised in Limpopo.
- A complainant reported that her father sexually harasses domestic workers employed in the main household and if they refuse to have any sexual relations with him, they are dismissed (Limpopo).
- A young woman of 26 years of age complained that she is being beaten by her husband because whenever they have sex she cries because it is too painful. She then mentioned that when she was 10 years old her clitoris and part of her vagina were removed. This was done for cultural reasons [Module 6, p.177].

Extract 93 contains examples of how violations against women were committed without them receiving reparations and justice. From extract 93, it can be noted that throughout the different cases presented the following words appear several times in the extract: “killed,” “rape” and “physical violence.” The manual suggests thus, despite enabling legislation, there are limited social reparations where harm occurs. This can be seen in extract 93. The issues represented in the extract are indicative of the lived experiences of many South African women who have been sexually violated without receiving justice (2001).

Extract 94 presents a case where a woman reported sexual violence to the police and did not receive any help until she lost her life.

Extract 94

A woman called the police to her house. When they got there her face was full of blood. They asked her what happened. She told them her husband had hit her across her face. She asked them to detain him. They told her that they do not interfere in domestic disputes. A couple of months later the man killed his wife [Module 6, p. 179].

The above extract demonstrates how the justice system in South Africa fails women. The woman in the text decided to report her abusive boyfriend to the police but was turned away.

Throughout the whole SRHR manual there is only one extract that speaks about social reparations.

Extract 95

If any individual's rights are violated they may report the violation to the justice department. There are various institutions which address these violations. These include the Commission for Gender Equality that will focus on gender-based violations and sexual and reproductive rights violations. The other institution is the CCMA which focuses on violations within the workplace [Module 9, p.192].

Sexual violations or injustices can be reported to The Commission of Gender Equality. The different places of justice in the SRHR manual are mentioned with no detailed information about the services they offer or contact information. As such, there is a need for organisations such as LifeLine, TEARS foundation, Maristopes, police and hospital numbers are needed in the text for more comprehensive knowledge around reporting violations. The only two justice places mentioned in the text are CCMA (address work violations) and the Commission of Gender Equality (gender-related violations).

However, the manual pinpoints and makes young people aware of the different institutions. Simply providing information about sexual knowledge and not providing adequate information on how to go about accessing that knowledge disadvantages young people. In the sense that they may be aware of the institutions that provide help but may not know how to access them.

SECTION 4: LEGISLATION, POLICIES AND POLITICAL PARTICIPATION

This section has one theme which is politics of recognition, redistribution and reparation. Within this theme is the subtheme of governing laws and policies; political participation in SRR; and amendment of sexual violations.

➤ **A PRIORI THEME: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION**

An in-depth description of this theme was provided in the theory chapter. The politics of recognition, redistribution and reparation respectively look at whether sexual diversity of individuals is recognised, whether equality is maintained in terms of the redistribution of resources and whether reparation is followed

through where harm was caused.

➤ **Sub-theme: Governing laws and SRH policies**

The 1996 Constitution of the Republic of South Africa has been praised for upholding the principles of equality for men and women, accessibility, and respect for diversity, as well as the prohibition of discrimination based on age, gender, or disability. However, despite this recognition, a call has been made for the law to be more inclusive of women, children, and differently-abled individuals (Nkala-Dlamini & Twala, 2022). Despite this recognition, South Africa remains a deeply unequal society. Therefore, this sub-theme explores how laws and policies in line with SRHR are explored in the text.

In an attempt to understand South African laws, it is crucial to take note of its apartheid history. During colonialism and apartheid, a person was not permitted to have sex with any person they desired (Ratele, 2022). Ratele (2022) looks at this prohibition of love even if it were desired by two or more people, as something against consensual sex between adults.

13. The international, regional and national frameworks, laws or policies related to SRH that are referred to in the text.

The following international, regional, national frameworks, laws and policies are listed in the manual. The text does not provide detailed descriptions of what each of the listed frameworks, laws and policies entail and how they can be acquired. Below is a list of the different laws, policies and frameworks:

- Gender equality Act no. 39 of 1996
- The Termination of Pregnancy Act of 1996
- The South African Health Act of 2003
- Sexual Offence and Related Matters Amendment Act, no.32 of 2007.
- National Policy on Cervical Screening of 200
- National Contraception Policy of 2001
- National Contraception service Delivery Guidelines of 2001
- Batho Pele of 1998
- Patients Rights Center
- The Child Care Act 2005

- The South African Health Act of 2003
- Victims Empowerment Charter of 2005
- 1948 the Declaration of Human Rights
- CCMA (Commission for Conciliation, Mediation and Arbitration)
- South African Constitution of 1996;
- The Commission on Gender Equality Act, No. 39 of 1996;
- Domestic Violence Amendment Act 31 of 2008
- United Nations;
- Sexual and Reproductive Health and Women's Development Organisations
- Policy Framework on Sexual and Reproductive Health and Rights
- Continental Policy Framework
- The Maputo Plan of Action (MPOA)
- African Head of States

14. Local issues in comparison in relation to internationally-recognised principles.

The text engages with South African issues. As already discussed earlier in the chapter, local issues discussed in the text are: limited SRH, unintended pregnancies, lack of access to contraception, gender and social norms, GBV, the regulation of sex and gender, non-comprehensive SRH laws, rape and accessing rights and agency. The mentioned local issues also seem to exist on a global scale. As such, internationally recognised principles factor these issues when attempting to promote SRH.

The extracts below explore how local principles and international laws below highlight various issues that seem to be the key focus.

Extract 96

In 1994, South Africa participated in a meeting organised by the United Nations (UN), to develop a programme of action to enhance the development of populations and particularly of the most vulnerable groups namely girls, and women. "The Programme of Action includes goals in regard to education, especially for girls, and for the further reduction of infant, child and maternal mortality levels. It also addresses issues relating to population, the environment and consumption patterns; the family; internal and international migration; prevention and control of the HIV/AIDS pandemic; information, education and communication; technology, research and development" - International Conference on Population and Development (ICPD) Chapter 2, 1994 [p.iv]. To further enhance the development of populations, in the year 2000, a UN Declaration was signed by South Africa and 190 other countries, to combat poverty, hunger, disease, illiteracy, environmental environmental took place in Maputo in 2006, include:

Degradation, which focus on social, economic, health and 1.to eradicate extreme poverty and hunger;2. to achieve universal primary education; 3. to promote gender equality and empower women; 4. to reduce child mortality; 5. to improve maternal health; 6. to combat HIV/AIDS, malaria, and other diseases; 7. to ensure environmental sustainability; and

8. to develop a global partnership for development [p.iv].

These goals are known as the Millennium Development Goals (MDGs) and the signatories agreed that the goals must be achieved by 2015. In 2005, at a Conference of African Health Ministers, in Botswana it was realised that the MDGs will not be achieved without significant improvements of the African peoples sexual and reproductive health. Based on this, the Ministers adopted the Continental Policy Framework on Sexual and Reproductive Health and Rights. This policy framework was endorsed in January 2006. The policy framework focuses on strengthening the health sector to ensure access to SRH services. To operationalise or to implement the Continental Policy Framework, the Maputo Plan of Action (MPOA) was endorsed by African Heads of States in 2006 [Introductory page, p.i].

Extract 97

The goal of the MPOA is to serve as a guide for the African continent stakeholders, namely African governments, civil society, the private sector and all development partners to achieve the MDGs as well as the provision of comprehensive SRH services accessible to all. The recommended strategies to facilitate operationalisation of the SRH Policy Framework as cited in the African Union Report that took place in Maputo in 2006, include: •Integrating STI/HIV/AIDS and SRH and Rights programmes, including reproductive cancers; •Repositioning family planning as an essential part of the attainment of health MDGs; •Addressing SRH needs of adolescents and youth; •Addressing unsafe abortion; and •Promote Safe Motherhood, child survival, maternal, newborn and child health[Introductory page, p.iv].

Extract 98

The process of implementation of the SRH Policy Framework is at different stages on the African continent. A major challenge for most African countries is to provide an integrated accessible comprehensive SRH service [Introductory pages, p.ii].

These extracts demonstrate a shared common goal which is to address a spectrum of SRHR issues that are present across contexts. The mentioning of local issues in the manual is balanced by the inclusion of international principles that redress and outline some of the issues that are prevalent in South Africa. Extract 96 highlights an important subject at hand which is access to comprehensive SRH services that are accessible to all. Extract 96 also acknowledges that achieving accessible and comprehensive SRH services is not easy.

Some of the local issues mentioned in the extracts are: poverty, illiteracy, HIV/AIDs, SRH needs as adolescents and youth and unsafe abortion. These are balanced by international principles such as the International Conference on Population and Development (ICPD) and Maputo Plan of Action (MPOA). It is important to note that the highlighted principles address local issues.

Extract 99 seeks to promote gender equality.

Extract 99

The United Nations has identified gender equality as one of the eight millennium goals to be achieved by 2015. All attempts must be made to promote gender equality. This includes reducing HIV incidence, ending child marriages, reducing unwanted pregnancies and eradicating female circumcision. These strategies are designed to promote real gender equality in society.

Despite the international legislative frameworks, Despite the international legislative frameworks, Reproductive Health and Women's Development Organisations who call for gender equality, there are still individuals in society who are very uncomfortable with the benefits that gender equality will generate. The benefits are that women, young girls and men are regarded as equal citizens in South Africa. Gender-based violence is the outcome of the resentment of power sharing of the genders and recognition of gender equality [Module 6, p.174].

Extract 99 acknowledges that, despite the incorporation of international frameworks in an attempt to curb gender inequality, it is still plaguing many people in society. Power relations in the text are recognised to be responsible for gender inequality. Therefore, George et al. (2020) recognises that deconstructing gender relations is not easy as there is still a long way to go. Thus, calls for a deeper knowledge of structural forms of gender inequality are required. In addition, research and policy as key to addressing gender inequalities. In South Africa, historically violence is perpetrated by male power, privilege and wealth. Structural factors of economic depression and unemployment continue to plague South Africa. Social and economic pressures produce "anxious masculinities" (Bhana, 2014).

➤ **Subtheme: Political participation in SRR**

Villa-Torre and Svanemyr (2014) describe participation as a civil and political right (i.e., voting in elections) as well as an economic, cultural, and social right (i.e., taking part in the design and implementation of development agendas, such as those pertaining to housing, health, and education, as well as strategies to combat poverty, like youth employment). Therefore, this subtheme drew closely on how the text speaks about young people's participation in SRR.

15. Forms of political participation (both formal and informal) around sexual and reproductive rights and legislation that are spoken about in the text.

Extract 100 assumes that all who are trained using the manual will understand and make some informed decisions. They will also be able to engage in advocacy work. How such advocacy can and should take place is, however, not dealt with in-depth in the manual.

Extract 100

Civil society exposed to the SRH training recommended in this manual will understand SRH and be able to make informed decisions about their own SRH. All exposed to this training will be able to advocate

for universal access to comprehensive SRH Rights and SRH services [Introductory pages, p.1].

16. Frameworks, laws, policies, protocols, guidelines or programmes/interventions should be “repaired” to promote sexual and reproductive health and rights for all?

No.

SECTION 5: EDUCATIONAL PROCESSES

This section consists of one theme and the subthemes of educational philosophy and inclusive education which will be discussed below.

➤ A PRIORI THEME: EDUCATIONAL PROCESSES

Macleod and Moore (2022) argue that there is a need to understand educational processes and to incorporate critical pedagogy as part of SE programmes. As such, this theme will look at how the text promotes inclusive and process-based citizenship that values SRH and challenges patriarchy, heterosexist and ableist assumptions about citizenship. Critical pedagogy aims to show how people and inequality are manifested (Macleod & Moore, 2022).

A transformed sexual education curriculum recognise the different experiences of young people and considers their sexuality and gender, as well as their lived experiences.

➤ Subtheme: Educational Philosophy

The concept of educational philosophy looks at how to best teach, learn and disseminate knowledge (Morrison, 2008). Therefore, the subtheme of educational philosophy focussed on understanding whether the text promotes a holistic, integrated and comprehensive sexual education.

17. What educational philosophy is taken up in the programme and/or demonstrated in the text ?

The educational philosophy undertaken in the programme is pragmatism. Pragmatism uses communication (Biesta, 2010) and thought as tools and instruments that can be used to solve problems and bring about changes (Garrison & Nieman, 2003). A pragmatic educational

approach helps reconstruct meanings and provide valuable inputs or teachings (Garrison & Nieman, 2003). In the training manual, this is displayed through active learning which is represented in the form of case-study-based scenarios, reflective questions and teacher-learner response exercises.

In the training manual, pragmatic educational approach is evident through the method of teaching which leans towards personal and social development. For example, in the SRHR manual personal and social development is stressed through relevant SE examples that are intended to capture the experiences of young people.

➤ **Subtheme: Inclusive education**

The subtheme of inclusive education hopes to engage with how inclusivity is represented in the SRHR manual.

18. How do the various educational activities in the text facilitate engagement, inclusion, and dialogue within the programme?

The various activities used in the programme facilitate inclusion and engagement in several ways. Firstly, inclusion is facilitated through teaching and educating young people about SRHR and through providing examples that are inclusive of youth experiences. Secondly, inclusion in the programme is achieved through educating young people about the different issues and acknowledging the SRH problems they experience at healthcare facilities in society and at school. Thirdly, the programme recognises young people as sexual beings, thus promoting body integrity and expression.

Despite inclusion being evident in the SRHR facilitator's manual, there are areas of exclusion and limitations. Exclusion in the SRHR manual is evident through the absence of sexual discourse of the challenges experienced by differently-abled individuals. Speaking of the concept of differently-abled individuals, Nkala-Dlamini and Twala (2022) record that differently-abled individuals are viewed as asexual, incapable of making sexual and reproductive decisions and needing guidance. This renders the sexuality of differently-abled individuals unimportant and ignores their experiences in sexual discourse.

Educational philosophy extends to a thorough and unified set of views regarding teaching-learning. An educational philosophy's goal is to assist educators in seeing the importance of thinking clearly about what they are doing and seeing what they are doing in the context of greater individual and social development (Conti, 2007). The SRHR Facilitators manual explores different techniques in an attempt to promote learning. Some of the techniques that are evident in the manual are: 1. teacher-learner response; 2. scenario-based case studies and 3. question and reflection exercises. All of the above-mentioned techniques explored in the SRHR manual are aimed at promoting a better and more engaged understanding of SRHR.

Extracts 101 to 103 provide examples of how the SRHR manual promotes the techniques mentioned above.

Extract 101

ACTIVITY ONE: REFLECTION ON OWN SEXUALITY

Purpose: To enable participants to reflect on their own sexuality

Start this activity by informing participants that at the end of this activity they will have a broad overview of what sexuality is. Thereafter, they will participate in more activities to get an in-depth understanding of their own sexuality and the sexuality of others.

This can be done in pairs, groups or individually. Ask each participant to answer the following questions:

1. Are you a female or male?
 2. From what age did you know that you were a female or male?
 3. Who first told you that you were a female or male?
 4. How did you know that you were female or male?
 5. What do you think of the following statements?
 - Males who have been circumcised may command sex from anyone
 - Males may only have sex with females
 - Females may have sex with males and females
 - Normal sex when is when a male's penis penetrates a female's vagina
 - Oral sex is good for younger people
 - People older than 60 should not be sexually active any longer
- On completion go through each question and explain to the participants the intention of each question, as reflected below:
- Question 1
Is determined by the sexual and reproductive organs of the participant
- Question 2 – 4 upon you. Self-discovery from approximately age three onwards contributes to our socialisation.

Refers to the socialisation process that occurs when you absorb what parents and teachers impress

Question 5

Focus on participants' attitudes towards sexual diversity [Module 2, p.45].

Extract 102

ACTIVITY TWO: ATTITUDES AND PERCEPTIONS TOWARDS SEXUAL DIVERSITY

Purpose: To enable participants to identify their own perceptions of and attitudes towards sexual

diversity. Start this activity by informing the group that they will be participating in a debate that will address the perceptions and attitudes of sexual diversity. They will be debating the merits of a few case studies focusing on sexual diversity. Depending on the size of the large group, divide them into either two or four smaller groups of not less than 4 to 6 participants per group and not more than 10 to 12 per group. If the large group consists of 20 or more participants then divide them into four groups. Select two small groups and give them a topic to debate while the rest of the participants should ask questions at the end of the debate and comment on the outcome.

Note that all participants must be assigned to a group and all groups must participate in one debate only.

Cases for the debates

Case study

• Anybody should be able to enjoy sex (10 minutes)

The clinic nurse told a 68-year-old woman that she should stop having sex because her vagina will become cancerous and that she should act her age and look after her grandchildren [Module 2, p.45].

Extract 103

ACTIVITY THREE: SEXUAL BEHAVIOUR

Purpose: To enable participants to identify correct information about sexual behaviour

Start this activity by informing the participants that they will work in groups to discuss whether the statements on the hand out about sexual behaviour are facts or myths.

SEXUAL BEHAVIOURS - TRUE OR FALSE?

Read each statement and decide if it is true (T) or false (F).

Mark your answer in the right column. T or F

1. Masturbation is harmful.
2. If a girl does not bleed the first time she has sex, it means she is not a virgin.
3. It is a man's role to initiate sex.
4. People can make love and have orgasms without having sexual intercourse.
5. Masturbating frequently is a problem.
6. Many women do not have orgasms from vaginal intercourse alone.
7. The first time a woman has sex will hurt.
8. Masturbation helps people learn and understand their body's response to sexual stimulation.
9. Someone who is homosexual wants to have sex with anyone of the same gender.
10. Once a man becomes sexually excited, he cannot control himself and must ejaculate.
11. The easiest way to know how to please your partner is to talk about what he or she likes and what feels good.
12. You can acquire a sexually transmitted infection (STI) from oral sex.
13. Many men will lose their erection during a sexual experience at some time in their lives.
14. If a man has a big penis, his partner will feel more pleasure.
15. A woman who likes sex cannot be trusted to be faithful to her partner.
16. The right age to have sex is 18 years old.
17. If a man can keep vaginal intercourse going long enough the woman will have an orgasm.

Divide the larger group into two smaller groups and give each group the hand out. Give them 10 minutes to respond to all the statements on the hand out after which they should stand opposite each other. The facilitator or a volunteer from each group should read out the statement and each group should get a chance to answer while the score is ticked off on the board or newsprint. After each statement, the facilitator provides the correct answer if the answer is incorrect or offers comment. This hand out can be given to each participant at the end of the activity or training [Module 2, p.45].

Extract 101 enables participants to reflect on their sexuality. By doing this, the text enables participants to be more in touch with who they are. Extract 102 is a case study example that enables participants to engage with the case presented. Extract 103 provides an example of a teacher-learner scenario where participants are allowed to engage with the questions provided and if there

is any information that has been left out the facilitator provides clarity.

The different types of evaluation forms, namely the evaluation of presentation, the daily feedback form and post-training evaluation forms create a space for reflection to take place. The evaluation of the presentation forms poses questions that stimulate young people to think about what they can do to affect change in their social and geographic contexts using the information they learnt. For example, to stimulate thinking the question of “What will you do differently in your work settings as a result of this training?” was asked.

This *evaluation presentation* form can be said to be promoting empowerment and encouraging young people to be agents of change. Some of the questions contained in the form are: “What do you feel were the strengths of the presentation? What do you feel were strengths and weaknesses of the presentation? What additional information do you require” (p. 201). These questions enable young people to voice their concerns and make suggestions which can be later used to refine the programme.

Wigle et al. (2020) support the inclusion of youth’s voices in their study as initiating conversations that allow young people to voice out their opinions through sharing, “speaking” or “voicing out” their ideas on matters pertaining to youth, such as SRH and general health. Wigle et al. (2020) see youth participation in policies as fundamental. To concur with the above, Shefer and Ngabaza (2022) argue that including youth perspectives in education enables young people to think about and experiment with different, unique, and creative approaches to sexuality education.

The *daily feedback form* asks questions such as: “what things were learnt”; “What topics affected or interested participants deeply?”; those things that facilitated better learning; topics or things that were not clear; those things that hindered participants' learning, and topics they would like to be discussed. In the *Post-training evaluation form* the first sentence states “Your comments are valued and would most certainly contribute to the constant improvement of the training” (p.204). This statement is already promoting inclusion as it encourages participants to contribute to knowledge constructions through encouraging participant feedback. It also tells the reader that their input is valuable. In the *Post-training form* participants’ feelings and emotions are catered for as participants are allowed to rate the questions into either happy, sad and neutral. The

evaluation asks questions such as was the training useful, whether your expectations were met, whether they were given an opportunity to share their experiences, whether the materials used were useful and whether the facilitator knew the subject well. The *post-training evaluation form* also allows participants to provide feedback on the gaps they feel are present, the different ways in which the training sessions can be improved, whether participants are comfortable in sharing what they learnt with their peers, the things they liked and disliked about the workshop, whether they had any objectives that were not met, and future recommendations.

19. Conclusion:

This chapter focuses on contextual and educational issues around sexual education. Four a priori of themes were discussed under this section of the analysis. Firstly, the a priori of theme of differentiated universalism found that cross-cutting contexts and SRH issues intersect. They both shape access to SRH. Secondly, the a priori of theme of public and private interstice found that race/ethnicity, socio-economic status, gender, age, sexual orientation, gender identity, ability status and religious beliefs influence intimate relationships and the ability to negotiate safe and healthy relationships. Thirdly, the a priori of theme of situated agency brings forth how the ability to access rights in intimate relationships is limited by the ability to acquire agency. Importantly, the ability to access rights comes with responsibilities such as taking responsibility for one's health. Moreover, the training manual brings forth how the right to healthcare is usually violated without individuals receiving justice for those violations. Fourthly, the politics of recognition, redistribution and reparation looks at how laws speak about and address SRHR matters. In the text, it is evident that the politics of recognition (which deal with sexual diversity and differently-abled individuals) is lacking. The politics of redistribution of resources) has been found to be limited by various factors such as contextual surroundings and poor healthcare facilities. Fifthly, the a priori of theme of educational processes hoped to gain a closer lens into how sexual education is taught and the educational processes involved.

7. CHAPTER 7: DISCUSSION OF FINDINGS ANDRECOMMENDATIONS

1. Introduction:

The previous two chapters (Chapters 5 and 6) provided an analysis of the PSH SRHR facilitators' manual. This study sought to establish: 1. whether and how the intervention promotes understanding of SRC in terms of citizenship as status and practice (concerned with inclusivity); b). Contextual understandings of SRH (which is differentiated universalism); c). Empowerment (situated agency); d). Public and private interstice (which is concerned with power relations in relation to decision-making and agency); and e) the politics of recognition, redistribution and reparation. 2. Whether and how the intervention undermines patriarchal, heterosexist and ableist-premised citizenship.

In this chapter, I summarise the analytical findings of the preceding chapters 5 and 6. This chapter follows a similar structure to that of the analysis chapters. Below, I present an overview of my study. I also provide a discussion of my findings. But, before, I embark on providing a discussion of my findings. It is crucial to note how the principles of the SRC framework are intertwined. In other words, in my analysis chapters, I found that matters discussed under one principle also appeared in other principles. Therefore, my discussion below will provide a description of which principles intersect and hopes to answer the main objectives of the study. In my discussion, I will also describe how the SRC framework principles come up in the PSH SRHR facilitators manual. To further aid my discussion, I will make use of a thematic approach to present my findings.

2. Overview of Study

Within this research, a formative evaluation was conducted using the feminist sexual and reproductive citizenship (SRC) framework conceptualized by Macleod and Vincent (2014). The SRC framework was used to explore how sexual and reproductive health rights (SRHR) issues and contextual and educational issues were addressed in the PSH SRHR manual. The data analysis used the manual and textual guide from the *Masizixhobise* toolkit which was conceptualised by Sarah Moore (2022). This toolkit incorporated key principles of the SRC framework.

As such, this study looked at whether and how the PSH SRHR manual promotes: 1. inclusiveness; whether the information provided on sexual knowledge fosters relevant and comprehensive sexual knowledge that is tailored to the experiences of young people; 3. whether the programme empowers the youth by encouraging them to take ownership of their rights, and responsibilities and claim their agency; 4. how relationship matters in the manual enable young people to become agents through initiating safe sexual and reproductive matters and voicing their opinions in relationships; and 5. whether the manual takes into context and addresses how the law recognises or limits youth from claiming their entitlements as well as accessing sexual and reproductive health (SRH) resources. In cases where harm has been done whether individuals receive justice; and 6. how the intervention forges inclusivity through incorporating and recognising the experiences of all sexual beings whether they are sexually diverse or differently abled and address SRH matters of all young people. Below, I discuss my findings from both chapters 5 and 6 simultaneously which will be divided into sections.

Part 1: Discussion of SRHR findings

➤ A Priori of Theme: Citizenship as status and practice

Under this theme the major findings addressed by the manual are: 1). poor provision and quality healthcare; 2). inequality, 3). discrimination and violations based on sexual identity and status, 4). youth constructions; 5). sex and gender as regulated; 6). bodily integrity; 7). danger and disease discourse. Below, I present a discussion of the findings with the hope to: 1. address how citizenship as status and practice are promoted in the manual; and 2. Address how the text promotes inclusivity when it comes to accessing and practising rights. In addition, to the discussion, it is crucial to note that citizenship as both status and practice intersect with contextual matters (be it public or private), and politics of recognition, redistribution and reparation.

- **Poor provision and quality healthcare**

My findings reveal that the SRHR manual addresses how the lack of professionally trained healthcare professionals contributes to the quality and provision of healthcare. Bhana et al. (2019)

concur with this statement by stating that healthcare professionals attitudes and beliefs deny young people quality SRH. The manual indicates that poor provision of healthcare endangers the lives of young people (see section 1, extract 11 of the analysis). Section 1, Q.1C, of the analysis specifically engages with how poor provision of SRH may also be accompanied by discrimination and lack of empathy from healthcare professionals.

Furthermore, the training manual discusses how a lack of adequate sexual knowledge of the rights that young people have may be the cause of poor healthcare provision and access. Bhana (2014) concurred with this argument by stating that poor provision of healthcare is met with the belief that keeping sexual information from young people is done to protect their innocence. Moreover, Shefer and Ngabaza (2022) puts forth the argument of how the idea of sexual innocence or preserving young people's sexual purity through hiding or keeping sexual knowledge from young people deprives them of sexual agency. The outcome of such an approach is that it perpetuates the misconception that young people are asexual (Dlamini-Nkala & Twala, 2022).

The discussion provided above speaks to the principle of citizenship as both status and practice, in particular practice. In the sense that to be able to access SRH means one needs to receive quality healthcare and to practice it means young people should be allowed freedom of choice.

- **Inequality**

The training manual addresses how inequality plays a significant role in hindering access to SRHR. In literature, inequality is presented through social structures. These social structures normalise heterosexuality. Therefore, Bhana et al. (2019) record how heterosexuality is prioritised and other sexualities are devalued. Under the theme of citizenship as status and practice, I found that the manual acknowledges the notion that “all” should receive universal access to rights but that this is not reflective in reality. However, the assumption that “all” individuals who gain access to the SRHR manual should be able to advocate for universal rights is too optimistic. The reason is that social, educational, health and structural factors influence the manner in which individuals are able to claim their sexual rights and practice them.

The training manual speaks to the fact that the Choice of Termination of Pregnancy (CTOP) Act is usually inaccessible and accompanied by controversies. The inaccessibility is discussed in terms of how healthcare professionals are typically hostile to administering TOP and how the vast majority of young people are unaware of the Act. As such, the manual addresses lack of knowledge on how to access (status) and take up rights (practice). For example, individuals wanting to access TOP are usually stigmatised across different contexts (Bhana et al., 2014).

The discussion provided above speaks to Macleod and Vincent's (2014) argument on accessing and practising citizenship. In addition, violations based on sexual identity and status come up in my findings through discrimination and violations based on sexual status. For example, extract 31 is about gay couples being imprisoned because they announced their marriage and extract 52 is about a homosexual learner that was marginalised and denied the opportunity to express themselves. Both scenarios tackle issues of identity recognition and the freedom to express one's sexuality. While LGB identities were recognised in the manual and the discrimination they may face acknowledged, this did not extend to transgender or intersex people, and people with disabilities received little attention.

- **Youth constructions**

The major findings of youth constructions reveal that in the training manual young people are constantly described as transitioning from one stage to another. Arnot and Swartz (2012) put forth, as discussed in the theory chapter (see the section on status), that the transition to adulthood is constructed as holding emotional, bodily and physical changes. Cook (2020) further argues that within this construction, young people are viewed as incapable of making informed decisions. These constructions further shape how young people are recognised and their ability to claim their rights and sexual status.

In addition, in the manual, Francis (2013) and Frizelle et al. (2013) arguments are evident. These scholars argue that young people are constructed as lacking agency, childlike and asexual. These constructions perpetuate the narrative that young people should not have rights as they do not know how to best use them. Thus, stripping young people of rights, responsibility and agency.

The manner in which young people are constructed speaks to the following SRC principles of:

1. citizenship as status and practice and politics of recognition. Under this topic, the manual indicates how youth identity and status are often viewed in a negative way. This strips youth of identity, and status and constantly constructs them as lacking agency and poor decision-makers.

- **Sex and gender as regulated**

The findings under question 11 of the analysis indicate that sexuality discourse is taught through social and gender norms. Bhana (2014) argues that normative behaviours perpetuate exclusion and violence. Earnshaw et al. (2014) put forth how the regulation of sexualities silences and dismisses sexual diversity. The manual speaks to how socially acceptable ways of thinking are regulated in the sense that people are taught how to think and behave. The manual reveals that the regulation of sex and gender is also present in intimate sexual relationships. For example, q.1b of my analysis provides examples of regulative behaviours.

The training manual suggests that the regulation of gender and sex promotes sexual stigma and discrimination against other sexualities. Literature around sexual stigma supports this view through the argument that youth sexualities are given a dichotomous categorisation (Delius & Glaser, 2009). Section 2.4 in chapter two speaks of good (abstinence) and bad (sexual pleasure) descriptions of youth sexualities. These constructions are detrimental to youth sexualities as it has an impact on their body integrity. My findings under Section 3 (Q.8) chapter 5 reveal that the manual promotes body integrity as necessary thus promotes positive self-identity.

The discussion provided above about sex and gender being regulated pinpoints to challenges experienced by individuals that further affect their ability to claim their sexual status and access different spaces without being labelled as "the other."

- **Danger and disease discourse**

The discourse of danger and disease is evident in the training manual. These results concur with Macleod's (2009) and Shefer and Ngabaza's (2022) argument on how SE is taught through a discourse of danger and disease. These discourses are deeply embedded in patriarchal normative behaviours which shape youth's understanding of SE. In my findings, I also found that the danger and disease discourse was evident through negative messages about youth sexuality. Negative

discourses on youth sexuality are portrayed through the constant representation of young people engaging in sexual acts that are deemed unacceptable (Collumbien et al., 2022). In the findings, this is evident through the representation of youth as “childlike”, “innocent”, “poor decision-makers” and as subjects of violence and abuse. These construction Section 1) that moralistic constructions are the reason for increased unsafe behaviour among young people. The SRC framework acknowledges that gender and sexual expression is fluid. Therefore, it argues against conservative moralism which hinders youth from accessing SRH and further positions youth as uncontrollable and dissolute.

In addition, the training manual illuminates that explicit messages about sexual matters are hidden from young people with the assumption that adults are protecting their innocence. For example, the data brings forth challenges experienced by youth such as unsafe sex, and unintended pregnancies. This is blamed on limited SRH, which calls for the need to teach youth about SE.

Part 2: Contextual and educational issues

Below, I present findings on contextual and educational issues. The four guiding themes of differentiated universalism, public and private interstice, politics of recognition, redistribution and reparation and educational processes will be discussed below.

➤ **A Priori of Theme: Differentiated Universalism**

The theme of differentiated universalism is intertwined with themes of citizenship as status and practice, public and private interstice and politics of recognition, redistribution and reparation.

- ***Sexual Experiences***

My findings from questions 1 to 7 of the analysis pinpoint how the manual addresses how young people have limited access to and knowledge of SRH knowledge. Limited sexual knowledge in the training manual is evident through how the sexual experiences of sexually diverse youth are filtered and that of differently-abled youth are absent. Therefore, the training manual does not fully address the sexual experiences of all individuals. When the sexually diverse youth sexual

experiences are addressed in the manual it is usually through a discourse of danger which is amplified through harm based on sexual status.

In addition, there is an absence of comparative discourse regarding cisgender and transgender individuals and abled and differently-abled individuals. Other than the absence of discussion of transgender and intersex people, the challenges experienced by young men are not foregrounded.

Moreover, the training manual addresses narratives across contexts. Judgemental discourse is problematised in the training manual where different stakeholders, be it in the schooling environment, home, social spaces and health facilities, problematise youth sexualities through stigma, discrimination and poor service provision. Throughout the manual, there are examples of how healthcare professionals are often not very accommodating of youth who request or want TOP services or contraceptives. These groups of young people are met with unpleasant responses and behaviour from healthcare professionals that often leave them not wanting to attend clinics of healthcare facilities (Nkosi et al., 2019). My findings reveal how reproductive matters for young people are often reduced to sexual promiscuity and irresponsibility. This is evident through judgmental remarks from healthcare professionals and the constant blame and neglect of youth experiences.

- ***Cut-crossing and SRH Issues***

My findings reveal that manual addresses cross-cutting contextual issues (i.e., of family, social, economic and geographic) and how they intersect with SRH (access to contraceptives, TOP, etc.) issues. In my theory chapter (Q.10), I engaged with the concept of agency being situated (Frie, 2011). It is evident in my analysis that the manual acknowledges contextual issues (such as family disputes or unequal power relations) and their contribution to how an individual is able to claim their rights and access SRH services. In addition, the SRC framework (see section 2-theory chapter) argues access to SRH is limited by unequal social and cultural factors as well as limited access to resources (Macleod & Vincent, 2014).

Under Section 2 of my analysis, cross-cutting contextual and SRH issues came up in my findings through the argument that the status of women and young girls is viewed through a subordinate

status. The insubordination of minority groups instils emotions of fear, rejection and marginalisation of young people (Bhana, 2012).

My findings suggest that unintended pregnancies are seen as both a social and economic burden. Shefer and Ngabaza (2022) acknowledge that lack of sexual knowledge, psychological problems, limited access to contraceptives, incorrect usage of contraceptives and forced sexual encounters are the reason for unintended and unplanned pregnancies. This argument concurs with the Macleod and Vincent (2014) argument which acknowledges how SRH is accessed differently across contexts (Macleod & Vincent, 2014). The SRH issue of unintended pregnancies stems from a spectrum of issues which include but are not limited to poor socio-economic environments, and a lack of honest and accurate SE.

The above discussion on cross-cutting issues and SRH addresses and brings forth the challenges experienced by youth. The principles of the SRC framework i.e., differentiated universalism are evident in the discussion in the manual as it reveals how cross-cutting and SRH contexts intersect. This means that the individual is affected by a spectrum of issues that further shape how they are able to access different spaces. For example, across cultural, social, economic, family and geographic contexts young people constantly experience SRH-related challenges. Within these contexts gender normative discourses are at play that further shape how individuals are able to access the SRH entitlements and rights (Macleod & Vincent, 2014).

The next sub-heading further engages with contextual matters. I provide a discussion on schooling vs out of school environments

- ***Schooling environments vs Out of school environments***

School culture is strongly heterosexual and there is a lot of policing of behaviour by peers and adults. Alternate or other ways of being masculine are viewed as abnormal and undesirable, and these behaviours are shown to be inferior through mockery, exclusion or violence. Understanding how masculinity is conceptualised, embodied and demonstrated is crucial for tackling homophobia and other forms of discrimination in schools (Bhana, 2014).

In my findings the policing of youth sexualities came up. In the training manual, I found that youth sexualities are policed and regulated through normative discourses present across different contexts. Macleod (2009) provides an argument for how the concept of responsabilisation is used to regulate and police sexualities. Responsibilisation puts the responsibility of both partners on one. In most cases, women are held responsible for the behaviour of two (Bridges & Hauser, 2014). The concept of responsabilisation is also evident in findings of this manual. At times the manual attempts to undermine responsabilisation, but at other times, it feeds into it.

➤ **A Priori of Theme: Public and private interstice**

This theme of public and private interstice is interwoven in differentiated universalism and politics of recognition. As such, issues under this theme will be discussed in relation to the other themes mentioned above.

- ***Unequal power in relationships***

In my findings, there are examples of differences in power, especially in sexual relationships. The manual alludes to how private matters (such as race, gender, ability, age, location, economic status) impact on the public matters (access to knowledge and resources. Bhana and Pattman (2009) support these findings by claiming that power and gender inequalities intensify young women's vulnerability to HIV. Ricardo et al. (2022) further builds on this argument as they recognise that power relations are dangerous as they affect an individual's ability to make informed decisions and claim their rights. The SRC theory argues that public spaces are accessed differently, and that the public and private spheres are interdependent. As a result, private and public matters shape and influence the individual (private) and social (public). For example, gender identity issues happen both at the private and public spheres where an individual may struggle to gain acceptability in both spheres. These challenges came up in my findings where for example, under Extract 28 (section 1) a couple struggled to make a decision about sterilisation (private sphere) and when they sought help from the clinic (public sphere) they were met with judgement from the healthcare professional.

Moffet (2006) concurs that gender identity is socially constructed and may be regulated in public spaces in ways that strip young people of agency. For example, the marginalisation and failure to accept an individual who is a lesbian may influence how they act, feel and behave (Bhana,

2014). As such, the literature suggests that normative behaviour is reinforced through binary gender constructions that support dichotomous categories in the public sphere.

The discussions provided above on unequal power relations (which happen both in private and public spheres) demonstrate how the two spheres are mutually exclusive. The manual indicates that gender-related discrimination happens in both spheres. Thus, Moffet (2006) argues that the reason for dominant hetero-patriarchal beliefs is due to unequal power structures. This is evident in the training manual through unequal power relations which are discussed in relation to gender and sexual violations (see Section 3, Q.10).

- ***Sexual diversity***

The topic of sexual diversity emerges across different themes. My findings show that the manual brings forth how minority groups are faced with the challenge of accessing their rights and performing their sexuality across different spaces. They also struggle when it comes to accessing SRH due to healthcare professional attitudes. This is true in relation to ability as well. For example, Chapell (2013) recognises that individuals living with disabilities lack of acquisition of sexual knowledge may put their lives at risk. Denying individuals living with disabilities SE is what puts them at risk. The poor manner in which this is addressed in the manual is of concern.

- ***Youth representations***

Discussions on gender have often ignored the vulnerabilities unique to men and boys and instead concentrated mostly on the difficulties that young women face. Despite the fact that young women are more likely to experience health and developmental issues, young men generally have greater rates of morbidity and death. They are disproportionately both perpetrators and victims of violence, with the exception of sexual violence (as victims) (Ricardo et al., 2022). Therefore, it's crucial to address wider-ranging structural and environmental issues that lead to gender-related vulnerabilities in young men and women (Ricardo et al., 2022).

As a result, my findings under Question 15 show how the manual pinpoints to a failed South African justice system. Bhana et al. (2019) state the reason for this is that gender and sexual violence and their relationship to political economy and to broader social processes, create fertile

environments for the performance of virile heterosexual masculinities (Bhana et al., 2019). In addition, Bhana (2014) states that political action has been taken across different institutions aimed at addressing the alarming increase in violence. The government and other political sectors have been asked to increase awareness of anti-discrimination of sexually diverse individuals (Bhana, 2014).

- ***Religion and cultural practices***

One of the reasons for homophobic attacks is due to religious and cultural practices that construct homosexuality as immoral and sinful. The manual speaks to the fact that healthcare professionals may oppose the provision of SRH due to cultural and religious beliefs. Lack of proper training around TOP has also been recognised to be a key factor impeding quality access to SRH.

- **A Priori of Theme: Citizenship and situated Agency**

This theme has aspects of citizenship as status, differentiated universalism, public and private interstice, citizenship and situated agency, and politics of recognition, redistribution, redistribution and reparation.

- ***Power and Agency as situated***

My findings reveal that the manual understands that agency is limited by a spectrum of contextual and SRH issues. Machil (2006) calls for the need to treat youth as agents if they are to act in empowered ways. My findings under Section 2.1 of Chapter 6 further indicate that women in unequal relationships find themselves powerless. This means they often lack agency and the ability to act in empowered ways. The manual demonstrates that power influences decision-making. Harmful relationships limit the ability to practice safe sex. As a result, they are dangerous as they eventually lead to death (See chapter 5, extract 66).

My discussion above demonstrates how citizenship and agency are interrelated. The ability to access citizenship is dependent on the ability to claim and practice entitlements (Holzner & Oetomo, 2004) which is also context-dependent and embedded in a network of political systems that shape an individual (Potgieter & Reygan, 2012). My discussion above further reveals that unequal power relations and the inability to exercise power have an impact on how an individual is able to claim their citizenship entitlements.

➤ **A Priori of Theme: Politics of recognition, redistribution and reparation**

This theme is interwoven with that of citizenship as status, differentiated universalism, citizenship and situated agency, and politics of recognition, redistribution and reparation.

- ***A failed Justice system***

The issue of violence seems to plague South Africans. Victimisation, abuse, rape and sexual harassment are addressed extensively in the manual. The manual suggests that the South African justice system fails minority groups. This is evident through the large number of cases presented in the manual that speaks about gender-related violations with no reparations. Macleod and Vincent (2014) advocate for the recognition of all sexualities. However, the lack of recognition, equal distribution of resources and receiving reparations is often exclusive. The manual refers to how the justice system fails people and the number of violent cases that go unresolved. Perpetrators of violence usually go free as they are seldom arrested (Bhana, 2016). Victims of violence lose their lives without receiving justice, this is evident in extract 92. The absence of examples where people receive social reparations brings into question the effectiveness of the South African justice system.

The absence of an equitable justice system contributes to inequality. The inequitable justice system may further expose minority groups to violence and killings. Inequitable systems also contribute to poor recognition of diverse sexualities and differently-abled citizenship in society. The manual discusses how issues of politics of recognition, redistribution and reparation affect an individual's ability to claim their citizenship entitlements and resources.

- ***Inclusion and exclusion criteria***

The challenges experienced by individuals living with disabilities are mentioned once under question 8F. This is unfortunate as the challenges experienced by differently-abled individuals are synonymous with those experienced by able-bodied youth, but with added difficulties (Nkala- Dlanini & Twala, 2022).

In general, young people regardless of their sexuality, gender, race and ability status (Nkala-

Dlamini & Twala, 2022) are described as lacking emotional maturity (Bhana, 2014), childlike (Francis, 2019), irresponsible (Shefer & Ngabaza, 2022) and needing protection. These discourses not only deny young people sexual freedom (Dlamini-Dlamini & Twala) but opportunity to be agentic beings.

In attempting to promote SRHR it is crucial that the manual take into context the audience that it is targeting. Therefore, a need for more comprehensive definitions of the different rights is needed as not all youth are informed about rights. Furthermore, the SRHR manual needs to incorporate information on where to seek help if one's rights are violated or if they know of anyone whose rights are being violated. Educating young people about SRHR and providing them with tools on how to best use the information they received may help build empowered youth that feel like they are agents of change. There is also a need to include more examples of young people taking responsibility and ownership of their lives. In essence, more discourse is needed that portrays youth as agentic beings.

The challenges identified in the text have to do with young people's accessibility to sexual and reproductive resources. Although the programme educates and engages learners on sexual and reproductive citizenship (SRC) issues, it does not fully account for socio-cultural and financial issues that impede young people's access to sexual and reproductive citizenship.

The SRHR manual allows young people to engage with the information provided to them. However, their ability to contribute to knowledge production is limited if the manual remains the same. While, they may be able to speak and engage throughout the course with different activities, they may be unable to contribute or be part of the structures that develop or construct sexual education if the manual is not changed based on the feedback.

To forge inclusiveness, Shefer and Ngabaza (2022) contend that there is a need to support youth in reproductive justice and promote comprehensive sexual education that is accessible to everyone, truthful, accurate, and thorough. In order to maintain people's dignity and well-being, efforts must also be taken to normalise inclusivity and secure sexual intimacy behaviours

Teenagers must be given the tools to assess their own behaviour, and they must be supported in having safe sexual experiences. Discussions that inspire young people to consider their lives and the many aspects of childrearing may be part of this process (Nkala-Dlamini & Nkomo, 2022). To challenge gendered conventions in heterosexual love relationships, including gendered responsibilities in parenting, may motivate young men to focus on gendered and parenting roles and meanings around motherhood. I would like to further argue that interventions youth-related interventions are necessary to foster inclusivity (Nkala-Dlamini & Nkomo, 2022).

Additionally, Francis (2019) describes the importance of sexuality education that addresses the needs and interests of young people based on their experiences and the manner in which they understand sexuality. Therefore, Francis (2019) proposes that there is a need for transformative sexuality pedagogy. A transformative sexual education is one that is inclusive of all young people regardless of their sexuality. This means also incorporating queer youth input into the sexuality education curriculum. Chirawu et al. (2014) further extend this argument by stating that individuals living with disabilities should also be made part of sexual education pedagogy. Upon Francis's (2019) and Chirawu et al. 's (2014) points above, I argue for sexuality education to be comprehensive and inclusive of youth needs and interests. There is a need to engage young people in different spaces. I also argue that contextual settings have the power to limit sexual diversity and young people from getting in touch with their sexuality. The reason for this is that cultural, economic and socio-political factors contribute significantly on how young people are able to become agents. I also argue the incorporation of intersex identities and differently-abled individuals' challenges in SE. Moreover, for SE programmes to be more inclusive means they should incorporate critical pedagogy into their educational processes (Macleod & Moore, 2022). Critical pedagogy is necessary as it empowers and humanises young people by encouraging agency, autonomy and emancipation (Aliakban & Faraji, 2011).

Therefore, to win the battle for youth-friendly services, Ricardo et al. (2022) propose the need for holistic and integrated public health systems that not only provide high-quality services but one that is also inclusive. Therefore, SRH knowledge, counselling and challenging rigid gender stereotypes is needed. Inclusion calls for the acceptance of all individuals regardless of their sexuality, gender and ableism.

My findings reveal that the lived experiences of youth are often ignored (Mayeza & Ngabaza, 2019). My findings also reveal that exclusion in the text is evident through the lack of sexual discourse that addresses challenges experienced by intersex, transgender and differently-abled people, although other sexually diverse youth are included. Gougen (2009) extends the above argument by recognising for example, individuals with intellectual disabilities are often ignored and excluded from SE discourse.

- **A Priori of Theme: Educational based-processes**

The theme of educational-based processes is intertwined with that of citizenship as status and practice.

Challenges with SE teaching approach

Literature shows how messages about young people's sexuality education are frequently delivered through didactic tactics that instruct young people on what to do while suppressing and censoring their voices (Shefer & Ngabaza, 2012). According to studies on young people's narratives about sexual education, some young people have resisted such adult expectations by not taking the teacher's instructions seriously (Shefer & Ngabaza, 2022).

Many sexuality education programmes fail to handle gendered power dynamics adequately, promote heteronormativity (the notion that heterosexuality is normal and the expected outcome of developing sexuality), teach about sexual pleasure and desire (particularly when it comes to female learners), and concentrate on diseases (e.g. contracting STIs or HIV) (Cook, 2020). Upon conducting a formative evaluation of the SRHR manual, similar to Shefer and Ngabaza's (2022) arguments, SE in the manual is still primarily taught using a health model approach. For instance, it is taught through educating young people about HIV/STIs, violence, undesired and early pregnancy as the end result of engaging in sexual relationships. Therefore, Shefer and Ngabaza (2022) propose that a positive representation of SE is one that normalises pleasure, and care and does not tie young people to dominant normative notions of what is determined as acceptable behaviour.

Importantly, during the analytic stage of this research, I found that abstinence and actions that conform to social norms are strongly encouraged among young people. The manner in which

sexuality education is taught across different settings regulates young people's bodies and sexuality. Francis (2019) argues that the regulation of young people's bodies is caused by social norms that control gender and sexuality (Francis, 2019). The experiences of young people are shaped by binary gender and sexual normativity. Young people are taught about sexuality using gendered language, and this has an effect on how they utilise SRH (Shefer & Ngabaza, 2022).

My findings reveal that the manner in which SE is taught needs to be reevaluated. Villa-Torres & Svanemyr (2014) propose peer education as one way in which explicit messages about SE can be taught. Although the effectiveness of peer-led education interventions at present is questioned, several components of peer education interventions related to youth participation such as youth need assessments, improved recruitment strategies, and better training and mentoring throughout the process (Villa-Torres & Svanemyr, 2014) could help produce better sexual education.

In addition, there is a need for SE to promote more explicit messages about SE that are tailored to the experiences of young people. While the SRHR manual can be applauded for teaching explicitly about sexual knowledge, Pascore (2022) argues that a gender transformative stance is needed when teaching about SE. A gender transformative stance (GTS) advocates for safer sex interactions. The GTS will also enable interactions that equip youth with effective communication and relationship skills that help forge explicit engagement on sexual and reproductive health matters. This is evident in the manual. The manual encourages participation, story-telling and input from participants, which helps with questioning gendered norms.

My findings reveal that the ability of the SRHR manual to allow participants to fill in evaluation questions of their programme helps to make young people part of the educational processes. There are many challenges that are present when it comes to teaching SE. Literature reveals that SE is taught with unease (Bhana, 2014).

5. Recommendations

Future interventions should make improvements to current SE curricula by promoting comprehensive and inclusive SE, and taking into consideration how different contexts forge different opportunities and accessibility for individuals. Therefore, to effectively target a variety of social and environmental issues for enforcing and promoting protective behaviour among youth,

contextual interventions are necessary (Collumbien et al., 2022). Tackling issues of disempowerment in intimate relationships equips youth with the necessary skills that will enable them to be agentic beings and engage in safe decision-making.

In the sub-sections below, I expand on the above-suggested improvements which should be taught through empowerment.

- **Teaching SE through empowerment**

Future interventions should make improvements by first addressing the key challenges that came up in my discussion. Doing so will help forge more inclusive and practical SE discourses. To be able to achieve this means teaching SE through empowerment and incorporating the SRC framework principles. Teaching SE through empowerment means reconsidering the manner in which SE is taught. There also needs to be a shift in the way young people are constructed.

Secondly, future SE programmes need to include youths' voices in SE discourse. This means making youth part of the educational processes and pedagogy. Thirdly, future SE programmes should diversify their target audience. This means moving past just aiming to raise sexual awareness amongst women, children and men to also include sexually diverse and differently-abled youth. In addition, SE discourse should also reach parents. In other words, parents should be made part of SE knowledge dissemination. In this way, SE will be able to achieve two aims at once, i.e., educate both young people and parents. This will help SE programme reach a wide population of people in their contexts.

Fourthly, programmes should contain gender transformative discourse. Interventions should actively work to foster critical reflection, redefine gender norms, and advance equitable relationships in addition to considering gender inequality and/or harmful gender norms and the negative effects these have on sexual risk-taking behaviours and women's risk of experiencing violence (Pascoe, 2022).

Lastly, advocacy is a crucial part of SE programmes. The programmes need to include advocacy so that they are able to educate a broader spectrum of people. This means being more involved in communities, within schools and in policymaking so that SE is taught more explicitly and

effectively.

6 Benefits

The benefit of conducting this research is that it will allow PSH programme coordinators to review their current programme and structure. This will provide them with an opportunity to strengthen their programme so that it is more inclusive and reaches a large population of young people. In addition, conducting a formative evaluation of a youth PSH SRHR programme will make other SE programmes to review their programmes.

7. Limitations

To further elaborate on the research limitations, I began by looking at the type of analysis that was explored in this research. The use of template analysis in my research has been helpful and beneficial to the overall result of my research. Firstly, template analysis allows the researcher to have predefined themes. Predefined themes were adopted from the *Masizixhobise* toolkit to help guide the analytic process. Utilising template analysis assisted the researcher when they were conducting an evaluation. Conducting an evaluation also helped check whether the SRHR manual adheres to the principle of sexual and reproductive citizenship in its approach to teaching SE.

This study examines sexual education in out-of- school programmes. One of the biggest limitations of this study is that, owing to COVID restrictions at the time of data collection, only atextual analysis is conducted on the manual. Thus, there were no participants involved in the study. As such, the subjective experiences of young people could not be captured, meaning a deeper and more nuanced analysis could not be conducted.

Looking at the limitations of the toolkit. The *Masizixhobise* toolkit is a newly developed toolkit that may have some shortcomings. Given that it has not been used before, the researcher does not have prior knowledge of the challenges or shortcomings that are associated with the toolkit. Another challenge with the toolkit is that it was designed simply to evaluate an SE programme that teaches about SRHR so it might be hard to use it on other interventions.

For future research purposes, I would encourage partnerships with various organizations that promote SE so that more tools can be utilised from the toolkit and hopefully a programme can be developed based on it.

8. Conclusion

In answering the research questions and objectives, I found the following. Firstly, the SRHR facilitators' manual promotes inclusivity by addressing SRH challenges, promoting sexual diversity, and recognising cross-contextual issues that have an impact on how individuals are able to claim their sexual status and practice it. Although promoting inclusion, the PSH SRHR facilitators' manual can be said to have aspects of exclusion. The absence of intersex and transgender experiences and near absence of differently-abled sexual experiences alludes to exclusion. Contextual understanding of SRC is promoted in the manual. This is evident through the text acknowledging how youth experience challenges when attempting to access SRH. Parental and healthcare professional attitudes as well as normative sexual standards limit youth sexualities.

The manual brings forth how agency and empowerment are situated. The ability of young people to claim agency and be empowered is limited across different contexts and shaped by multiple factors. For example, youth struggle to claim their agency at home (private sphere) due to relationships and regulations of the household. On the other hand, youth are limited in the educational and social spheres. Their agency is limited by schools and teachers who may construct sexual diversity as wrong and immoral.

In addition, looking at the concepts of patriarchy and heterosexuality in the manual, the manual acknowledges that power plagues intimate relationships in family spaces, educational spaces, community contexts, social spaces and politics in the sense that individuals are able to assert power over another. This is visible through sexual violence and intimate relationships in the manual where individuals that are unable to initiate safe sexual conversations and access to SRH is disadvantaged.

The politics of recognition, redistribution and reparation in the manual illuminates the lived experiences of many South Africans. Challenges with sexual expression and recognition is evident in the manual through hostility towards sexual diversity. The politics of recognition and redistribution are also evident in the limited ability of young people to access quality SRH and TOP services. The politics of reparation are discussed in relation to violence. Sexual injustices

are evident in the text where young women and children are subjects of violence perpetrated by men. Many women and sexually diverse youth in the text are recorded as violated without receiving justice. In the process of claiming justice, they lose their lives when they are either raped or murdered by their partners.

Therefore, to answer the question of whether the intervention undermines patriarchal, heterosexist and ableist premises of citizenship? The answer is yes, it does, for the most part. There is an absence of sexual discourse on differently abled individuals' sexual experiences and those provided by sexually diverse individuals are limited. The absence of these discourses contributes to exclusionary margins.

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Appendices

Appendix A: *Masizixhobise* toolkit

MASIZIXHOBISE TOOL G: MANUAL AND TEXTUAL ANALYSIS GUIDE

This guide is intended for use when conducting an analysis of manual and/or textual materials for sexuality education programme/s. This guide includes recommendations for best practices when collecting textual data. The guide is divided into 5 sections and consists of 18 questions in total.

SECTION 1: SEXUAL AND REPRODUCTIVE RIGHTS

1. List the sexual and reproductive rights referred to in the text. Does the text refer to:
 - a) The right to access to healthcare services?
 - b) The right to affordable, appropriate and good quality healthcare goods and facilities?
 - c) The right to healthcare services that are free from discrimination and stigma?
 - d) The right to accurate information on sexual and reproductive health concerns?
2. List the conduct-based rights that are referred to in the text. Does the text refer to:
 - a) The right to sexual participation or expression?
 - b) The right to sexual pleasure?
 - c) The right to bodily integrity?
3. List the identity-based rights that are referred to in the text. Does the text refer to:
 - a) A spectrum of sexual, gender and reproductive identities?
 - b) The right to sexual, gender, and reproductive self-definition?
 - c) The right to public and social recognition of diverse sexual, gender and reproductive identities?
4. List the relationship-based rights that are referred to in the text. Does the text refer to:
 - a) The right to consent to sexual behaviours in personal relationships?
 - b) The right to public validation of various forms of consensual intimate relationships within social institutions?
5. How is participants' capacity to take up these rights dealt with in the text?

SECTION 2: CONTEXTUAL ISSUES RELATED TO SRH

6. List which contextual issues are raised in relation to SRH issues in the text. Does the text refer to SRH issues in relation to:
 - a) Familial contexts?
 - b) Community contexts?
 - c) Educational contexts?
 - d) Economic contexts?
 - e) Geographic contexts?
7. How is the role of these contexts in terms of facilitating inclusion and/or exclusion from SRH rights dealt with in the text?

SECTION 3: POWER RELATIONS RELATED TO SRH

8. List which power relations are referred to in relation to SRH issues in the text. Does the text refer to power relations connected to:
 - a) Participants' race and/or ethnicity?
 - b) Participants' socioeconomic status?
 - c) Participants' gender?
 - d) Participants' sexual orientation?
 - e) Participants' gender identity?
 - f) Participants' ability status?
 - g) Participants' age?
 - h) Participants' religious beliefs?
9. How is the role of these power relations in terms of facilitating inclusion and/or exclusion from SRH rights dealt with in the text?
10. How does the text deal with these power relations in relation to individuals' ability to take up their rights?
11. How is the impact of these power relations discussed in relation to individual decision-making and responsibility connected to SRH matters (such as uptake of contraception, consensual sexual practices, access to healthcare, decisions about the outcome of a pregnancy etc.)?
12. How does the text discuss rights to healthcare and social reparation when harm has been caused through, inter alia, violence and other forms of abuse related to particular power relations?

SECTION 4: LEGISLATION, POLICIES AND POLITICAL PARTICIPATION

13. List the international, regional and national frameworks, laws or policies related to SRH that are referred to in the text.
14. How are local issues in comparison to internationally-recognised principles dealt with in the text?
15. List the forms of political participation (both formal and informal) around sexual and reproductive rights and legislation that are spoken about in the text.
16. What (if any) discussions are demonstrated in the text concerning how frameworks, laws, policies, protocols, guidelines, or programmes/interventions should be "repaired" to promote sexual and reproductive health and rights for all?

SECTION 5: EDUCATIONAL PROCESSES

17. What educational philosophy is taken up in the programme and/or demonstrated in the text?
How do the various educational activities in the text facilitate engagement, inclusion, and dialogue within the programme?

Appendix B: About Partners in Sexual Health



Partners in Sexual Health (PSH) is a national, evidence-based, non-profit public benefit organisation that provides sexual and reproductive health and rights (SRHR) services to men, women, and particularly youth. Their vision is “an empowered society on sexual and reproductive health and rights” (Partners in Sexual Health, 2018, p. 4). Their mission involves implementation and advocacy for sexual and reproductive health and rights programmes, particularly for young people. Additionally, their mission involves sharing experiences, good practices, and enhancing partnerships. PSH projects include: In School Youth, Out of School Youth, Intergenerational Communication on Adolescent Sexual and Reproductive Health and Rights, Teenage Pregnancy and Teen Parenting, Non-Medical HCT Sites, Youth Friendly Clinics, and the Siyakwazi Youth Network (Partners in Sexual Health, 2018).

The Siyakwazi Youth Network aims to create awareness amongst youth regarding their sexual and reproductive rights and provide them with correct and unlimited information on sexual and reproductive health to ensure that they can make “informed, smarter, and healthier lifestyle decisions” (Partners in Sexual Health, 2018, p. 27). Siyakwazi Youth Members receive SRHR training and hold regular awareness sessions on a range of SRHR topics in their respective districts. PSH provides them with the necessary support in the form of training manuals, PowerPoint presentations, promotional materials, letters of sponsorship, and general guidance on facilitation (Partners in Sexual Health, 2018). PSH and the Siyakwazi Youth Network host annual youth camps. Programmes during these events often include comprehensive sexuality education on a wide range of SRHR topics, identification of key youth issues, development of advocacy plans for youth involvement in their communities, and an introduction to the Siyakwazi Youth Network (Partners in Sexual Health, 2018).

Appendix C: Overview of Research

RESEARCH STAGES	RESEARCH TASKS FOR OUTCOME 1: DEVELOPMENT OF INTERVENTION REFINEMENT INSTRUMENT	RESEARCH TASKS FOR OUTCOME 2: IMPLEMENTATION OF INTERVENTION REFINEMENT INSTRUMENT	PARTIES INVOLVED	PROPOSED DEADLINE
Stage 1: Partnership Identification	Identification of potential partner organisation/s	N/A	SM & CM	Completed
	Initial conversations concerning the possibility of a partnership with PSH	N/A	SM, CM & PSH	Completed
Stage 2: Identification of Research Priorities and Finalisation of Research Proposal	Identification of research priorities and intervention goals	N/A	SM & PSH	Completed
	Finalisation of research proposal and ethics protocol		SM, TM, & CM	Completed
	Workshop on participatory proposal to research partners for input	N/A	SM	TBC
	First draft of participatory proposal to RPERC, HHDC & RUESC*	N/A	SM & PSH	Oct-19
	Second draft of participatory proposal sent to RPERC, HHDC & RUESC*	N/A	SM	TBC
Stage 3: Conceptualisation and Operationalisation of Draft IRIS/RC	Development of draft IRIS/RC	N/A	SM, TM, & CM	Sep-19 to Dec-19
	Workshop on draft IRIS/RC for partner input	N/A	SM, TM, & CM	Jan-20
	Further development of draft IRIS/RC based on partner input	N/A	SM, TM, & CM	Jan-20
Stage 4: Pilot Implementation of Draft IRIS/RC	N/A	Implementation of draft IRIS/RC and data collection	TM & PSH	Feb-20 to May-20
	N/A	Formative evaluation of draft IRIS/RC	TM	Feb-20 to May-20
	N/A	Workshop on formative evaluation findings to partners for input	TM & PSH	Jun-20
	N/A	Final report on formative evaluation of draft IRIS/RC	TM	Jul-20
Stage 5: Final Revision of IRIS/RC	Researcher reflection on results of formative evaluation of IRIS/RC	N/A	SM & CM	Aug-20
	Workshop to reflect on participation in IRIS/RC, usefulness of IRIS/RC, and suggestions for revisions of IRIS/RC	N/A	SM & PSH	Sep-20
	Finalisation of IRIS/RC	N/A	SM & CM	Oct-20
	Finalisation of IRIS/RC manual/guidelines	N/A	SM & CM	Nov-20
Notes:	* It may be necessary to resubmit the proposal to RPERC, HHDC and RUESC should substantive changes be made to the proposal made as a result of research partners' input.		Sarah-Ann Moore (SM) Thobile Mthethwa (TM) Catriona Macleod (CM) Partners in Sexual Health (PSH)	

Appendix D: SRHR Template

SECTION 1: SEXUAL AND REPRODUCTIVE RIGHTS

A priori of theme: Citizenship as status and Practice

Subthemes 1. Sexual and reproductive rights (Q.1).
2. Conduct-based rights (Q.2)
3. Identity-based rights (Q.3)
4. Relationship-based rights (Q.4)

SECTION 2: CONTEXTUAL AND EDUCATIONAL ISSUES

A priori of theme: Differentiated Universalism
Subthemes 6: Contextual and SRH Issues (Q.6 &7)

SECTION 3: POWER RELATIONS RELATED TO SRH

A priori of theme: Public-private interstice

Sub-themes 7: Power relations and SRH matters (Q.8 & 9).

A priori of theme: Situated agency

Subthemes 8: Agency and empowerment (Q.10).
9: Empowerment and decision-making (Q.11).
10: Cross-cutting SRH issues and social reparations (Q.12).

SECTION 4: LEGISLATION, POLICIES AND POLITICAL PARTICIPATION

A priori of theme: Politics of recognition, redistribution and reparation

Subthemes 11: Governing laws and policies (Q.13, 14 and 15)
12: Political participation in SRR (Q.15)
13: Amendment of sexual violations (Q.16)

SECTION 5: EDUCATIONAL PROCESSES

A priori of theme: Educational processes

Subthemes 14: Educational philosophy (Q.17)
15: Inclusive education (Q.18)

Appendix E: Ethical Clearance



RHODES UNIVERSITY
Where leaders learn

Critical Studies in Sexualities and Reproduction research programme

CSSR house, Lucas Road, Grahamstown, 6139, South Africa

PO Box 94, Grahamstown, 6140, South Africa

t: +27 (0) 46 603 7329

Prof Roman Tandlich
Rhodes University Ethical Standards
Committee
PO Box 94
Makh
anda
6140
South Africa

Dear Prof Tandlich

EXTENSION AND AMENDMENT TO ETHICAL CLEARANCE FROM 2019

Tracking Number: 2019-
0772-965 Length of
Extension: 12 months

Progress Report

The research team has identified a partner organisation (Partners in Sexual Health) and the research priorities and intervention goals have been finalised by the researchers and research partners. Research proposals have been submitted and accepted by RPERC for Sarah-Ann Moore (PhD) and Thobile Mthethwa (Master's). These proposals will be submitted for consideration by the HHDC in March 2020.

Ethical approval for the research was granted by RUESC in November 2019. Development of the draft IRIS/RC is underway and will be completed in February 2020. Additionally, planning for the pilot implementation of the draft IRIS/RC is in progress. Data collection for this aspect of the research will take place this year.

Reason for Extension and Amendment

Given that data collection will take place in 2020, an extension to ethical clearance is requested. Furthermore, an additional researcher, Chanelle Descroizilles (Master's), will be joining the project. As such, an amendment to the ethics protocol is requested. Chanelle Descroizilles will participate in sub-project 2 detailed in the ethics protocol. She will complete an additional formative evaluation, possibly with another organisation. Her research will be conducted in line with the procedures and ethics requirements detailed in the approved ethics protocol.

Sincerely,

Catriona Macleod

APPENDIX F: INVITATION TO COLLABORATE IN RESEARCH PROJECT



INVITATION TO COLLABORATE IN RESEARCH PROJECT

As part of a research collaboration between Partners in Sexual Health (PSH) and the Critical Studies in Sexualities and Reproduction (CSSR) research unit, we would like to invite you to serve as a research partner in the research study. This study forms part of a larger project that aims to develop and implement an intervention refinement instrument informed by a sexual and reproductive citizenship (SRC) framework that can be used to feed into youth sexuality education (SE) interventions. Sarah-Ann Moore will develop the SRC intervention refinement instrument (IRIS/RC). Another researcher (Thobile Mthethwa) will use the draft instrument in a formative evaluation of the Siyakwazi Youth Network.

Partners in Sexual Health will play an integral role in both the development and implementation of the IRIS/RC. Participation in the research is voluntary and refusal to collaborate will in no way jeopardise your employment with Partners in Sexual Health.

BACKGROUND

1.1. Research Unit Information

The Critical Studies in Sexualities and Reproduction (CSSR) is a multi-disciplinary research programme affiliated with Rhodes University in Makhanda/Grahamstown, South Africa. The overarching goal of the research programme is to conduct critical research that addresses the social and human dynamics underpinning our slow progress towards full sexual and reproductive citizenship for all. Broadly, the research undertaken by the CSSR utilises postcolonialist and poststructuralist feminist approaches and in-depth qualitative methodologies (stepping outside the usual biomedical or public health approaches to sexual and reproductive health) in order to explore

the multiple and complex social processes embedded in sexualities and reproduction. This research highlights how particular discourses, narratives, practices and power relations concerning sexuality and reproduction promote

inclusion or exclusion, belonging or marginalisation, equity or inequity, justice or injustice, access to, or denial of, sexual and reproductive rights. Additional information on the CSSR can be accessed through:

Critical Studies in Sexualities and Reproduction

Website (<https://www.ru.ac.za/criticalstudies/>) CSSR

Facebook Page (<https://www.facebook.com/CSSR-1585015828402525/>)

CSSR Twitter Account @CSSR15 (<https://www.twitter.com/CSSR15>)

1.2. Researcher Information

Sarah-Ann Moore is conducting the research as part of the requirements for a PhD through the Psychology Department of Rhodes University and is supervised by Distinguished Professor Catriona Macleod (SARChI Chair, Critical Studies in Sexualities and Reproduction Research Unit).

1.3. Ethical Clearance

The research has been approved by the Research Proposals and Ethics Review Committee (RPERC) and the Humanities Higher Degrees Committee (HHDC) at Rhodes University on [date]. Ethical approval has been obtained from the Rhodes University Ethical Standards Committee (RUESC), which is registered with the National Health Research Ethics Council (Registration Number REC-241114- 045), on [date].

RISKS AND BENEFITS

Collaboration in the research may involve sensitive information or topic areas. You are encouraged to express any concerns that you might have in regards to your collaboration in the research. Should you want to withdraw from the research at any point, you are free to do so. It is hoped that the recommendations generated by the research will prove useful in improving the efficacy of PSH's youth sexuality education interventions, and potentially the intervention/s of other organisations in future. Involvement of research is likely to lead to reflexive praxis and improved interventions, which will in turn have benefits for Siyakwazi Youth Network participants.

PRIVACY, ANONYMITY, AND CONFIDENTIALITY OF DATA

Any information you share as a research partner will be kept private and confidential i.e. your name will not appear on any written reports without your consent and your identity will be protected. Given your status as a research partner we will not be able to guarantee anonymity. You can choose to be acknowledged by a pseudonym. Please note that if you choose to be identified by a pseudonym, it is possible that those who work in the sector may still be able to identify you. Please take this into consideration in consenting to be a research partner.

DATA MANAGEMENT, STORAGE, AND USAGE

Data will be kept in a digital repository at the Critical Studies in Sexualities and Reproduction Research Unit. Data kept on the researchers' personal computers will be password protected. If an external service provider is contracted to provide transcription and/or translation services, they will be required to sign a confidentiality agreement. The data may be shared with other CSSR members, solely for research purposes.

WITHDRAWAL

Collaboration in this study is entirely voluntary; you are free to opt not to participate. You are free to express any concerns that you might have with regards to your participation in the research. Should you want to discontinue involvement in the research, you are free to do so. No questions will be asked concerning withdrawal from the research. If you discontinue your participation in this research, you may request that we not use the information already provided.

QUERIES

If you have any queries concerning the research, please feel free to contact Sarah-Ann Moore (sarah.moore@ru.ac.za), Catriona Macleod (c.macleod@ru.ac.za), or Patsy de Lora (patsy@psh.org.za).

Sincerely,

Sarah-Ann Moore Catriona Macleod Patsy de Lora

