A FORMATIVE EVALUATION OF A SEXUALITY EDUCATION PROGRAMME USING THE *MASIZIXHOBISE TOOLKIT*: IMPLEMENTING A CRITICAL SEXUAL AND REPRODUCTIVE CITIZENSHIP FRAMEWORK

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Abstract

The research undertook a formative evaluation of course materials of a course run by a South African (SA) non-governmental organisation (NGO), Partners in Sexual Health (PSH). This course is titled "Intergenerational Communication on Adolescent Sexual and Reproductive Health Rights." The evaluation is situated within the South African context and draws on the Sexual and Reproductive Citizenship (SRC) framework, which emphasises sexual agency, rights, and empowerment within broader social, cultural, and structural conditions. The evaluation employed template analysis, guided by the draft *Masizixhobise Toolkit*: a theoretically grounded instrument designed to support the development and evaluation of sexuality education (SE) programmes aligned with the SRC framework developed by Macleod and Vincent (2014). This *Toolkit* offers a rights-based, justice-oriented lens through which SE can be assessed for inclusivity, empowerment, and critical engagement. The original plan was to evaluate the PSH SE programme; however, this was adjusted due to the COVID pandemic. The adjustment was to conduct a textual analysis of the programme manuals.

Findings suggest that, while the PSH programme adopts an empowerment-oriented approach and demonstrates contextual sensitivity - addressing familial, community, educational, and geographical influences - it also relies heavily on public health discourses, often foregrounding danger, disease, and risk. Although the programme includes references to sexual diversity, discussions of sexual pleasure, anatomy, and sexual activity remain predominantly heteronormative and cisgender-focused. Representations of queer, transgender, intersex, non-binary, and differently-abled individuals are inconsistently integrated across the materials.

It is recommended that the programme expand content related to body and gender dysmorphia, incorporate inclusive examples in discussions of menstruation, termination of pregnancy, and sexually transmitted infections, and adopt a more affirming, rights-based approach to sexual pleasure and agency for all individuals. Future research should explore translation of the materials into South African languages, particularly isiXhosa, to improve accessibility; investigate pedagogical delivery methods and facilitator impact; and evaluate how the *Masizixhobise Toolkit* might inform the development or revision of SE curricula across both formal and non-formal educational settings.

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List of Abbreviations and Acronyms

NGO: Non-Government Organisation
SRC: Sexual and Reproductive Citizenship
PSH: Partners in Sexual Health
SRH: Sexual and Reproductive Health
SRHR: Sexual and Reproductive Health Rights
SE: Sexuality Education
DBE: Department of Basic Education
LO: Life Orientation
CTOP Act: Choice on Termination of Pregnancy Act
TOP: Termination of pregnancy
WHO: World Health Organization
GBV: Gender-based Violence
ABCD approach: Abstain, Be Faithful, Condomize, and Delay sexual activity
UNESCO: United Nations Educational, Scientific and Cultural Organization
UNFPA: United Nations Population Fund
IPV: Inter-Partner Violence
SRJ framework: Sexual and Reproductive Justice framework
SRR framework: Sexual and Reproductive Rights framework
CSSR: Critical Studies in Sexualities and Reproduction

Notes on Terminology

Heteronormativity

Heteronormativity is an ideology that constructs heterosexuality as the primary, if not the sole, sexual orientation in a society. Frequently in heteronormative societies, marriage between a cisgender man and a cisgender woman is the only kind that is legally recognised, while all other kinds are ignored at best or criminalised at worst. Additionally, because so many communal rites and rituals tend to be centred on marriage, childbearing, and gender roles, heteronormativity results not only in the glorification of the sanctity of heterosexuality, but also in the suppression and oppression of other sexualities.

Queer

I have chosen to use the word queer as an inclusive word for lesbian, gay, bisexual, transgender, intersex, asexual, questioning and anyone else questioning their sexuality or gender or does not choose to identify with such labelling of their identity. The word queer was used as a discriminatory and derogative slur against the LGBTQIA+ community but has now been reclaimed as a positive and contentious self-description by the community and as a form of empowerment. This reclaiming of the word was used by activists and theorists during the 1980s; this was done as a way to challenge social stigma and social norms within sexuality and gender identity. It is important to note that there are important differences between queer people; however, the shared experience of living outside dominant sexuality, sex, and gender norms means that there needs to be inclusive community for all non-heterosexual individuals (Clark et al., 2010).

Transgender

A transgender individual is one whose gender identity does not correlate with their assigned sex. Please note that transexual is no longer used as a term to refer to transgender individual. A transgender individual transitions when they take steps to match their lived experience with

their gender identity. This transition can include the changing of their appearance, legal details, hormone therapy, body modification, and psychological therapy.

Womxn

I have chosen to use the spelling of *womxn* as opposed to woman/ women. This is “to expose and eliminate the discrimination and institutional barriers womxn have historically faced” (Martin, 2018, p. 6). By using the "x" in "womxn" we are able to acknowledge that gender identity exists in a spectrum and that more than one gender expression can be impacted by sexism. This spelling additionally, attempts to move away from the patriarchal language that 'man' is included in 'woman'. Lastly, the spelling of womxn allows us to be inclusive of trans and nonbinary individuals (Robertson, 2018).

Chapter One: Introduction

1.1. Introduction

Sexuality education (SE) programmes seek to address the social, cultural and contextual issues that are faced by the youth in sexual decision-making (Francis, 2010). Some of these programmes take an empowerment approach. The concept of empowerment places an emphasis on contextual issues around agency. There are relatively few SE courses that focus on empowerment in a meaningful and consistent manner (Gacoin, 2014; Rothmann & Simmonds, 2014). In this research, I conducted a formative evaluation of texts of a sexuality education course run by a South African NGO, Partners in Sexual Health (PSH). PSH employs an empowerment approach in their SE programme. The formative evaluation used the sexual and reproductive citizenship approach advocated by Macleod and Vincent (2014) as a lens.

This chapter introduces sexuality education and its primary concerns in order to inform the context of this research. The chapter further seeks to situate the study by contextualising sexuality education in South African history, as well as by discussing the current state of SE. The latter includes an exploration of the Life Orientation (LO) curriculum in South African schools and its significance in relation to the current state of sexuality education. This research will analyse texts from an out-of-school SE programme. Thus, the final part of this chapter will briefly go into the background of out-of-school programmes, and the discussion will continue extensively in the second chapter.

1.2. Overview of the Research

This research was conducted using PSH textual and online materials. PSH provides various HIV/AIDS and Sexual and Reproductive Health (SRH) and rights services to communities in order to improve the health and lifestyle outcomes of youth. The course analysed for this research is titled "Intergenerational Communication on Adolescent Sexual and Reproductive Health Rights." The formative evaluation employed to analyse the PSH SE course was conducted using the Sexual and Reproductive Citizenship (SRC) framework. A template analysis was conducted utilising the *Masizixhobise Toolkit* based on the SRC framework. The original plan was to evaluate the PSH sexuality education programme;

however, this was adjusted due to the COVID pandemic. The main adjustment was to conduct a text-only analysis of the manuals for a sexuality education programme run by PSH.

The CSSR research team for this project are made up of the following members: two master's students (Thobile Mthethwa and I), one PhD student (Sarah Moore) and our supervisor (Catriona Macleod). All research was conducted separately, however, both Thobile Mthethwa and I reviewed course manuals of different SE programmes run by PSH.

Using the sexual and reproductive citizenship framework, this research employed the *Masizixhobise* Toolkit created by Sarah Moore in 2022, which has adapted the theory into an application for refining empowerment sexuality education programmes within South Africa. In particular, the *Masizixhobise* Toolkit looks at rights, contextual issues, power relations, legislation and policy, and educational processes. The toolkit itself will be discussed in more detail in chapters four and five.

1.2.1. Problem Statement

Despite global efforts to make sexuality education more inclusive and empowering, many programmes still reflect narrow, heteronormative, patriarchal, and ableist assumptions about citizenship. There is limited understanding of how sexuality education programmes, especially those developed by NGOs, engage with transformative concepts of citizenship that are inclusive, empowering, context-sensitive, and justice-oriented. An evaluative gap exists in analysing how these values are embedded in course materials.

1.2.2. Research Aims

This research aimed to evaluate how the Partners in Sexual Health (PSH) sexuality education programme reflects an empowerment-focused model of citizenship, using Macleod and Vincent's (2014) framework to analyse its course manuals. Furthermore, it sought to establish how PSH's sexuality education programme was inclusive, empowering, and justice-oriented citizenship, through a critical content analysis of its educational materials.

1.2.3. Research Rationale

While sexuality education is expanding globally, evaluations of NGO-led programmes in the Global South are underrepresented in the literature. There's limited analysis of the ideological content embedded in curriculum manuals.

Macleod and Vincent's (2014) five-part framework offers a powerful lens for assessing whether sexuality education materials take up an empowerment, justice-oriented approach to citizenship in SE.

NGOs like PSH are often at the forefront of progressive sexuality education. Understanding how their programme constructs, or challenges normative ideas of gender, sexuality, and ability offer insights for curriculum adjustment, and teacher training.

This research can inform the design of SE programmes that genuinely empower learners, especially those marginalised by mainstream approaches - promoting intersectional justice and youth agency.

1.2.4. Research Objectives

1.2.4.1 To explore how ideas of citizenship are embedded in and promoted through PSH's SE curriculum.

1.2.4.2. To determine how the PSH's SE programme manuals reflect the five elements of Macleod and Vincent's SRC framework: inclusivity, contextual sensitivity, empowerment, process orientation, and justice.

1.2.4.3. To investigate whether and how the programme disrupts or challenges patriarchal, heterosexist, and ableist constructions of citizenship.

1.2.4.4. To provide recommendations for enhancing the empowerment focus of PSH's SE programme.

1.2.5. Research questions

This research sought to establish (1) how is PSH's SE programme inclusive (specifically, in status and practice), contextually sensitive (through looking at differentiated universalism), empowering (in terms of situated agency), process-based (whether that is public and private) and just (relating to politics of recognition and redistribution); (2) to establish whether PSH's SE programme undermines patriarchal, heterosexist, and ableist premises of citizenship and, if so, how this is affected.

1.3. The Context of Sexuality Education in South Africa

Sexuality Education is taught formally through two mediums in South Africa. The first is the compulsory school-based curriculum, which incorporates SE into the subject of Life

Orientation (LO). The second is education provided by non-governmental organisations (NGOs) (Francis, 2010; Shefer & Ngabaza, 2015). NGOs conduct in-school and out-of-school sexuality education interventions.

The topics discussed in sexuality education encompass, but are not limited to, physical development; puberty; the transmission of STIs; contraception; using SRH services; how people have sex; sexual pleasure; masturbation; sexual diversity; relationships; power dynamics; love and sexual attraction; human rights; gender norms and equality; consent; decision-making and communication; coercion; and intimate-partner and gender-based violence (Haberland & Rogow, 2015; Makleff et al., 2020). Each of these components plays a vital role in ensuring that learners have an evidence-based understanding of the dynamics of SE. Not all of these components, however, are included in sexuality education within schools. This is due to the fact that programmes/ schools (Haberland & Rogow, 2015) and teachers (Koch, 2021) may prioritise these components differently.

In the South African public school system, sexuality education is part of the LO curriculum, which is a learning area taught from grades four to twelve. For earlier grades, it is referred to as Life Skills. The sexuality education component was explicitly introduced to target the increasing HIV infection rate among young people, and the initial focus was firmly on preventing HIV infections through abstinence (DePalma & Francis 2014).

LO is taught to primary school learners (grades four to seven) (Daniels & Pharaoh, 2023) and high-school learners (grades eight to twelve) (Speizer et al., 2018). The various topics (including sexuality education) are taught to all grades. However, teaching is scaffolded in order for learners to gain deeper explanations and understanding of each topic as they progress through the grades (Goldfarb & Lieberman, 2020). This is known as age-appropriate SE (Goldfarb & Lieberman, 2020). The Department of Basic Education (DBE) states in chapter 21 of its Basic Education Rights handbook 2nd Edition that LO topics for primary school learners should encompass: reproductive health, HIV/AIDS, healthy living, power relations, respect, values and attitudes, and social and sexual relations (Mayeza & Vincent, 2019). It also includes a section on HIV and AIDS, treatment and support, stigma, and care. LO lessons for high school learners focus more on the prevention of disease and pregnancy, gender-based violence, gender stereotyping, sexism and abuse, child abuse, and gender equality (Erlank, 2008; Shefer & Ngabaza, 2015). For example, there are dedicated sections on condoms,

focusing on condom use and barriers to condom use. The relationship between *blessers* and *blessees* and the power dynamic within these relationships is only noted in the grade eleven LO scripted lesson plan. This refers to an older partner who participates in transactional sex with a younger person (Mchunu et al., 2012). Sexual acts are often exchanged for money or gifts.

There are a number of critiques of SE (see full discussion in Chapter 2). An emphasis on disease and the dangers surrounding sex is a common focus of sexuality education in South African schools (Erlank, 2008; Shefer & Ngabaza, 2015). This focus does not give youth a holistic understanding of sex. Thus out-of-school sexuality education programmes have adopted other forms of focus for this education. Many of these programmes focus on sexual and reproductive rights, justice and advocacy. This research will look at one of these programmes, namely the "Intergenerational Communication on Adolescent Sexual and Reproductive Health Rights." course run by South African NGO, Partners in Sexual Health.

1.3.1. Context of Sexuality Education in South Africa

As it stands today, LO is the learning area that forms the main avenue through which learners learn about and engage in SE. LO had its beginnings in what was previously known as Guidance and Counselling Services, as well as Bible Education, Civic Education, Health Education, and Physical Education (Egbo, 2014). LO was, therefore, not left out of the curriculum entirely at the time but went by these different names and existed as separate topics. These topics were in some ways incorporated into, adapted or at the least linked to, the topics covered in the current LO programme.

All South Africans supposedly had fully-fledged guidance on health-related topics in the curriculum before LO and the turn of democracy. However, it is essential to acknowledge that there would have been discrepancies between how the pre-1994 sexuality education would have been applied to each of the segregated groups in South Africa during apartheid. Education during this time reflected and suffered the consequences of a segregated society. The quality and outcomes of the knowledge learners received in schools differed between the Bantu Education system and the education that white learners received. This discrepancy occurred due to the lack of funds, training, and general resources available to teachers within schools designated for Black learners. Despite efforts that purported to regulate the educational

systems, e.g. The Bantu Education Act, the Coloured Persons Education Act and the Indian Education Act (Molteno, 1984), these Acts did not, in reality, create a more equitable educational system for black, coloured and Indian learners. Instead, these Acts created a skewed perception that the government was attending to the needs of each group of people while not actually addressing the complete inferiority of the education it was outlining for the learners (Kallaway, 2002, 2020).

Pressure placed on the South African government eventually resulted in the end of the apartheid era, but the effects of the system remained long after the discriminatory legal system had been abolished. The inherited education system from the apartheid era was reformed, but challenges remain (Abdi, 2002; Motjope & Madikizela, 2013).

The reforms that were decided upon based on the previous educational system took place during the 1990s and resulted in the combination of the previous health and sexuality topics into the new compulsory LO subject. The intention thereof was to tackle these health and sexuality topics with the addition of integrating democratic principles. The transformation within the country, following the 1994 elections and negotiations, led to the transformation of the guidance and health-related topics. Finally resulting in an amalgamation of one subject in 1997 known as Life Orientation (Moodley, 2015).

Despite the intention behind the LO subject and the re-structuring of the curriculum, current sexuality education in LO lacks nuances that would take into consideration 21st century pressures, as well as learners lived experiences and reality (Francis, 2017a). Considering the fact that society pre-1994 in South Africa largely reflected the views of a combination of conservative colonial rule and the apartheid regime as well as education resting on Christian perspectives and beliefs, issues with regards to sexuality education that went beyond abstinence, marriage, procreation, and basic contraception may have been considered too taboo to tackle and even reflected moral deviation. Traces of this detachment between the theory being taught and the reality of learners can still be seen. In particular, the gender roles and "implicit or explicit reinforcement of homophobia" tends to be emphasized in the lack of sexuality diversity in the current curriculum (Jearey-Graham & Macleod, 2017, p. 556).

1.3.2. Current State of Sexual and Reproductive Health (SRH) in South Africa

Sexuality education is located within and should be informed by current sexual and reproductive health realities in the country. Researchers have noted a number of challenges in

relation to sexual and reproductive health in South Africa. This section will discuss some of the challenges that relate to sexual and reproductive health in South Africa namely: sexual debut, teenage pregnancy, termination of pregnancy, non-official communication: peer and parent conversations, social media and popular music, "blesser" culture, gendered power relations and SRH; rape culture, HIV, and disability and SRH.

Nearly two decades ago, Pettifor et al. (2005) revealed that South African youth had their first sexual experiences at or before age 14. This was reported to be 17.5% of males and 7.8% of females (Pettifor et al. 2005). Womxn within this age range further reported having these experiences with partners who were one to four years older than them. Of these womxn, between the ages of 15 to 19 years, 7% reported these were forced experiences. More recently, according to a study conducted by Appollis et al. (2021), of 3009 women (aged 15-24) surveyed in six South African districts, 8.9% of them had early sexual debuts of below 15 years old. From their study, Appollis et al. (2021) noted that those participants indicated that their early sexual debut was either forced, coerced and/or violent.

Various challenges arise when adolescents engage in early and unprotected sex. These include a higher risk of acquiring and spreading HIV and STIs, and a rise of early unwanted pregnancies (Stats SA, 2022). According to Kufa-Chakezha et al. (2024) South Africa is home to 7.5 million people living with HIV. Mabaso et al. (2021) stated that in 2019, approximately 2.4 million adolescents between the ages 10–19 were living with HIV worldwide. In South Africa, HIV prevalence grew in adolescents aged 12–19 years from 3.0% in 2008 to 4.1% in 2017 (Mabaso et al., 2021). Additionally, the odds of being HIV positive among adolescents aged 12–19 years were significantly higher among females than males, as well as among those who did not attend an educational institution and were unemployed as compared to those attending an educational institution (Mabaso et al., 2021).

The term *unsafe termination of pregnancy* has been defined by the World Health Organization (WHO) as a pregnancy procedure that is conducted by persons who lack the skill-set and knowledge to perform such a procedure or a procedure that takes place in an environment that does not meet minimum medical requirements or where both of these circumstances co-occur in one procedure (Gebremedhin et al., 2018; Matshalaga & Mehlo, 2022). All womxn in SA have been guaranteed, within the Constitution and reproductive health law, the right to make their own decisions surrounding reproduction. According to the Choice on Termination of Pregnancy Act (Act No. 92 of 1996), all womxn of any race, age, location

or socio-economic standing have the right to access safe and legal termination of pregnancy. Nevertheless, according to Stevens and Conco (2021), only 7% of health facilities provide abortion services and an estimated 50% of abortions take place outside the formal health setting. Starrs et al. (2018) has shown that from 1994 to 2019 the abortion rate in South Africa has increased by a staggering 41%.

In South Africa, different pieces of legislation recognise young people as having decision-making agency in relation to reproductive health issues, namely: The Constitution of the Republic of South Africa of 1996, The Choice on Termination of Pregnancy Act of 1996, The National Health Act of 2003, The Children's Act of 2005 and The Sexual Offences Act of 2007. According to the Choice on Termination of Pregnancy (CTOP) Act in South Africa, children at the age of 12 are legally able to terminate a pregnancy without the consent of their caregiver. Children aged 16 years can lawfully partake in consensual sex, with the age gap between partners no more than two years.

Researchers have suggested that since the consenting age for both abortion and an intimate relationship is 12 years and above, sexuality education should reflect the laws of South Africa and, therefore, the needs of the learners. If South African Law deems learners who are still in primary school, developing both physically and mentally, mature enough to enter into decision-making about their bodies then investing in in-depth and age-relevant sexuality education programmes should be the main priority.

In-school and out-of-school programmes should start teaching SE at age 12 and ensure that in-depth discussions take place in these programmes for these young people to engage in sexual activity with full autonomy. These discussions would need to encompass issues such as choice, safe termination of pregnancy (TOP), different termination of pregnancy options and contacts, consent, safe sex, agency, and general topics around relationships like power and self-efficacy. These laws should act as a guideline to determine at what age sexuality education programmes should be introduced.

According to Mchunu et al. (2012), in their analysis of a household survey conducted in four of the country's nine provinces, 74.1% of pregnant adolescents (18-24 years) report falling pregnant due to a lack of knowledge. Of these adolescents, 55% were reported to not fully understand the potential consequence of sexual activity that would result in pregnancy.

Not only did they not understand the risk of unprotected sex, but an alarming 71.2% of participants also lacked the knowledge of how pregnancy would even occur.

Mkhwanazi (2013) stated that, when there had been a consistent decline in teenage pregnancies in South Africa over the decade of 2000-2010, there was little to no positive response from the South African government. This is because teenage pregnancy remains a widely commented government issue. For example, former Minister of Basic Education, Angela Motshekga, wrote that adolescent pregnancies risk undoing the efforts put forward by the government to ensure girls remain in school and complete their education. Although teenage pregnancy continues to be of concern, Jonas (2021) argues that the burden of South Africa's shortcomings has often been placed on the "irresponsible", "morally degenerative" and "demonised" young mothers. The rights of young school-going mothers are firmly protected by the South African Schools Act of 1996, which states that schools are to allow these learners to return after giving birth to complete their studies. Unfortunately, the Act does not remove the stigma associated with getting pregnant while still in school and subsequently returning to school (Mchunu et al., 2012).

Mkhwanazi (2013) noted that the teenage mothers in their study stated that while they knew about contraception and sex itself, they had not received sufficient education on the prevention of pregnancies. Although exposure to such conversations is available to learners through the LO classroom, as well as from their own family members, nurses and health professionals in the community and even NGOs, it was noted that the topic of sexuality education is uncomfortable and unfamiliar territory to navigate with older generations (Mkhwanazi, 2013). Although older generations typically have more evidence-backed information at their disposal, the inter-generational transmission of knowledge eroded due to the awkwardness stemming from conversations surrounding sex. The result is the emergence of half-truths and vaguely discussed basic sexuality education. For example, the issue of the different types of contraception instead of just abstinence and condom use. Young adults, therefore, tend to rely on conversations with their friends to learn about sex. However, some girls noted that they could not always trust their friends' perspectives on HIV prevention and contraception (Mkhwanazi, 2013).

Young mothers have reported feeling fearful, ashamed and judged because of their pregnancies, with many womxn stating that they were discriminated against because of getting pregnant at a young age. This discrimination not only came from family members and friends

but healthcare professionals who are supposed to care for them (Nkani & Bhana, 2012). Furthermore, many young mothers have also been blamed for using much-needed resources like the child support grant. Some young mothers have even been told that their pregnancy was purposeful in order to gain access to financial security (Mkhwanazi, 2013). It has been noted that such claims are untrue and not entirely unique to South African womxn. A South Africa study found, in support of the fact, that these claims lack evidence and there is also evidence that womxn (especially teenagers) who are in need of these grants, do not seek access to them (Woolard, 2022).

There is some knowledge surrounding how media and society affects the perception of these two concepts. Adams and Fuller (2006) stated that popular music and media have reinforced gendered roles, and Frith (2007) echoed these sentiments by arguing that these platforms create a heteronormative culture. Little to no space in mainstream media accommodates gender diversity. Instead, a significant focus on performative – and frequently objectified – femininity that is aimed at being consumed creates an imbalance of expectations.

The exploration of sexualities by young adults offers several important benefits, particularly in the breaking down the stigma surrounding conversations about sex. Bayton and Whiteley (1998) state that popular music entrenches gender roles within youth culture for both boys and girls. As many young people engage in online platforms and form friendship circles that extend beyond their schools, this digital connectivity provides opportunities to share support and information regarding sexual health. Considering the fact that online friend groups are often created from friendship circles in schools, the school environment is an appropriate place to delve into sexuality education.

Social media has also contributed to the “blesser” culture, a disparity in power dynamics within relationships and a commodification of the sexualisation of young adults (Thobejane et al., 2017). Virtual platforms make the convenience of consuming potentially risky objectification and overtly sexualised content more accessible and more normalised (Leibowitz-Levy, 2005). According to Stern (2006), girls are increasingly exploring the objectification of their sexualised selves online. Young girls tend to be the group that finds themselves under constant pressure to encompass the beauty standard of the time as well as conform to heteronormative standards.

Another central area to consider in sexuality education is the rise of the “blesser” culture in South Africa. During the apartheid era, many female migrant workers struggled to find stable income and steady employment. Some of these workers resorted to sharing living spaces and income with men in exchange for sexual acts (Mkhwanazi, 2013). Although the reason for the exchange may have changed slightly, in many cases today, young womxn who need access to funding to further their education or relieve themselves from poverty turn to these older partners for assistance (Mchunu et al., 2012). Add to this an adolescent whose studies has been interrupted by a pregnancy which has resulted in fewer opportunities for work, the idea of a “blesser” becomes even more enticing. The danger behind these types of relationships, although lucrative, is that young womxn are often in the position of least power. It has been stated that the uneven balance of bargaining power results in young womxn/ schoolgirls having difficulty advocating for condom use (Mchunu et al., 2012). The risk of pregnancy (or another pregnancy, in some cases) as well as contracting STIs runs high. In the case of particularly vulnerable womxn, however, they reported not only wanting to gain financial security but also a source of protection from rape and theft (Mkhwanazi, 2013).

Furthermore, there is a lack of negotiating power within relationships, which is further compounded by the social construction of femininity in South Africa. The concepts of virginity, submission and fertility, whilst upholding beauty standards, are usually associated with perfect femininity. The masculine indicators for South African men tend to lean towards virility in terms of strength, sexual domination, and provision often associated with fathering children (Varga, 2003). Apprehension towards contraception, subsequent teenage pregnancies, and an imbalance in power within young adults’ relationships can be attributed in part to the social construction of gender roles in South Africa (Swanepoel & Beyers, 2019). Making decisions within the relationship, being able to empathize and relate to the other sex, expectations, communication, and fulfilment of gendered ideas around sex are all effected by this imbalance (Varga, 2003). The innocence of young girls that continues to be reinforced in today’s digital and in-person spaces creates an image of submission that can be potentially damaging to the autonomy of young South African girls (Reddy & Dunne, 2007).

Gendered roles and the subsequent discrepancy in power in relationships have not only directly contributed to sexual acts themselves, but have created a systemic culture in South Africa called rape culture. Tlou (2023) states that South Africa is the rape capital of the continent. According to Colombini et al. (2019), it is estimated that a person is raped every 5

minutes in South Africa. In the violent offences category – which encompasses murder, rape, aggravated assault, robbery, property crime, and vehicle hijacking – rape (against womxn under the age of 17) is one of the most reported violent crimes in South Africa (Stats SA, 2024). Additionally, sexual offences are underreported due to "the sensitive nature of sexual offences" and the context through which information is gathered by Stats SA (2023 p. 41). Jones (2019) traces back the term "rape culture" to the 1970s in the USA. The term can be defined as the "gendered, racialized, sexualized, and class-based" narratives, as well as the everyday functioning, the language, and the institutional organization that reduces and normalizes sexual violence (Sexual Violence Task Team, 2016, p. 29). A rape culture, is, therefore, created in which individuals and communities are de-sensitised to sexual violence.

Rape culture in South Africa can be seen in the portrayal of Black womxn being controlled by and functioning under male-dominated violence just after the new democracy was formed. The high incidences of Gender-based Violence (GBV) were greatly publicised and influenced the way in which HIV/AIDS education was disseminated to the public (Jewkes et al., 2002). The need for sexuality education that would focus on empowerment and inclusivity, especially for young girls, was pushed by NGOs and womxn-led groups.

A large part of the push for sexuality education, both in schools and out of schools, was in response to the national crisis of HIV in South Africa (Francis, 2010). According to the South African Antenatal Sentinel HIV & Syphilis Prevalence survey, the prevalence of HIV within the 15-to-24-year age range was 27.5% in 2022, the year that the survey was conducted (Kufa-Chakezha et al., 2024). More recently, according to Stats SA (2021), the incidence of HIV is about 13.7%, totalling an approximate number of 8.2 million in 2021.

According to LoveLife, a SE-based NGO in South Africa that teaches sexuality education as part of their out-of-school programme, one of the reasons womxn fall into certain pitfalls, such as multiple partners and inconsistent condom use, is because of the societal perceptions and functioning on womxn empowerment (derived, amongst other things, from rape culture) (Arnquist & Weintraub, 2011). These have created obstacles for the full utilisation of empowerment-based programmes. To truly address womxn's empowerment in reproductive health, the main focus for developing sexuality education programmes should rather be on addressing young boys and men who play a major role in perpetuating rape culture. One such programme called Brothers4Life aims to assist young boys and men in unlearning and re-

learning their behaviour and the effects they have on womxn in general and within their relationships (Morell, 2012).

What also needs to be taken into consideration, are the experiences of differently abled youth. Much of what is known about this demographic is steeped in colonialist and medical biases. There is an idea that the differently abled body requires treatment in order to be normalised (Ubisi, 2021). Within the South African context, the Immorality Act of 1972 considered sex with differently abled people as criminal, and taboos surrounding disability continue to live on in certain societal narratives (Serrano-Amaya, 2017). For example, the discriminatory terms '*isidalwa'*, '*chirema'* and '*segole'* are still used in isiZulu, Shona and Setswana respectively for physically disabled people and denote someone who is inferior to others (Ubisi, 2021). Another example would be that some differently abled teenagers are excluded from traditional rites of passage ceremonies (Ubisi, 2021).

Access to healthcare for differently abled pregnant youth can be challenging as well. Smith et al. (2004) discovered that certain obstacles exist in accessing adequate SRH services. Differently abled womxn, just like many able-bodied womxn, were found to have strong desires to be in relationships, receive care and affection, and have children. The study found that this strong desire for companionship, unfortunately, left them at risk for rape and sexual exploitation. In a study by Ubisi (2021) nurses and midwives were apprehensive and would over-refer differently abled patients to bigger maternity facilities outside of their vicinity because they did not expect or were not equipped to consult with a differently abled pregnant mother. This was especially true for differently abled mothers with limitations in their mobility (Ubisi, 2021).

1.4. Overview of Chapters

The following chapter, Chapter 2, is a review of the literature on sexuality education with a specific focus on the South African context. There are eight main themes that I have identified which I discuss and explore. These themes are danger and disease, medicalisation, pleasure and desire, specific gendered categories, the disconnection between the sexuality education curriculum and the lived experiences, heteronormativity and discrimination, ableism, and contextual issues and information.

In Chapter 3 the theory of the research is discussed. Specifically, the SRC framework and its five areas relevant to sexuality education are examined in detail. Formative evaluation in relation to the research is interrogated and issues that are highlighted in the SRC are tackled. Furthermore, the *Masizixhobise* Toolkit as a template is scrutinised within the SRC framework.

Chapter 4 discusses the methodology of the study. Here the creation and content of the *Masizixhobise* Toolkit will be analysed in detail. This chapter will dissect the research question, design, formative evaluation as well as a priori themes as the choice of research design. The effects of COVID-19 on the research as well as the limitations of the research will also be discussed. Here the analytical method will be explained, which includes the use of the NVivo platform for thematic coding. Lastly, the ethical considerations of the research methods are interrogated.

Chapter 5 is the analysis of my data. I explore the themes of Macleod and Vincent's (2014) paper on sexual and reproductive citizenship and the *Masizixhobise* Toolkit and present the findings from the PSH course on Intergenerational Communication on Adolescent Sexual and Reproductive Health Rights.

In the final chapter, Chapter 6, I give an overview of the research and answer the research questions by way of the findings while situating these within the theoretical framework. I conclude this chapter by noting the limitations of this research and providing suggestions for future research.

1.5. Conclusion

In this chapter, I have given an overview of the research. I discussed the influence of apartheid, the spread of HIV/AIDS, and the misconceptions and beliefs that have been adopted over time on the LO curriculum, as well as how other African countries and international countries have influenced our current sexuality education in South Africa. I also discussed several concepts surrounding the context of sexuality education in South Africa, namely: sexual debut, teenage pregnancy, termination of pregnancy, non-official communication: peer and parent conversations, social media and popular music, blesser' culture, gendered power relations and SRH; Rape culture, HIV and disability and SRH.

Chapter Two: Literature Review

2.1. Introduction

In this chapter, I discuss the various literature available on Sexuality Education (SE). I describe the different approaches to sexuality education in South Africa, as well as explore a critique of each approach. I further analyse, interpret, explore, and expand on the various themes presented in the literature chosen. The eight main themes that have been discussed are danger and disease, medicalisation, pleasure and desire, specific gendered categories, the disconnection between the sexuality education curriculum and lived experiences, heteronormativity and discrimination, ableism, and contextual issues and information.

2.2. The Approaches to Sexuality Education

There are three main types of sexuality education programmes: abstinence-only SE, comprehensive SE, and critical SE (Francis, 2018; Haberland & Rogow, 2015; Mayeza & Vincent, 2019). The abstinence-only approach in South Africa is heavily linked to religion and culture. Abstinence-only programmes refer to sexuality education that exclusively promotes abstinence and does not provide information concerning condoms and contraception (Haberland & Rogow, 2015; Thin Zaw et al., 2020).

The abstinence-only sexuality education approach presents sex before marriage as a moral deviation and abstinence is portrayed to learners as the ideal behaviour of an individual with good morals (Francis, 2012; Mayeza & Vincent, 2019). Due to the moral-high-ground focus of this approach, the discussions in sexuality education do not encourage any kind of dialogue around sex (Francis & Kuhl, 2022). Therefore, the nature of this approach often excludes teaching about what aspects to consider before and after having sex, such as contraceptives. Studies have shown that those who receive an abstinence-only approach are often at higher risk for STIs, HIV/AIDS, and teenage pregnancy, due to their lack of knowledge regarding safety once they start engaging in sex (Kirby, 2008; Trenholm et al., 2008, Thin Zaw et al., 2020). A broad, and somewhat obvious, limitation of this approach is that it does not adequately equip youth with vital sexual knowledge (Kirby, 2008; Trenholm et al., 2008).

There are some nuances around the abstinence-only approach and the comprehensive approach. An abstinence-plus approach has emerged, where learners are taught about the basics of safe sex (condom use) along with a strong message of abstaining from sex. The South

African government employed a version of this by establishing the ABCD approach to sexuality education (Campbell & MacPhail, 2002). This acronym stands for: Abstain, Be Faithful, Condomize, and Delay sexual activity. It means to abstain from having sex; to be faithful to one partner; to use a condom when having sex; and to delay sexual activity (Francis & Kuhl, 2022). The purpose of the acronym was to help learners retain the information presented by their teachers and assist with quick decision-making in conflicting situations. Although this approach is more comprehensive from an official governmental perspective, it has a strong underlying message of abstinence (Campbell & MacPhail, 2002).

The second type of sexuality education programme, comprehensive SE, aims to decrease the risks around SRH among young people (Haberland & Rogow, 2015; Makleff et al., 2020) and is widely used in South Africa. Comprehensive SE focuses on: STIs; HIV/AIDS; unwanted pregnancies; risky abortions; contraceptives; decision-making; gender and human rights; the experience of gendered practices; gender norms and attitudes; gender-based violence (GBV); intimate partner violence (IPV); and sexual coercion and abuse (Makleff et al., 2020; UNFPA, 2015). Comprehensive sexuality education uses a holistic approach to sexuality and sexual behaviours (UNFPA, 2015). This approach is age-appropriate and aims to equip youth with SE knowledge, skills, and values based on their evolving needs and capabilities (UNFPA, 2015). According to Moodley (2015), the comprehensive SE approach attempts to give learners the information they need to make their own choices. It attempts to discourage the youth from participating in sex, while also equipping them with knowledge about safe sex if they do start engaging in it (Bhana et al., 2019; Shefer & Ngabaza, 2015).

Kirby (2008) reported that a combined approach to SE, i.e., abstinence and the use of contraceptives, indicated a positive impact on both the learners who were and were not sexually active, implying that the programme would be “realistic and effective” (Kirby, 2008, p. 24). Theoretically, this may be true. In practice, however, it still incorporates scare tactics that attempt to discourage youth from becoming sexually active (Bhana et al., 2019; Koch & Beyers, 2022; Shefer & Ngabaza, 2015). For instance, if you have sex, you will get pregnant or contract a disease (Bhana et al., 2019) and once you are pregnant, you will have to drop out of school and that will have long-term negative effects on your life (Shefer & Ngabaza, 2015). These scare tactics discourage learners from asking questions and engaging in sexuality education classes. While the approach teaches safe sex practices, it is presented as a *last resort*

to an individual's sexual status, leaving the underlying tone of discouragement to engage in sex (Shefer & Ngabaza, 2015).

The final approach is the critical sexuality education approach, which is a bottom-up approach to sexuality education that incorporates critical pedagogical principles[1] (Pattman, & Bhana, 2017; Sanjankar et al., 2015).

A bottom-up approach occurs when those traditionally involved in the learning part of a situation or are part of the daily lived experience of a situation become involved in producing and transferring knowledge. It includes expressed needs, where people within the group identify what they feel needs to be addressed (Forrest et al., 2004). Schroeder (2015) notes that what is taught in the classroom should be partly determined by the values and beliefs of the people in the group. Within SE, for example, learners could help with setting up the curriculum in the form of learner-led workshops or focus groups.

Using a critical pedagogical lens, sexuality education should include conversations between teachers and learners where both parties play active roles (Bay-Cheng, 2017; Lavie-Ajayi, 2020). Therefore, critical sexuality education is based on incorporating the perspectives of the learners and teachers into the sexuality education programme (Francis, 2018). Practically, this could include simply asking the learners what they want or need to know, as well as what they already know about the different aspects of sexuality education (Forrest et al., 2004). Jearey-Graham and Macleod (2015) explain the findings from their pilot sexuality education study where they used a bottom-up approach. They found at the end that the participants "positioned themselves within a responsible/ safe sexual discourse" as opposed to "having such a position imposed on them 'from above' by official sexuality education discourses" (Jearey-Graham & Macleod, 2017, p. 563). However, Francis (2013) notes that the unfortunate reality in a number of South African classrooms is that most schoolteachers are not trained to deal with a more participatory approach to teaching Life Orientation.

Critical SE is an empowerment approach where gender equality and human rights are promoted in the teaching process while learners receive information and skills about sexuality

[1] An educational philosophy or pedagogy is the beliefs, values and underlying message of a programme or organisation with respect to what they are teaching (Mahmoudi et al., 2012; Miller, 2000). From a very broad understanding, a holistic education "may include studies in experiences relevant to personal, intellectual, social, physical and spiritual development; work, vocation and employment; citizenship and community involvement; and creativity, aesthetic appreciation and cultural awareness" (The Scots College, 2017, p. 1).

education (Haberland & Rogow, 2015). The approach aims to empower young people, specifically young womxn and marginalized youth groups. This is done by instilling a sense of self within each learner as "equal members in their relationships" and providing students with the agency to safeguard their own health (Haberland & Rogow, 2015, p. 16). In this way critical sexuality education, theoretically, propels learners forward to apply the agency they have been equipped with to be active members in society (Haberland & Rogow, 2015). This dialogical approach involves the teacher actively drawing on their own experiences, as well as the experiences of their learners, to fill their lessons with a vision of social justice (Francis, 2018).

Critical SE seeks to acknowledge the power dynamics that exist between parties based on various demographics, such as class, sexuality, race, age, ethnicity, gender and sex-based inequalities, and even the intersectional positions occupied by individual parties (Francis & Kuhl, 2022). This is done by educating learners on the full extent of the power that sex and sexuality holds (Francis & Kuhl, 2022).

What makes the empowerment approach formidable is the critical aspect of it. The criticality lies in its encouragement of questions that challenge social norms, oppose discrimination, and open engagement and interaction from both teachers and learners (Jones, 2011). This approach allows for a different way of exploring SE, one that may be useful to learners and permit them to take ownership of their bodies (Scott et al., 2020). This directly links to the focus of the Sexual and Reproductive Citizenship (SRC) framework. The SRC framework, focuses on empowering youth to claim their agency and status as citizens (Macleod & Vincent, 2014). Critical sexuality education has not been extensively incorporated into SA classrooms but has mainly been used by non-governmental organisations (NGOs) (Peter et al., 2015). Where critical SE interventions or programmes have been introduced; however, they have been well-received by learners. In one study, learners noted the value that they felt, in being able to freely express themselves and have open conversations (Jearey-Graham & Macleod, 2017).

2.3. Themes and Critiques in Sexuality Education

There are a number of themes that arise from the sexuality education literature. The first is an over-emphasis on the danger and risks of engaging in sex. The second is medicalisation. The third theme is the missing discourse of pleasure and desire. The fourth theme is how sexuality education is gendered in its way of teaching, and thus reinforcing the

heteronormative perspectives and teachings. The fifth is the gap between teaching sexuality education from the curriculum and the knowledge gained from the lived experiences of the learners. The sixth theme is the resistance from parents regarding sexuality education curriculum. The seventh theme is the heteronormativity of sexuality education as well as the prejudice and discrimination that is experienced by minority peoples. The eighth theme is the exclusion of differently-abled bodies in sexuality education. The ninth and final theme is the issue of contextually relevant information.

2.3.1. Danger and Disease

A common theme that presented itself across many articles and publications about sexuality education programmes is the danger and risk associated with sex as the main focus. For example, the focus within sexuality education programmes is often to tell learners about the negative consequences of engaging in sex, such as, sexually transmitted infections, HIV/AIDS, unwanted pregnancies, and abortions. This knowledge is largely presented in a negative and scare-tactic manner with abstinence being the ultimate message (Shefer & Ngabaza, 2015). The fear of contracting sexually transmitted infections and HIV/AIDS is the consequence or disease aspect of having sex that is used to scare both young womxn and men (Caldwell et al., 1998; Shefer & Ngabaza, 2015). The *danger* aspect of sexual activity refers to unwanted pregnancies and the unfortunate reality of sexual violence. Various authors have shown that this scare tactic has been used for many years and is unfortunately still being used (Caldwell et al., 1998; Shefer & Ngabaza, 2015). This scare-tactic ultimately means that the programmes are not educating learners about safe sexual practices to help them be safe and look after their own health, but rather to send an underlying message that there is a punishment for being sexually active at a young age (Shefer & Ngabaza, 2015).

Shefer and Ngabaza (2015) conducted a study in the Eastern Cape and Western Cape in SA on the Life Orientation sexuality education programme looking at common discourses on womxn's sexual practices and desires. They found that the Life Orientation sexuality education reiterated common discourses on womxn's sexuality with the focus on danger and damage (Shefer & Ngabaza, 2015). This focus becomes the foundation of a surreptitious message to young womxn that denies them agency in the form of sexual desire and practices within the context of protection, regulation, and discipline in order to avoid "promised punishments of being sexually active" (Shefer & Ngabaza, 2015, p. 1). Sexuality education should not only focus on health as a measure of success, but also weave content on gender and

power throughout (Haberland & Rogow, 2015). Investment should be made in interventions aimed at multiple (health, social, and academic) outcomes (Haberland & Rogow, 2015).

2.3.2. Medicalisation

Inhorn (2006) discussed how womxn's bodies are very often medicalised and Shefer and Ngabaza (2015) have built on that work. Medicalisation is the extension of scientific medicine into all aspects of human life and often the normal stages of a womxn's lifecycle (Inhorn, 2006). This means that womxn, their bodies, and previously non-medicalised aspects of their lives are often steered in the direction of health and physical well-being with regards to periods, old age, sex, pain, etc. This medicalisation of womxn's bodies is reiterated in how womxn are written about in literature, presented in media, as well as in sexuality education programmes (Bhana, 2015; Shefer & Ngabaza, 2015). These three channels are very accessible to young people and exposure to this perspective of womxn's bodies has become a norm that many young womxn internalise (Shefer & Ngabaza, 2015).

Additionally, the focus on health risks is a problematic way of viewing the effectiveness of sexuality education when it is used as the only lens through which the effectiveness is evaluated (Francis, 2018). As important as health information and risks are to SE, the educational programme should emphasise more than that one aspect and include additional topics such as the emotional and psychological state of youth, and how healthy and stable relationships form between couples (Francis, 2018). While the incidence of teenage pregnancy and HIV in South Africa has highlighted the pitfalls of current sexuality education and womxn empowerment programmes, it must be cautioned that placing importance on disease to the extent of compromising discussion on gender diversity and sexuality leaves a major gap in SE.

2.3.3. Pleasure and Desire

There is a missing discourse of desire and pleasure in SE, particularly for womxn (Fine, 1988; Fine, 2006). The discourse of desire is based on explicitly naming sexual desire and sexual pleasure in an honest and positive environment that is open to sexual dialogue and critique (Fine, 1988; Jearey-Graham, 2014; Ndlela, 2019). Including a discourse of desire within a curriculum encourages the development of sexual subjectivity and sexual responsibility in a way that indirectly teaches sexual agency (Fine, 1988). Fine (1988) argues that sexuality education that incorporates a discourse of desire would focus on the student's

perspective and input, which would play a vital role in exploring and developing their own understanding of their sexuality (Fine, 1988). Ndlela (2019) agrees with Fine (1988), stating that a discourse of desire is capable of constructing a sexual subject whose empowerment allows them to act as a sexual agent in a manner that is conducive to sexual responsibility.

Allen (2007) took Fine's (1988) work, which concentrates on female desire, a step further. Allen (2007) stated that a discourse of desire should not only engage with the sexual desire and sexual pleasure of womxn, as Fine's (1988) discourse of desire does, but it should further encourage the recognition that all persons irrespective of various demographics have a right to sexual pleasure and desire. These demographics may include age, sex, gender, sexual orientation and gender identity. According to Allen (2007), all persons have a right to sexual pleasure and sexual desire, which should be entrenched through legal, cultural and religious fields (Allen, 2007). Ndlela (2019) agrees with Allen's argument takes it a step further by stating that all persons have a right to sexual pleasure and desire, as well as knowledge about those rights despite age, gender, and sex.

During discussions about sex, in formal and informal settings, there is a lack of communication and information on the desire and pleasure for womxn having sex (Francis 2009; Shefer & Ngabaza, 2015). There is also a lack of "literature in which women's positive sexuality is represented" (Shefer & Ngabaza, 2015, p. 2). The lack of communication and information on desire and pleasure for womxn is partly due to the fact that there is often shame surrounding sex and masturbation (Bhana et al., 2019; Saville Young et al., 2018). While there is some shame around masturbation for men (Koch & Beyers, 2022), it is heightened for womxn. Additionally, the manner in which womxn are often referred to, in sexuality education programmes, reinforces the idea that womxn do not have a claim to their own bodies and/or to feel pleasure during sexual activities (Bhana et al., 2019; Carboni & Bhana, 2019). Carboni and Bhana (2019) state that not addressing pleasure and desire is a missed opportunity to tap into a source of empowerment. They further note that sexuality is a resource for girls to claim power and status. When womxn wish to engage in sexual activities of any type, there is often an attempt to scare them into not taking part in said activities due to a fear of getting pregnant (Bhana et al., 2019). This conveys a hidden message to womxn that they do not have agency (Bhana, 2015). This underlying message also includes the concept of sexual pleasure and how it does not apply to womxn as much as it applies to men, if it applies to womxn at all (Bhana, 2015).

2.3.4. Specific Gendered Categories

Some studies found that the SA Life Orientation curriculum reinforced gender stereotypes (Jearey-Graham & Macleod, 2015; Shefer & Ngabaza, 2015). Stereotypes that relate to how different genders are spoken about in the curriculum reiterate cultural and societal norms of prescribed gender roles (Bhana, 2015; Shefer & Ngabaza, 2015). Shefer and Ngabaza (2015) note that cultural values and traditions promote patriarchal thought and masculinity. Butler (1990) further notes that gendered relations define a womxn as not a man, and a man as not a womxn, so each needs the other in order to exist. This extremely binary definition, unfortunately, excludes any non-binary individuals (Jearey-Graham, 2014).

Shefer and Ngabaza (2015) state that the Life Orientation curriculum is the ideal space and platform to change the narrative regarding gendered norms being taught to the youth of the country (Shefer & Ngabaza, 2015). Bhana (2015) and Francis (2017) support Shefer and Ngabaza (2015) in this idea. However, Shefer and Ngabaza (2015) do acknowledge the contextual situation in which Life Orientation exists and that there are negative aspects that hinder progress. For example, the complex and difficult task of promoting a young womxn's agency in the sexual sphere and context which is heavily influenced by "gender inequalities, normative violence, and poverty" (Shefer & Ngabaza, 2015, p.11).

There are many problems that present themselves when specific gendered categories are set up in sexuality education (Jearey-Graham & Macleod, 2015). One problem is that it excludes anyone who does not fit into the gendered categories of female and femininity, and male and masculinity but rather is non-binary in their expression of their body and gender (Nichols & Brown, 2022). Many non-binary people experience dysphoria from being gendered through their sexual and reproductive organs (Brown, 2022). This becomes an issue when sexuality education is focused on sexual and reproductive organs in sex (Brown, 2022). This focus on sexual and reproductive organs excludes non-binary bodies, who experience dysphoria through said organs, and exposes them to sexuality education that is relevant to them and their health needs, both physical and mental (Brown, 2022).

One school of thought on a solution to this is the inclusion of emotion in sex which is beneficial to all genders and sexualities (Bhana et al., 2019). Ingham (2005) notes a holistic approach to relationships and argues that when learners are given all the information and are

comfortable with each other, then they are less pressured into unwanted sexual relationships. The teaching of emotional connection during sex is beneficial because it promotes meaningful relationships between partners and discourages irresponsible sexual encounters (Bhana et al., 2019).

Furthermore, Shefer and Ngabaza (2015) explain that gender-normative roles and practices can contribute to other social problems in society. These problems include "high rates of HIV/AIDS, unwanted early pregnancy, and gender-based violence" (Shefer & Ngabaza, 2015, p. 2). One effect of the specific gendered categories is that it reiterates gender roles and thus reinforces the cycle of inequalities, discrimination, and oppression of womxn and queer bodies.

There is growing evidence that including an empowerment perspective in CSE is effective. Sexuality education programmes that attend to gender-based issues have a direct, positive impact on reproductive health (Haberland & Rogow, 2015). Since issues related to gender and power dynamics cannot be separated from SRH, it can be said that it is in the South African schools' best interest to include conversations around gender-based issues in society to see effective change (Haberland & Rogow, 2015). An example of this effective change is a programme called the Horizons Project in the USA. After discussing a more nuanced approach to HIV, negotiating condom use, healthy relationships, and pride in one's own gender and ethnicity, the project saw a 35% decreased risk of learners contracting chlamydia and an increased use of condoms (Davis et al. 2020).

An example closer to home is that of a school-based programme carried out in Kenya which sought to broaden young girls' knowledge on the dangers of intergenerational sex. Both interactive and critical thinking processes were used to illustrate the higher incidence of HIV in older partners and the consequences of engaging in sexual relationships in exchange for financial gain (much like "blesser" culture in South Africa) (Haberland & Rogow, 2015). As a result of this programme, the rate of early pregnancy was significantly decreased by 28%. A South African programme known as Stepping Stones saw a 33% drop in the prevalence of the herpes simplex virus after gearing empowerment and gender-based sexuality education towards the learners (Haberland & Rogow, 2015). This is a home-grown example of the impact that can occur when integrating gender and empowerment-based programmes.

2.3.5. The Disconnection Between the Sexuality Education Curriculum and Lived Experiences

Jearey-Graham and Macleod (2015) speak of a discourse of disconnect, regarding the sexuality education curriculum and the learners' lived experiences. This disconnect is the difference between the manner in which sexuality education classes are conducted or how parents discuss sex, and how sex is discussed and experienced in the participants' lives. A student's lived experience is the knowledge and understanding of sex which is formed through the accumulation of their encounters regarding sex (Schroeder, 2015). These may include, but is not limited to, sexual activity, sexual comments, innuendos, lyrics in popular music, scenes in films and series, and sexualised advertisements (Bhana et al., 2019; Moodley, 2015; Rue et al. 2021).

There are problems with how sexuality education is taught, including the curriculum itself. The curriculum for sexuality education has not adapted or changed much over the years and needs to be updated in order for it to stay relevant and informative for today's youth (Ndlela, 2019). Jearey-Graham and Macleod (2015) note that the Life Orientation curriculum largely addressed the danger-and-disease aspect of SE, but learners in the study found that the Life Orientation classes were not relevant to their lived experiences – the classes were repetitive and boring – and they learnt more about sex from their friends than the class (Jearey-Graham & Macleod, 2015). Peer and social information about sexuality that is based on the experience of sexual activity, was viewed as more significant by learners (Jearey-Graham & Macleod, 2015). On the flip side, the knowledge of sex, which is gained by learners from their friends, may not be accurate. It may be misleading, and it may exclude important factors related to risk.

Currently, most sexuality education programmes in SA are not an interactive learning experience for learners and teachers, but rather a one-sided process where teachers simply relay information to learners that the teachers or the Department of Basic Education deem as the necessary information. Teachers are often not well-equipped in this country to teach learners about sex and reproductive health (Cohen, 2023). As was noted earlier, Francis (2013) states that teachers are not properly trained to teach the current curriculum of SE, let alone a curriculum that is more interactive and participatory (Francis, 2012). This is supported and

furthered by Bhana et al. (2019), noting that teachers need to be trained, but also be able to question their own particular views and emotions on topics within SE. Teachers, in various studies, have noted that the teaching of sexuality education makes them feel uncomfortable (Francis, 2012; Shefer & Ngabaza, 2015; Moodley, 2015). This explains why there is often "vague and abstract language used to talk about sex"; because teachers feel awkward and embarrassed (Moodley, 2015, p. 39).

Moreover, an aspect that creates a divide between the sexuality education curriculum and the lived experiences is that teachers are often afraid to be honest about sex with the learners and are uncomfortable when conducting the programmes (Jearey-Graham & Macleod, 2017). The outcome of this is that the learners are often missing vital information that is not included in the curriculum. This results in learners turning to other avenues to seek answers regarding sex. These include peers, music, and the media – which often tune into their own lived experiences (Ingham, 2005; Moodley, 2015). Sexuality education teachers are portrayed and perceived by learners as a moral authority regarding sexuality, and thus, a barrier is formed between them and the learners. This barrier translates into learners not being able to be honest with their questions and engagement in the classroom (Francis, 2017a). Teachers instruct learners in the *correct* way to conduct themselves sexually. However, the manner in which the information is taught is passive, with no encouragement of engagement from the learners' side (Francis, 2017a). Sexuality education is often delivered in the "style of a sermon" with "no discussion, debate or interaction", which results in passive and unquestioning learners (Jearey-Graham & Macleod, 2015, p. 18). The barrier, therefore, also prevents teachers from being completely honest and open with the learners.

In addition, some teachers noted that it was challenging to present the sexuality education curriculum when their personal values did not match those of the curriculum (Francis, 2012). Francis (2012) suggests teachers should conduct a self-reflective activity before and after teaching the course, where they could include an acknowledgement of their own socialisation and their knowledge of sexuality (Francis, 2012). Masinga (2013) supports this idea of reflexivity stating that there can be a negative effect on sexuality education if a teacher is conflicted about information in the curriculum that needs to be taught when an aspect may not coincide with their personal morals and beliefs (Masinga, 2013).

As problematic as a risk or health focus on sexuality education may be, it is still relevant and important for young people to have a basic idea of how to engage in safe sexual practice (Jearey-Graham & Macleod, 2015). Lived experiences are important in gaining knowledge of sex and reproductive health as this is ultimately the foundation of learners' knowledge (Schroeder, 2015). Schroeder (2015) notes the importance of lived experiences and explains that the values and beliefs of the people in the group from a social, cultural and community context should help determine what is taught in the classroom.

Additionally, it is important for sexuality education to serve a purpose and to fulfil that purpose, rather than it being done because it is a requirement for the Life Orientation curriculum. Ingham (2005) suggested that sexuality education is effective when it takes place with individuals or groups where the people involved actively engage in the curriculum. This "effectiveness" is based on the education reducing health-related risks and ensuring knowledge retention (Francis & Kuhl, 2022). In addition to this, Ingham (2005) notes that it is important to not withhold vital information from the learners and to allow for and encourage critical analysis of the content and information (Ingham, 2005). This form of transferring knowledge creates a platform for individuals to become comfortable with their own bodies as they develop a deeper understanding of themselves due to genuine engagement in the curriculum (Brown, 2022; Francis, 2018).

Ingham (2005) also notes that several current problems may decline if people are given access to information about sex and the health risks involved. This may allow for a boost in learners' and educators' comfort in discussions around sexuality education and perhaps foster comfort with themselves, their own bodies and sexual lives (Ingham, 2005). This may make it easier to communicate their desires to their partner and to feel "less 'pressured' into unwanted sexual relationships", as individuals will be more comfortable regarding conversations about sex (Ingham, 2005, p. 375). The willingness to be open and engage with learners about sexual and reproductive health is a substantial benefit to critical SE. It could help learners make informed decisions regarding their engagement in sex and ultimately engage safely in sexual practices if and when they choose to follow that path. Schroeder (2015) supports these ideas of open information to youth about sex, stating that the classroom dynamic and curriculum should take into account the social, cultural and community environment. The openness regarding information from the teacher's side and openness for questioning from the side of the learners

will serve as a means to improve the engagement and effectiveness of the sexuality education programme.

2.3.6. Resistance from Parents Regarding Sexuality Education Curriculum

Teachers may not engage fully in sexuality education in Life Orientation due to fear that parents may criticise them as they believe that teaching about sexuality taints the presumed sexual innocence of learners (Mayeza, 2018). Some parents would go as far as stating that Life Orientation teachers are encouraging learners to become sexually active when they are too young and when the children cannot take responsibility or deal with the consequences of their actions (Smith & Harrison 2013). Parents' and guardians' criticisms of sexuality education often come from the idea that children are innocent and should remain so. This shifts sexuality education from childhood and confers it within adulthood (Mayeza 2018). One participant from Mayeza and Vincent's (2019) study even stated that if a female student got pregnant, parents would not only blame the Life Orientation teacher for encouraging learners to be sexually active but also insinuate that the teacher should take responsibility for the pregnancy.

2.3.7. Discrimination and Heteronormativity

In South Africa, sexuality education is not fully inclusive of queer youth as queer issues are often othered and covered in a separate section. Shefer and Ngabaza (2015) note in their review of sexuality education literature that youth are "always assumed to be heterosexual" (Shefer & Ngabaza, 2015, p. 5). The content of many sexuality education curriculums is largely written and presented in heteronormative terms and any sexual activity that is spoken about generally refers to the heterosexual penetrative sexual practice (Francis & Kuhl, 2022; Nichols & Brown, 2022). When queer bodies are mentioned, it is often not very encouraging or empowering (Moodley, 2015). This is due to queer youth usually being brought into the sexuality education discussion with a focus on the high level of danger and risk when queer people engage in sexual activities, for example anal sex. This is often explained from a place of judgement and is inevitably a tool used to further discourage queer sexual activity and discourage being queer as it is portrayed as being socially deviant (Forrest et al., 2004; Francis, 2019). Either queer people are not mentioned at all and there is a completely heteronormative framework to the course work, or they are mentioned in a problematic, degrading and risk-based manner (Francis, 2019).

The conservative and exclusionary (particularly of queer individuals) outlook on sexuality education is not only true for South Africa's curriculum but is also present in other African countries and the US. The United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNFPA carried out a review of SE that included 10 East and Southern African countries. These countries included: Botswana, Zambia, Kenya, Lesotho, Malawi, Namibia, South Africa, eSwatini (formerly Swaziland), Uganda and Zimbabwe. The UNESCO review found that education regarding sex and sexuality used fear and abstinence-only tactics, if at all, in the majority of these countries (UNESCO, 2012). Additionally, Koch and Beyers (2022) conducted a study investigating if comprehensive SE was in fact comprehensive and found that the use of tactics to instil fear was present and that there was still significant focus on prevention and abstinence. When queer sexual activity is mentioned, it's about a danger or risk (such as contracting STIs), and is therefore used as a fear-tactic that specifically isolates queer youth (Francis, 2019).

Findings from the study conducted by Forrest et al. (2004) indicate that the common discourse from young people exposes a dominant framework that portrays "heterosexuality as the norm" (Forrest et al., 2004, p. 349). This culture, that heterosexuality is the norm, is not just important and relevant for the learners being taught, but is also relevant for the teachers delivering the knowledge (Bhana et al., 2019). As discussed previously, teachers need training in SE, and perhaps particularly in the sexual and gender diversity aspects of the Life Orientation curriculum (Bhana, 2015; Francis, 2010, 2013).

Research has described the experiences of queer bodies within schooling before, and it is not a positive experience. Various authors have discussed the reality of queer bodies within the school context and note that there exists homophobic bullying, discriminatory attitudes among some staff towards queer learners, and there is almost a complete absence of addressing queer sexuality issues within the school curriculum (Ellis and High, 2004; Francis, 2017b; Hunt and Jenson, 2007; McNamee, Lloyd and Schubotz, 2008; Warwick et al., 2004, cited in Formby, 2011). Queer youth have also acknowledged that they have dealt with poor mental health, self-harm, self-destructive behaviours, depression and/or attempted suicide (Bhana, 2015; Formby, 2011; Francis, 2017b). While limited sexuality education is not the cause of these issues and it does not completely ignore queer issues, it is not sufficiently robust to confront the negative experiences that queer youth encounter within the classroom.

Sexuality education has failed to analyse varying gender, identity, sexuality, emotions, and lifestyles (Evans, 1993; Yuval-Davis, 1997), and it continues to do so (Francis, 2012). It is important for sexuality education to acknowledge the intersection of the identities of individuals. The intersectionality that naturally occurs in our society needs further attention in sexuality education programmes. The great need for critical sexuality education for queer and differently abled youth has been of particular interest over the past few years. In countries like the USA, Canada, and the United Kingdom there has been a focus on and a move towards being more mindful of inclusivity for youth groups that are historically marginalised (Ubisi, 2021). Swanepoel and Beyers (2019) discuss how the shift towards inclusivity has not been fully adopted in South African schools. Instead, school-based sexuality education tends to still provide learners with rigid frameworks and ideologies of gender and sex. This is in direct conflict with social justice. Despite the global shift towards social justice, educators have expressed difficulty with engaging in sexuality education that reflects social justice and that, in turn, rids the educational setting of previous inequalities (Ubisi, 2021). Educators struggle with negotiating different pedagogies.

Francis (2018) suggests ways to create inclusive learning experiences on topics of gender and sexuality diversity in SE classrooms. He suggests the repositioning of youth as knowledgeable agents, which will enable them to enter the SE classroom as experts on certain aspects of their own bodies and sexuality (Francis, 2018). In the absence of formal teaching and learning approaches to SE, there is a need for teachers and curriculum experts to recognize the internet or blended learning approaches as useful to deliver inclusive and sexual health information for queer youth (Francis, 2018).

Interventions should explore and focus on how NGOs and schools interlink and overlap in their teaching and learning of sexual diversity. NGOs have specific expertise on LGBT issues and have a track record of carrying this out well. Francis (2018) suggests schools and local NGOs build alliances to provide learner support to queer learners, parents and teachers. One of the participants in Francis's (2018) study described how a pamphlet that was given out by a local NGO highlighted information on sexual and gender diversity, stating that "it explained gender and sexual orientation like we were never taught about in class" (p. 782). This shows the importance of the research as well as how the theory of learning needs to be put into practice. In this research, it corroborates the need for evaluation forms of research within SE in order to improve SE programmes.

2.3.8. Ableism

During the eugenics movement, differently abled people with severe disabilities were categorised as being sexually perverted and criminal by nature (Ubisi, 2021).The term eugenics is the belief and practice of *improving* the genetic quality of a human population by controlling who is allowed to reproduce. The concept gained notoriety in the late 19th and early 20th centuries. In 1957, South Africa amended the Immorality Act of 1927 to criminalise sexual relations with persons with mental disabilities (Serrano-Amaya, 2017). The eugenics movement promoted the idea of *breeding out* traits that society had deemed undesirable. It was used to justify policies, such as forced sterilisation and marriage restrictions (Ubisi, 2021). This unethical and discriminatory practice targeted marginalised groups, such as differently abled people (Ubisi, 2021). All of this added to the discrimination inflicted on differently abled people.

Differently-abled learners are not only excluded from sexuality education but are often also excluded from research (Chappell et al., 2014). As a result, there exists a historical gap in research relating to the needs of differently abled learners. The childhood exploration of their sexuality has often been viewed as taboo and impacted the perception society had of differently-abled individuals' sexuality. Differently abled individuals are not often depicted as victims, and when they are depicted at all, they are portrayed as subjects to be studied, rather than human beings to learn from and interact with (Chappell et al., 2014).

Although healthcare professionals saw a need for more inclusive sexuality education in schools, the stigma surrounding differently-abled sex, sexuality and pregnancies still exists. These findings were echoed by a South African study by Mavuso and Maharaj (2015) who found that differently abled individuals in Durban may not reach out for SRH, fearing the judgement and stigma that healthcare professionals still exhibit. This judgement runs the risk of differently abled individuals becoming more susceptible to contracting HIV and other STIs. Without unprejudiced, safe healthcare and representational sexuality education available for differently abled learners, exposure to STIs, teenage pregnancies, and sexual exploitation is likely to run high.

Although the discourse of innocence is also related to abled youth, it is more pronounced concerning differently abled youth, as it is believed that sex will never be part of their lives (Chappell et al., 2014). Differently abled youth are often seen as childlike or entirely

asexual with the misconception that learners will never engage in sex or their sexuality (Chirawu et al., 2014). In some cases, however, the misconception is that by educating differently abled youth on SE, they may become hypersexual instead, resulting in these learners becoming sex offenders (Chirawu et al., 2014). For example, some differently abled teens and adults, particularly those with intellectual disabilities, may engage in masturbation not only out of curiosity but as a self-soothing act (Chappell et al., 2014). This may add to others misconstruing differently abled learners as promiscuous (Chappell et al., 2014). Some of these individuals may not be able to discern when and where masturbation is appropriate (in a public setting as opposed to in private) (Chirawu et al., 2014). However, both ideas that a differently abled student is either void of sexual desires or may completely take their sexuality education to the extent of assaulting others, dehumanises the individual as well as their experiences. Moreover, these findings add to the already ableist society we find ourselves in, whereby individuals with disabilities may not receive the same access to opportunities in life, based on their disability and the perceptions people have of their specific disability.

The study conducted by Chirawu et al. (2014) investigated the beliefs and practices of teachers with regards to providing sexuality education to differently abled learners in KwaZulu-Natal. The schools that were involved in this study included schools for the deaf and hard of hearing, blind and visually impaired, severely intellectually disabled, and Cerebral Palsied, and schools that cater to a combination of disabilities. Teachers reported being uncomfortable with topics surrounding sexual behaviour, sexual dysfunction, and condom use, despite feeling confident in related topics such as relationships and personal hygiene. According to the International Classification of Functioning, Disability and Health – Child and Youth (WHO, 2007), a differently abled person should be looked at holistically. Their body structures and functions, activities, and participation in life should be considered as well as the environmental factors that influence their everyday life. The lack of adequate sexuality education for differently abled youth, limits, restricts and denies them the right to information (Chappell et al., 2014). Considering that people with disabilities tend to be at a greater risk (of exposure to STIs, poverty, sexual abuse, and limitations in their access to health care), the need for effective sexuality education for these learners is vital (Chirawu et al., 2014).

The misconceptions about differently abled learners have long-lasting consequences inside and outside the walls of the classroom. Differently abled learners were noted as lacking in knowledge of HIV as well as in agency and self-efficacy in making decisions on sexual

matters and condom use (Chirawu et al., 2014; Dawood et al., 2009). These issues have been linked to the high prevalence and increased risk of differently abled people being exposed to sexual abuse and violence as compared to able-bodied individuals (Hughes et al., 2012). The lack of sexuality education in Special Needs Schools and the misconceptions reinforced in society and in the classrooms by teachers who are not comfortable with certain sexuality education topics further compounds the idea that differently abled people are easier targets to bully (Hughes et al., 2012). This is not only due to physical limitations but also as a result of issues with effective communication with others. These learners, whether physically or mentally restricted from defending themselves, are left more vulnerable in potentially harmful situations than able-bodied learners. Furthermore, due to the disabilities that a differently abled student has, they may not be seen as a reliable witness to take the stand in court if they ever come forward about the abuse (Chappell et al., 2014).

Effective SE, however, should not simply be taken straight from a mainstream school setting and applied to the Special Needs School setting. A sexuality education programme needs to represent the imagery and fear of a differently abled student along with the practical solutions relevant to their needs (Hanass-Hancock et al., 2018). For example, in the case of a paraplegic student, sexuality education should include answering questions about deficits in sensitivity, lubrication options and sexual dysfunction solutions (Karkaus-Rikberg, 2000). Another example may be in the case of a visually impaired student who may struggle with self-esteem issues based on the fact that they feel they are not attractive enough for their partner which could hinder intimacy (Karkaus-Rikberg, 2000).

It has been reported that more attention within sexuality education should be focused on learners with intellectual disabilities as this specific group of learners seem to be a more complex group to teach (Hanass-Hancock et al., 2018). Although each disability is different and each person with a disability is entirely unique, learners with intellectual disabilities have not benefitted as much from the available research because healthcare workers and other stakeholders tend to find quicker and more effective solutions to sexuality education for those that have physical impairments (Andrews & Lund, 2016). This may be due to the complexity of the intangible nature of an intellectual disability.

To tackle these issues, mainstream sexuality education not only needs reform in its own right but also needs further tailoring for the differently abled student. This may require a multi-

disciplinary effort that involves Occupational Therapists, Speech-Language Therapists and/or Physiotherapists to address sex and sexuality as part of the activities of daily living and communication goals. Unfortunately, this is not always possible, especially in rural schools that may struggle to provide learners with basic stationery, let alone specialised therapies (Andrews & Lund, 2016; Hughes et al., 2012; Karkaus-Rikberg, 2000; Sicking, 2013).

2.3.9. Contextual Issues and Information

Taking into consideration all the above factors that influence and are included in sexuality education programmes to date, from a practical perspective, sexuality education should be viewed as a contextually rooted concept from which learning can occur (Smith & Harrison, 2013). As mentioned, sexuality education, because of its perceived sensitive nature, is best suited for discussion in the confines of the classroom or specific out-of-school locations and amongst same-aged peers who experience similar issues and can lend their own knowledge under the supervision of an equipped educator. Swanepoel and Beyers (2019) added that for change in perceptions about sex and sexuality to occur as well as for a health-related change to occur in South Africa (e.g. HIV incidence to decrease), the conversation started and supervised through evidence-based programmes needs to extend to outside the walls of the classroom. These other spaces are the school system, home environments, and the greater community. By extending conversations about sexual and reproductive health and rights, systemic change can occur, and the imparting of communal learning can be re-integrated into the educational system (Smith & Harrison, 2013).

Ensuring that SE programmes tackle all contextual issues in South Africa can be quite difficult as these issues are not only inherently nuanced but are often linked to the individual's own values, which may conflict with the content. The contextual factors mentioned, such as taking into account gender diversity, racism, classism, ableism, age, and the learners' socioeconomic status should be addressed. Programmes that promote inclusivity and empowerment in these spheres have been proven to effect change. Individually, learners may also contribute to discussions more freely when they feel represented and supported (Francis & Kuhl, 2022). Furthermore, it has been found that the incidence of HIV in developing countries is higher among the youth and, in particular, among young womxn (Francis & Kuhl, 2022). Despite efforts to educate this group on prevention, it has been reported that sexuality education programmes lack the necessary link of a concept such as prevention to the more realistic everyday situations of young people who may find themselves in differing

socioeconomic circumstances. In an environment where financial security can be scarce, sexual acts can be used as a means to receive this security and to further the individual's life (Mkhwanazi, 2013).

This was observed in Hallman's (2004) study that looked at data collected in 2001 in KwaZulu-Natal. A household survey that investigated the sexual conduct of 14- to 24-year-olds in differing socioeconomic climates revealed that in places where poverty and inequalities were rife, HIV incidences were high and the likelihood of womxn entering into transactional sex as well as coercive sexual relations was also high. This correlated with both young men and womxn taking on multiple partners and engaging in risky sexual behaviours such as inconsistent condom use. As a result, these attitudes and behaviours could be linked to the high incidences of teenage pregnancies in low socioeconomic areas. The specific demographic of young, orphaned womxn was one of the more susceptible groups to succumb to these ills. People in disadvantaged areas within developing countries not only struggle to attain and then maintain wealth but also, due to their financial situation, struggle to gain access to SRH services or even media that can disseminate accurate sexuality education (Hallman, 2004).

In relation to the issue of considering the socioeconomic status of certain areas, the resources available to different schools must also be highlighted. Since private schools often have adequate funding to provide interactive education as opposed to public schools, the differences in the widespread application of sexuality education must be investigated. For example, in poorer public schools, basic infrastructure like chairs and whiteboards are lacking whilst videos and anatomy models can be displayed and illustrated in private schools. The types of schools (public or private), as well as the location of schools, are often indicators of the different resources the school has access to. A private school in an affluent area versus a public school in a poor or rural area, or a private school in a poor area versus a public school in a wealthy area, will have different resources at their disposal to teach learners. Although the quality of education should not differ when educators themselves should be equipped with a similar knowledge and skill set. The reality is that not all educators are equipped to the same degree and, therefore, there may be a difference in the understanding of sexuality education from school to school (Bhana et al., 2019; Francis, 2012). This shows just how important teacher instruction and education is.

Greater research, thus, is needed on how schools in different contexts meet their own challenges. In addition, educators need support through the process of unlearning and re-learning the much-needed new contextual factors of sexuality education. Considering that there is significant pressure on educators to be, at times, the sole source of information for learners, the need for the school system in South Africa to become involved in sexuality education is of utmost importance (Swanepoel & Beyers, 2019). Also, awareness of how the teacher's own upbringing, background, and values, influence the way they teach sexuality education needs to be addressed.

2.4. Conclusion

In this chapter, I have explored the various themes that exist within the literature regarding SE, particularly exploring the main topics in this area of research. These themes are as follows: danger and disease, medicalisation, pleasure and desire, specific gendered categories, the disconnect between the SE curriculum and lived experiences, resistance from parents regarding the SE curriculum, discrimination and heteronormativity, ableism, and contextual issues. I have explored how these themes have been researched previously and how further reform and research is needed in order to propel future sexuality education into a space through which all people feel equipped, represented, and supported. This research will be conducted using Partners in Sexual Health textual and online materials. PSH use an empowerment approach in their teaching of the SE programme. PSH provides various HIV/AIDS and SRH services to communities, in order to improve the health and lifestyle outcomes of all youth.

Chapter Three: Theoretical Framework
Sexual and Reproductive Citizenship (SRC)

3.1. Introduction

A theoretical framework is used as a perspective for interpreting the literature and data within a research project. A theoretical framework is a lens through which to view the research. This will be the case in this research project. In particular, this research used the Sexual and Reproductive Citizenship (SRC) framework, as conceptualised by Macleod and Vincent (2014). This framework underpins the *Masizixhobise* Toolkit, which was used for the analysis of the data. It is, therefore, important to understand the conceptualisation of the SRC in order to understand the choice of this framework for the research.

This chapter will outline the concepts from Macleod and Vincent (2014) regarding the SRC framework. The SRC framework outlines five areas relevant for including SRC in SE. The five areas that Macleod and Vincent (2014) discuss as key concepts to consider when using the SRC framework for sexuality education are status and practice, differentiated universalism, the interstice of the public and private spheres, situated agency at the interstice of citizenship as status and practice, and the politics of recognition and redistribution. Therefore, each of these areas will be discussed for them to be applied to the research in later chapters. Macleod and Vincent's (2014) paper critique and expands upon Fine's 1988 paper on the missing discourse of desire. Macleod and Vincent's 2014 paper continues to expand upon Fine and McClelland's 2006 paper on including desire in sexuality education, ultimately suggesting a sexual and reproductive citizenship.

3.2. Overview of Frameworks that Inform the Sexual and Reproductive Citizenship Framework

A sexuality education intervention evaluation can use several different approaches when creating or evaluating a sexuality education course. The public health framing of sexuality education is one of the most widely used frameworks for sexuality education in South Africa. A public health framing of sexuality education focuses on improving the knowledge, attitudes, and behaviours around sexual and reproductive health. This approach views the decline in sexually transmitted diseases, HIV, and early pregnancies as the main aim of sexuality education for youth. It is this framing that enables the construction of the danger,

disease and damage rhetoric as discussed in chapter 2. The overarching premise is that if learners know, for example, how HIV is transmitted and how to prevent transmission, and they have the right attitude toward it, then their behaviour will follow suit and this will result (in theory) in a decrease in HIV transmission (Koch & Wehmeyer 2021). Unfortunately, this is not necessarily true in practice as Koch and Wehmeyer (2021) indicate that the teaching of HIV and pregnancy prevention correlates to lower levels of HIV and teenage pregnancy, but does not necessarily indicate causation.

The pleasure and desire framework as conceptualised by McClelland and Fine (2006), is referred to in Macleod and Vincent's 2014 paper. McClelland and Fine (2013) encourage researchers, policymakers, and those involved in sexuality education curricula and course creation to situate desire as an entry point. Fine and McClelland (2006) mention that young womxn need to learn and develop a language to name the aspirations, wants, and urges of their sexual life (and in their lives generally). They argue for a set of publicly funded enabling conditions that correspond with economic, cultural, sexual, healthcare, security, and reproductive rights (Fine & McClelland, 2006). Sanjakdar et al., (2015) support Fine and McClelland (2013) and argue for open discussions on sexual desires and impulses with young people and therefore allow them to develop and redevelop a language of sexuality that is not mainly focused on "risk, reproduction, and the avoidance of disease" (Sanjakdar et al., 2015, p. 62).

The sexual and reproductive rights (SRR) framework is a human rights approach. The term *human rights* is broad and includes many basic rights that all South Africans are guaranteed under the Constitution of the Republic of South Africa (1994). What is ground-breaking is that reproductive rights were included in basic rights and were afforded to all people within the Republic (Cameron, 2017). While this inclusion of reproductive rights in the Constitution exists, South Africa is still a country that is plagued by reproductive rights injustices (Cameron, 2017). For example, abortion is legal in South Africa but there is a stigma associated with getting an abortion and people continue to access abortion through unsafe channels (Gresh & Maharaj, 2014; Jim et al., 2023).

The framework is based on the premise that sexual and reproductive rights are in fact fundamental human rights and should not be treated as secondary rights. This means that sexual and reproductive rights should not be less important to the government or communities than other human rights, such as the right to life or shelter. Thus, the framework treats sexual and

reproductive rights as necessary for all persons, including people of different genders or sexualities. The SRR was conceptualised at the International Conference on Population and Development in 1994 through discussions on sexual and reproductive rights. The framework was further affirmed at the Beijing Fourth World Conference of Womxn in 1995 (Blickley, 2019).

The sexual and reproductive rights framework has been taken up in sexuality education in South Africa by being attached to the public health approach to SE (Bhana 2015; Ngabaza & Shefer, 2019; Shefer & Ngabaza, 2015). In this way, the SRR framework rarely stands on its own in SE (Bhana 2015; Ngabaza & Shefer, 2019; Shefer & Ngabaza, 2015). South African youth are taught through SE about their SRH rights within HIV, teen pregnancy prevention, and same-sex marriage, for example, access to abortions without parental consent is taught (Ngabaza & Shefer, 2019). It is, however, important to note, that the knowledge imparted does not necessarily create behavioural change among youth. Therefore, SE cannot be said to be the main contributing factor to lowering sexual health indicators, such as HIV/AIDS, teenage pregnancy, and STIs rates.

Over time, the sexual and reproductive rights framework has been used in numerous research papers on sexual and reproductive issues, and has thus undergone significant development (Alzate, 2008). The sexual and reproductive rights framework uses intersectionality to allow research to focus on more than one marginalised group at once, for example, black queer womxn or transgender Hispanic men. This allows for holistic consideration and research for marginalised communities (Faccio et al., 2013). This is especially important because marginalised individuals are rarely found within a vacuum of marginalisation (Vaggione, 2020). In other words, it is often the case that a person who is marginalised because of one aspect of their lives, such as being queer, is also part of another marginalised community, such as people of colour or womxn. The SRR framework thus allows for a focus on rights for these communities in a more contextualised light. It has a more significant impact on the research that uses the framework (Berglas et al., 2014).

The Sexual and Reproductive Justice (SRJ) framework has two main prongs: rights and justice (Ross, 2017). The rights-based prong emphasises the entitlement to sexual freedom, bodily self-determination, and reproductive autonomy (Ross, 2017). The justice-based prong involves moving beyond the individual by foregrounding conditions that may obstruct the realisation of these rights. The Sexual and Reproductive Justice framework involves the idea

of two forces that need to work together. The first is the human right to make decisions about one's life. The second is the obligation of the government to ensure that environments are suitable for individuals to make informed decisions (Ross, 2017). The SRJ framework aids in the intersectionality of legal frameworks and social science frameworks to achieve a combined approach to reproductive justice (Mukherjee et al., 2021). The attractiveness of this framework lies in its explicit recognition of the ways that sexual and reproductive autonomy, the ability to exercise one's rights in these areas, are constrained by inequalities rooted in individuals' social positioning (e.g. age, class, race, ethnicity, and gender) (Jearey-Graham & Macleod, 2017).

Although the sexual and reproductive justice framework brought together rights-based advocacy and intersectionality, it was limited in its primary focus on rights (Faccio et al., 2013). This means that the framework does not consider aspects such as citizenship or empowerment that later frameworks such as the SRC could consider. This means that while the SRJ framework was more diversified in the issues that it considered, it was not inclusive of aspects that related to belonging such as citizenship and the inherent tools to combat injustices like empowerment (Judge, 2020). The framework allowed for the incorporation of multiple identities in rights-based and advocacy-based research (Faccio et al., 2013). The goal in educational spaces should be to use an approach that is most holistic to benefit youth who are of different backgrounds and face different challenges in their lives (John, 2017). This is where the sexual and reproductive citizenship approach comes in.

3.3. Overview of Sexual and Reproductive Citizenship Framework

The SRC framework was selected for numerous reasons; these will be discussed below. In the case of this research, the SRC framework is useful due to its application for sexuality education research. It is important to see how the framework was developed and what it encompasses. Additionally, it is important to ensure that this research is framed within a holistic approach. This holistic approach is part of the reason for choosing the SRC framework for this research. The SRC framework encapsulates many aspects of the approaches above but also considers aspects such as rights, empowerment, and citizenship. Macleod and Vincent (2014) outline how key elements of feminist and queer citizenship theory could be taken up in sexuality education that draws on critical pedagogy. It will be seen throughout this chapter how the sexual and reproductive citizenship framework encapsulates aspects of other approaches as well as the specific concepts of sexual and reproductive citizenship – all of which will be important to analyse the data in this research project.

This research uses a framework that places a focus on empowerment (Macleod & Vincent, 2014). The SRC framework aims to shift the focus from the conventional teaching of sexuality education in South Africa, such as abstinence-based teaching, and a focus on danger and disease. This focus shift will move from creating responsible youth to empowering youth to claim their agency and status as citizens (Macleod & Vincent, 2014; Richardson & Turner, 2001). This is done through the framework's emphasis on the role of rights, empowerment, and agency within communities and for individuals.

Understanding these concepts is paramount when discussing the SRC framework. Citizenship can be understood as the expression of agency (Lynch et al., 2016). The concept is grounded in the idea that a person's rights are individual but take place within a community, which influences and affects their ability to exercise these rights. Agency is the ability to evoke or take up one's rights. Lister (2003) differentiates between the simple agency of everyday actions and citizenship agency, but indicates that they are intricately intertwined: "To act as a citizen requires first a sense of agency, the belief that one can act" (p. 39). Empowerment, on the other hand, is the ability to use one's agency in a manner in which one is uplifted and can engage in one's rights and citizenship (Grose et al., 2014).

Macleod and Vincent (2014) note that the exclusion of particular people from full citizenship currently exists. Kahlina (2013) argues that citizenship is not the same for different people in relation to sexualities, (hetero)sexual citizenship is at the top of the hierarchy. Volpp (2017) adds to this concept that queer individuals do not experience the same form of citizenship that heterosexual, cisgender individuals experience. "[C]itizenship is not available to be queered, given how it inevitably splits the world into those who belong and those left outside" (Volpp, 2017, p. 153). This means that the status of being queer in society does not allow for full citizenship, as there are clear boundaries in place within communities that include heterosexuality but exclude queerness. This sense of inclusion and exclusion affects the access that different types of people experience. Within this, the changes in intimate citizenship include the separation of sexuality and reproduction and the achievements of the lesbian, gay, and bisexual rights movement, such as legal changes which directly affect the rights of queer people (Plummer, 2003).

3.4. The Sexual and Reproductive Citizenship Framework

The SRC framework was first conceptualised by Macleod and Vincent (2014). It was initially premised on a critique of a paper by Fine (1988) on the missing discourse of desire. Macleod and Vincent (2014) note that the human rights frame has helped develop literature and activism related to citizenship. However, this framework (human rights approach) is inadequate in dealing with locating sexualities within political and social context.

The standard approach to citizenship rights is the Marshallian approach. The Marshallian interpretation of citizenship is threefold: civil, political, and social rights. Civil rights refer to individual rights related to freedom. Marshall (1950) notes that this encompasses "liberty of the person; freedom of speech, thought, and faith; the right to own property and to conclude valid contracts; and the right to justice" (p. 30). The political aspect refers to a body or group of authority, such as government or parliament. The social aspect refers to societal institutions, such as a school or university. Lister (2003) notes that these three aspects of citizenship were predominantly created by men and for the benefit of men.

Macleod and Vincent (2014) refer to Lister's feminist re-working of the notion of citizenship. In relation to rights, Lister (1997) notes that rights are often an expression of heterosexual male values and power and are sceptical of the individualistic nature of rights (Lister, 1997). The twinning of rights and responsibilities can, she points out, be used by the political right to promote a "duties discourse" (Lister, 1997, p. 31). This is a danger that has implications in terms of sexual and reproductive citizenship. Macleod and Vincent (2014) argue for the strategic use of feminist and queer re-workings of citizenship (and within this, the notion of rights) as a frame for thinking about the incorporation of sexual and reproductive citizenship into sexuality education.

Richardson and Turner (2001) recommended that the discussion of citizenship has to be extended by discussing the relationship between reproduction, sexuality, and entitlement. Sexual and reproductive citizenship involves the understanding of gender and sexuality in the context of self-empowerment within systems, and it touches on political agendas relating to queer bodies (Richardson & Turner, 2001). The framework aims to empower individuals within their personal identities. This is done by exploring a variety of sexual and gender identities in an inclusive manner to promote the empowerment of these identities. The SRC framework focuses on the multiple influences of intersecting social identity positions in order

to show the inclusions and exclusions that impact sexual and gender minorities in different ways (Macleod & Vincent, 2014).

An integral aspect of the SRC framework is the notion of sexual citizenship. This is related to the emergence of and the recognition of gender and sexualities within the social sphere as well as a legal sphere, noting the call for queer rights not only around sexuality but gender as well. This need for recognition can be seen as an important aspect in terms of the emergence of sexual citizenship (Evans, 1993). It has been argued in queer movements that sexual liberation, including the rights of queer bodies to choose their own sexual orientation, is a crucial part of a civilised and democratic society, like South Africa.

According to Richardson and Turner (2001), sexual citizenship encompasses sexuality and gender rights into two sub-categories. The first of these categories is sexual entitlement. This includes the right to reproduce under the conditions of one's own choosing, as well as entails questions such as the people with whom one can reproduce. The second category is the general theories of sexual citizenship in terms of lifestyle and consumerism (Richardson & Turner, 2001). This includes the right to sexual choice, fulfilment and pleasure, and the rights of sexual consumption, for example, with whom one can enjoy sexual intimacy and under what conditions (Richardson & Turner, 2001).

Citizenship is a concept that has many interpretations within many contexts. Within this research, and in sexuality education in South Africa, citizenship allows for a person to own and exercise their agency within the context of being a part of their community. In this way, citizenship has a close link to rights. This is because having citizenship allows individuals to invoke their rights in many contexts. Within sexuality education, this can be seen when an individual is able to understand and exercise their rights with autonomy. In this way, citizenship is not only something that can be achieved, but it is also a concept that needs to be continually achieved by an individual and within a community.

3.5. The Five Aspects of the Sexual and Reproductive Citizenship Framework

Macleod and Vincent (2014) create and explore five aspects of the SRC framework in relation to sexuality education. The areas Macleod and Vincent (2014) outline and discuss are status and practice, differentiated universalism, the interstice of the public and private spheres, situated agency at the interstice of citizenship as status and practice, and the politics of recognition and redistribution. These aspects will be discussed below.

3.5.1 Status and Practice

In terms of status, the SRC framework focuses on the multiple intersecting social identity positions in order to show the inclusions and exclusions that impact people, in particular minority and marginalised groups in different ways (Macleod & Vincent, 2014). In this way, the framework allows for the inclusivity of social identities in research and is one of the major strengths of the framework. Through identifying multiple influences of the intersection of social identity positions, the framework also allows for a deeper understanding of the histories and the injustices faced by communities.

Status can be defined in this context as belonging. This is in relation to the inclusions and exclusions of society. In theory, status should be given freely within society according to international human rights. The WHO indicates that sexual and reproductive rights should be universal (Fried, 2003; Fried, 2013). National citizenship status demarcates those seen as belonging (and therefore eligible for the rights enshrined in the country's constitution and legislation). However, the WHO indicates that rights in relation to sexual and reproductive health should be universal. Therefore, sexual and reproductive citizenship status should apply no matter the national citizenship of a person.

Having status does not necessarily mean that people are able to take up their status in practice. This is because other factors influence the practice of one's rights, such as context, power relations, and societal norms. In this way, practice relates to the act of engaging with this status, engaging in the questioning and action about individuals' citizenship as status, and the rights that they are entitled to due to their status as citizens (Macleod & Vincent, 2014).

There are three sub-streams within sexual rights discourse: conduct-based, identity-based, and relationship-based rights (Richardson, 2000). Conduct-based rights encompass rights related to sexual behaviour, such as the right of consent to sexual practice in personal relationships, the right to freely choose our sexual partners, and the right to sexual relationships that are recognised and not discriminated against in public (Richardson, 2000). Identity-based rights refer to sexual rights regarding self-determination (if or when to reproduce), self-expression, and self-realisation (for example identifying as queer) (Richardson, 2000). Relationship-based rights are rights between parties that are physically intimate, such as when and how a couple wishes to engage in sex. For examples the right to participate in sexual activity and the right to pleasure (Richardson, 2000).

The attractiveness of this framework lies in its explicit recognition of the ways that sexual and reproductive autonomy, and the ability to exercise one's rights in these areas, are constrained by inequalities rooted in individuals' social positioning (e.g., age, class, race, ethnicity, and gender) (Jearey-Graham & Macleod, 2017).

One of the ways that this can be seen is through the idea of "Citizenship as status refers to belonging" (Macleod & Vincent, 2014, p.15). This sense of belonging relates, in part, to a person's place in society. This can be seen in how the part of society that a person identifies with allows them to identify with others. For example, a person who identifies as queer will identify with others in that community and will have a sense of belonging in that part of society; however, they may not feel a sense of belonging in all areas of society (Jang, 2020). This refers to the inclusion and exclusion of belonging within society. It is particularly important for queer individuals who are often excluded from various social institutions due to their sexual and gender identity (Macleod & Vincent, 2014). The practice of status allows a person to find a place within society and therefore find belonging in their personal identity that may also be represented in a community within society (Jang, 2020).

For example, Morison and Lynch (2019) explored the narratives of gay men regarding their experiences of reproductive citizenship and sense of belonging within the parenthood community. Citizenship is understood as status *and* practice, therefore carrying a set of rights, having knowledge about them, and being able to exercise them fully. Morison and Lynch (2019) found that gay men's other identities (particularly race and economic status) played a significant role in their experiences of feeling that they belonged.

One of the key issues for critical sexuality education is that people are not taught about their rights, i.e., they do not have knowledge of them, and they are not able to exercise them fully. It is, therefore, important that this knowledge becomes a key part of the curriculum. Additionally, the issue of not being able to invoke one's rights will hopefully be improved by people at least being aware of their rights and understanding them, for example, being able to legally be a part of any sexuality, knowing about this right and acting upon this right is where status and practice intersect.

3.5.2 Differentiated Universalism

Differentiated universalism draws on fundamental universal rights, such as the right to healthcare or education. The concept of universalism suggests that all young people have a right to sexual and reproductive healthcare, and that there is some commonality in the needs of people (e.g., good antenatal healthcare). However, in reality, groups of society have different or unique experiences to each other depending on context. For example, queer people may have different needs to heterosexual people with regard to rights (Mkhize & Maharaj, 2021). In addition, individuals with (different) identities that are marginalised, for example, women, lesbians, people of colour, etc., are not a homogenised oppressed group over space and time. The differentiated past of universalism is when rights are applied without regard to the local context or to the power dynamics that exist (Macleod & Vincent, 2014). This encompasses differences of experiences between dissimilar groups, as well as differences of experiences within the same group.

Differentiated universalism involves three aspects (Macleod & Vincent, 2014). These three areas are all related and connected to one another. The first is an examination of the exclusion of marginalised groups, such as womxn, queer people, and disabled people, from citizenship (Macleod & Vincent, 2014). The second aspect is the appreciation of diversity and recognition of differences among and between groups of society, in relation to the first aspect (Macleod & Vincent, 2014, p. 18). The third aspect is "the creative tension between difference and universalism" (Macleod & Vincent, 2014, p. 18). This creative tension should be embraced through "a politics of solidarity in difference and a pluralist politics of community" (Macleod & Vincent, 2014, p. 18). This means that not only do marginalised groups experience fundamental rights differently to non-marginalised groups, but that this difference in experience is not the same for all marginalised groups. The SRC approach therefore advocates for fundamental rights for all, but also for those rights to be considered within the context and power dynamics that exist for all types of marginalised groups.

Macleod and Vincent (2014) state that discussions in sexuality education should engage with differentiated universalism, as well as inclusions or exclusions of various people relating to Sexual and Reproductive Citizenship. Differentiated universalism in sexuality education is the critical reflection on the different ways people experience society because of their identities and the context in which they exist.

3.5.3. Interstice of the Public and Private Spheres

Macleod and Vincent (2014) argue that sexuality education should acknowledge that citizenship is differently shaped for different people by the interaction of public and private spheres. The public sphere is viewed as representing universalism, justice, and independence, while the private sphere represents care and dependence (Macleod & Vincent, 2014). The interstice of the public and private spheres is the gendered separation of the public and private spheres. Individual decisions are influenced by their social, economic, geographic, and community environments. There is an emphasis on how individual decision-making is located within the social environment.

Public spaces are often regulated and managed in a way that excludes certain groups of people (Ryan-Flood, 2011). Thus, the concept of public space is misleading because many people are excluded from public spaces due to their age, gender, race, sexuality, and disability (Ryan-Flood, 2003). The public environment is often experienced as heteronormative, such as hospitals, schools and neighbourhoods (Ryan-Flood, 2011).

An example of the public sphere's view can be seen in a 2011 study done by Ryan-Flood surrounding research which involved the public perspective of queer parenthood. Ryan-Flood (2011) notes that parenthood is supported by clearly defined heteronormative parameters. This shows that queer parents, in the case of this study lesbian parents, come into the parenthood space as outsiders and 'others'. In the study, they noted that there was a detrimental effect on lesbian parents in the study who received healthcare from medical staff with homophobic attitudes, particularly during prenatal and antenatal care. Additionally, the daily environment became an incredibly stressful one due to the heteronormative perceptions and understandings of a family, which infiltrated the reproductive healthcare space (Ryan-Flood, 2011).

Sexual identity and sexual orientation are likely regarded as part of the private sphere due to their intimate and personal nature; however, owing to the stigma and discrimination faced by queer people, it is clear that this is not the case. This is due to the legal reality for queer people, i.e., not being afforded certain human rights or not being able to practice certain rights, sexual identity, and orientation, depending on their context (Morison & Lynch, 2019; Ryan-Flood, 2011).

The two aspects of the sexual and reproductive citizenship framework, status and practice and the interstice of the public and private spheres, overlap in some ways (Macleod & Vincent, 2014). There are connotations attached to public and private space. These connotations are that men and masculinities are traditionally associated with the public space, while womxn and femininities have often been confined to the private or domestic sphere (Ryan-Flood, 2003). For example, the intersecting of public and private spaces is based on the inclusion or exclusion of minority groups, such as queer people (Macleod & Vincent, 2014). The minority group may have rights in theory and within policies, but, in reality, they are not able to use the rights and put those rights into practice. Furthermore, queer people within the queer community may be able to be open about themselves elsewhere as the community functions as a private and safe space. They may not be able to be open in most public spaces due to fear of discrimination or violence.

An example of the seemingly intangible yet tangible reality of public versus private space is illustrated by Ryan-Flood (2003) through the exploration of discount policies and their heteronormative presence in societal institutions. For example, museums may only offer family discounts to heterosexual nuclear families. Additionally, family travel rates may be denied to lesbian parents and their children (Ryan- Flood, 2003). Macleod and Vincent (2014) note that the benefits of medical aid schemes and pension funds are in favour of heterosexual nuclear families and the reverse for homosexual families.

3.5.4. Situated Agency at the Interstice of Citizenship as Status and Practice

Macleod and Vincent (2014) state that situated agency is the capacity for agency that occurs within the social context that influences it. Individual decision-making is located within the social space; therefore, decisions are influenced by the individual's social, cultural, and economic environment.

Often it is assumed that once given citizenship status and rights, people will have autonomy to make decisions and take up these rights. However, agency cannot be removed from the context within which it exists; it is always situated within context. Having a right does not mean that people are able to act upon that right. The individual may be severely constrained from acting upon the right and therefore have different access to take up their right compared to individuals with different identities or social locations. Thus, rights and agency are not absolute but are situated within their context and may vary in access. An example of this range

of access is the refusal of services such as assisted insemination for lesbian couples or individuals in a relationship who have two uteruses. In many countries, this clearly shows the heavily regulated nature of medical treatment, where queer people get the short end of the stick (Ryan-Flood, 2011). This often forces queer people to seek supportive services outside of national borders and boundaries. This has a number of other implications, including financial and safety considerations (Ryan-Flood, 2011). Firstly, the costly nature of seeking medical treatment and support outside of the biomedical structure often means that medical aids and hospital plans will not cover the finances of the treatment, and the individuals will have to take on the entirety of the costs themselves (Ryan-Flood, 2011). Additionally, some queer individuals may resort to the illegal and black market in order to get the treatment or medicine they need (Ryan-Flood, 2011). This comes with dangerous consequences if something goes wrong medically or if the persons they seek treatment from take advantage of them in some way, for example, financially or physically (Ryan-Flood, 2011).

3.5.5. Politics of Recognition and Redistribution

The politics of recognition is the right to recognition of diverse sexual orientations and gender identities. It is thus important that this aspect of the sexual and reproductive framework be included in a critical sexuality education programme. Specifically, questions should be asked, and answers explored, regarding how the politics of recognition will play out in society (Macleod & Vincent, 2014).

The politics of redistribution is the right to the fair and just distribution of social resources. In order to achieve justice, both recognition and redistribution are needed. A significant portion of the literature on sexual citizenship is based on identity politics: the fundamental right to recognition based on sexuality (Aggleton et al., 2018; Macleod & Vincent, 2014). The idea behind the politics of redistribution is to abolish class differences, as first written by Fraser (2003). Fraser (2003) discussed the abolishment of class differences and the redistribution of social resources. Through rights and policymaking, communities can act on these rights to demand fair and just distribution of social resources that can impact reproductive justice and sexual rights. An example of this would be demanding equitable redistribution of governmental financial resources toward sexuality education and clinics that include training on different genders and sexualities.

The politics of recognition follows the same logic. Recognising different genders, disabilities, and sexualities follow the fulfilment of the needs and rights of these groups of society. Thus, it can be argued, that by recognising these groups of people in sexuality education, these groups of people may become recognised and included in communities. This then allows for communities to recognise the needs and wants of these groups and has a bottom-up effect on society (Fraser & Naples, 2004). Similarly, the politics of reparation argues for entitlements to legal, health care, and social reparations where harm has been caused through sexual violence and other forms of abuse – both interpersonal and through harmful social systems (Durbach & Chappell, 2014). Once injustices are recognised in society, reparations follow. This is because the ingrained reaction of modern society is to react to injustice with reparations, be that punitive measures or measures to prevent future injustices. The politics of recognition is interwoven with the politics of redistribution alongside the politics of reparation.

A "two-pronged approach (the politics of recognition and redistribution) is even more pressing … when the intersection of such axes of differentiation as race, class, gender and sexuality are considered" (Macleod & Vincent, 2014, p. 25). For example, queer black people currently experience issues like overcrowding and poverty, and this reduces their ability to utilise their legal recognition without the requisite resources (a problem relating to the politics of redistribution). Perfectly stated by Macleod and Vincent (2014), "the question of medical aids, pension schemes or adopting children becomes a moot point in the face of economic deprivation" (p. 25). What this means is that without proper economic distribution to allow for less of a gap between the rich and the poor in South Africa, the importance of rights and a need to fight to access them is overshadowed by more basic needs such as food, shelter, health care, and welfare. This is the idea that without basic jobs that enable people to have food or shelter, they are less concerned about secondary rights or needs, as mentioned above.

3.6. Critique of Sexual and Reproductive Citizenship and the SRC framework

While there are no published critiques of the framework, there are some difficulties in implementing it. As an example, in countries where queerness is prohibited, the freedom to express one's identity does not exist (Richardson & Turner, 2001). In this way, implementing the framework is extremely difficult, and dependant on the political regime of a country. This becomes particularly difficult in unstable regions, such as certain parts of Africa, where political regimes are continuously changing. In South Africa, the legal climate is positive

towards and in favour of queer rights (Altman et al., 2012). However, an important distinction to make is that there is currently a gap between having a legal right or set of rights on paper and the ability to enforce said rights and reap the benefit of those rights (Macleod & Vincent, 2014).

Discrimination may occur when people try and assert their rights, by members of society that do not fully agree with the rights. The use of SRC framework, from a sexuality education perspective, relies on an individual's ability and readiness to express themselves in democratic countries, which often have stigmas still attached to queerness. While people may know their rights and try to assert them, other individuals may not agree with these rights and further try to intimidate or make the individual uncomfortable. For example, in South Africa, queer people do have legal rights, such as the right to marry and the right not to be discriminated against in the workplace (Ubisi, Tsabedze & Fourie 2023). However, they still experience social and professional discrimination based on their sexual orientation (Francis, & Reygan 2016; Mavhandu-Mudzusi, 2016; Ubisi, Tsabedze & Fourie 2023). Therefore, queer people may, in theory, have certain rights but, in reality, may not be able to reap the benefits of those rights. This may be due to possible stigma or rejection from family members and friends, as well as discrimination from strangers who may invoke violence against them due to their sexual orientation and gender identity (Morison & Lynch, 2019). For example, in a small community, a queer individual may not wish to be seen invoking a particular right as this may force them to out themselves (reveal their sexual orientation) or gender identity to a stranger with the fear that said stranger might compromise their secret to others in the community (Morison & Lynch, 2019). This can be seen in an example where a queer person was seeking health-related advice and treatment that relates to their sexuality (a medical issue which is typically related to the stigma of an illness thought to be related to homosexuality). If they are seen going to a specific clinic, the queer individual may find themselves surrounded by stigma or discrimination from community members (Morison & Lynch, 2019). Alternatively, the queer individual may reveal their sexual orientation or gender identity to a health professional, and then the health worker may out them to other community members (Morison & Lynch, 2019).

Additionally, queer individuals are often discriminated against by health workers and workers in places of authority or power (Baldwin-Ragaven, 1999). This sense of power may not seem like a major factor for a marriage officer in home affairs/municipality, for example, but as that individual has the control/final say to decide whether or not a queer couple will be

able to marry, which will affect their lives, it is a significant element of power. This was the case in South Africa until very recently. According to the law in South Africa since 2018, marriage officers in home affairs were allowed to refuse to marry a homosexual couple due to their own personal “religious” and other beliefs (de Vos, 2017, p. 449). This is still the case in many countries (Uzodike, 2011). However, in a massive win for queer rights in South Africa, this has been overturned, and marriage officers now must marry queer couples and no longer have the choice to refuse due to personal homophobic beliefs (May et al., 2021).

Another example is when an individual wants to undergo a name and sex change on their identification document (ID) in order to reflect their gender and not the gender they were assigned at birth. The individual undergoing the name and sex change on their ID may receive a number of intrusive questions from a figure of authority at a municipal building (Klein, 2008). This government worker may not realise their sense of power, but they have the ability to fulfil this individual’s sense of acceptance of who they are in a very tangible way (Klein, 2008).

Additionally, with respect to empowering and taking ownership of one’s intersectional identity, there are real dangers of rejection from entire communities because of the stigma attached to minority groups, such as expressing one’s queer identity or acknowledging one's status in an interracial relationship (Mayo, 2010). These consequences create an entirely different dimension to owning an identity and empowering oneself through sexual and reproductive citizenship. Fear of violence may deter queer couples from expressing their sexuality in everyday behaviour. For example, in a public space, couples may choose not to hold hands for fear of violent acts of discrimination (Ryan-Flood, 2003).

3.7. Conclusion

Macleod and Vincent’s (2014) argument is that it is insufficient to merely tack on the notion of sexual and reproductive citizenship to existing programmes without fundamentally questioning how these programmes do or do not interweave with the premises of the citizenship theory advocated and the pedagogical assumptions made. This framework can make a real difference to sexuality education programmes and to those receiving the education. It is not a framework that wants to sweep important and challenging issues under the rug and not deal with them or have programmes appear progressive and helpful, but to genuinely embark on change that benefits the learners. This framework seeks to include information in sexuality education that is particularly relevant to previously disadvantaged groups, as these groups are

currently discriminated against in social spaces despite laws and policies in place against these forms of discrimination.

This framework may be valuable as a focus for sexuality education as it potentially equips the learners better for their lived realities. It does this by encompassing a broad range of issues that are relevant to young people's lives. The range of issues is inclusion and exclusion, sexual and gender identity, relationships, decision-making, agency, understandings of bodies and behaviours, sexual health and well-being, social responsibility for building a sustainable culture of ethical and respectful relationships, values, family diversity, and political knowledge – how power and resources are dispersed (Macleod & Vincent, 2014). These have been argued to be more relevant to young people's lives and to their early education (Robinson, 2012).

This formative evaluation research will benefit from an empowerment focus regarding the teaching of sexuality education in order to instil empowerment in youth and to get youth to claim their status as citizens entitled to sexual and reproductive rights, which is why the SRC framework was used. The *Masizixhobise* Toolkit is based on the sexual and reproductive citizenship framework introduced by Macleod and Vincent in a 2014 paper. Their framework includes a critical pedagogical approach to sexuality education that, they argue, could breach the gaps identified by Fine and McClelland (2006; also see Fine 1988). The *Masizixhobise* Toolkit is an evaluation tool used to assess a sexuality education programme based on the five aspects of the framework as conceptualised by Macleod and Vincent (2014). The *Masizixhobise* Toolkit is a set of manuals or guides that allows a researcher to evaluate sexuality education programmes within the sexual and reproductive framework (Macleod & Moore, 2022; this will be explained in more detail in the methodology chapter of this thesis.

Chapter Four: Methodology

4.1. Introduction

In 2021, the Critical Studies in Sexualities and Reproduction (CSSR) at Rhodes University produced the *Masizixhobise* Toolkit. The *Masizixhobise* Toolkit is an instrument with a twofold purpose: firstly, to evaluate and refine an organisation's youth sexuality education interventions and, secondly, to assist in designing new sexuality programmes (Macleod & Moore, 2022). Applying the *Masizixhobise* Toolkit to an existing intervention can help generate recommendations for improvement in line with the empowerment objectives of the SRC. This is beneficial to an organisation in order to amend, adapt or enhance an intervention. In this way, it is a formative evaluation tool (Ford-Paz et al., 2019; Stetler et al., 2014). Specifically, the *Masizixhobise* Toolkit assesses whether an intervention conforms to the principles of Macleod and Vincent's (2014) Sexual and Reproductive Citizenship (SRC) framework discussed in the previous chapter.

Within this chapter, the creation and content of the *Masizixhobise* Toolkit will be looked at in detail in order to understand its use in the analysis chapter, Chapter Five. Furthermore, in this chapter, I explain the research questions and research design. Specifically, I discuss the different research design approaches available within this research and explain why formative evaluation was chosen. The chapter will then look at the data collection that took place, the effects that the coronavirus pandemic had on it and discuss the analytical methods that were used within the data analysis. Within this chapter, I discuss the steps within the analytical method used and how the use of NVivo aided this analytical method. The limitations and trustworthiness of the analytical method will also be considered, as well as an explanation of how the limitations of this analytical method affected the research. Lastly, the ethical considerations of the research methods will be discussed. Here, the ethical considerations will be interrogated within the research, and a discussion on how these considerations were limited follows.

4.2. Creation of the *Masizixhobise* Toolkit

As covered in the introductory chapter, this research project evaluated components of a capacity-building course run by a South African NGO, PSH. The course is titled 'Intergenerational Communication on Adolescent Sexual and Reproductive Health Rights'.

This course was held in person from 2016 to 2019. Subsequently, however, it was halted due to the coronavirus pandemic. This research aimed, therefore, to evaluate elements of the course run by PSH, using the *Masizixhobise* Toolkit, for future implementations of the course in subsequent years post-coronavirus pandemic. Due to the uncertainty of the coronavirus pandemic, it was unclear at the time of conducting this research when the course would be rerun. It was thus decided that this study would focus on the textual materials rather than the running of the actual course. Subsequently, the write-up of these findings was delayed owing to personal circumstances.

Within the Intergenerational Communication on Adolescent and Youth Sexual and Reproductive Health and Rights, there are four components that encompass the entire dataset. There are two manuals (a facilitator and a participant manual), a book consisting of a glossary of LGBTQI+ terms (created by an external organisation), as well as a resource section of information from PSH's website regarding teenage pregnancy and sexual and reproductive health and rights. The facilitator's handbook was produced for the course by PSH in partnership with the Department of Social Development's (DSD) National Population Unit. The 108-page Facilitator's Handbook provides all the reference information for the facilitators of this course, while the participant's handbook holds the same topics but is formulated to be more participatory in nature for the participants.

I used template analysis to evaluate these components of the PSH programme. The template that I have used to analyse the data is the *Masizixhobise* Toolkit, the development of which is referred in Macleod and Moore (2022). The *Masizixhobise* Toolkit can be used to assist in the development of new programmes and for the improvement of existing programmes. In addition to this, the *Masizixhobise* Toolkit can be used to examine how a programme is able to promote inclusive and process-based understandings of sexual and reproductive citizenship and undermine patriarchal, heterosexist, and ableist premises of citizenship. The *Masizixhobise* Toolkit was produced using a deductive approach, rather than an inductive approach, and was created by Sarah Moore (Macleod and Moore, 2022). Inductive themes are produced in from the bottom up, while deductive themes are produced from the top down (Brooks et al., 2015). Themes for the *Masizixhobise* Toolkit were created based on the critical sexual and reproductive citizenship framework conceptualised by Macleod & Vincent (2014).

There are five themes within the *Masizixhobise* Toolkit; these are based on the themes from the sexual and reproductive citizenship framework conceptualised by Macleod and Vincent (2014). This research used the *Masizixhobise* Tool G, Manual and Textual Analysis. This part of the guide is intended to be used when conducting an analysis of manual and textual materials for sexuality education programmes or interventions. This research project will contribute both towards refining this new toolkit by implementing it for the first time, as well as towards generating a set of recommended adaptations for the programme run by PSH.

The naming of the *Masizixhobise* Toolkit was an internal process in the CSSR department. The process of naming the toolkit was done with the purpose to create a name that reflected the intentions of the toolkit for its use in evaluating SE programmes. The intention was to create a toolkit that seeks to evaluate and change a SE programme that lets youth realise their agency and take up their status as citizens. The members of the overall research project worked to name the toolkit. It initially had a long acronym for the toolkit - the Intervention Refinement Instrument based on Sexual and Reproductive Citizenship (IRIS/RC). A reviewer of a chapter Macleod and Moore (2022) wrote based on the development of the toolkit critiqued the notion of intervention (it suggests something implemented from outside) and also of the instrument (very technicist). We agreed with these critiques and decided to try to think of a new name for the toolkit. It was then that we thought that we would try to use an isiXhosa word to locate the toolkit as being developed in this country and the Global South more generally. We consulted with a native isiXhosa speaker in our research unit, who gave us various options. These options were then narrowed down to four final options, which were:

i. Isixhobiso - empowerment toolkit
ii. Ukuxhobisa- empowering toolkit
iii. Zixhobise – self-empowerment toolkit
iv. Masizixhobise - let us empower ourselves toolkit.

Thereafter, we consulted with an additional four isiXhosa-speaking members of the research unit who noted their understanding of each option and voted for the one they thought best fit our research and its approach. This was done in order to recognise the nuances of language and the importance of conveying the correct message. All the members voted for option number four, *Masizixhobise*. The members of the research also voted for the fourth option. The term *'Masizixhobise'* means let us arm and/or equip ourselves and takes on a more collective/group approach rather than an individualistic one. *Masizixhobise* is the most

synonymous with a participatory sort of collective call to empowerment. It also encompasses the fact that the toolkit is for everyone not just a single person and it was developed with the youth in mind. This is based on years of research conducted at the CSSR or taking into consideration what the youth needs or say they need with regard to sexualities education and programmes.

4.3. The *Masizixhobise* Toolkit

The full *Masizixhobise* Toolkit consists of seven guides (appendix A). A programme design guide for the designing of new programmes; an interview guide for programme facilitators; a focus group guide for programme facilitators; interview and focus group guides for programme participants an interview guide for programme participants; an observation guide; and a manual and textual analysis guide. This research project uses the manual and textual analysis guide (appendix C). This part of the *Masizixhobise* Toolkit guide is divided into five sections and consists of 15 questions in total. The sections are all related to sexual and reproductive health and consist of: sexual and reproductive rights; contextual issues; power relations; legislation, policies, and political participation; and educational processes.

There are three categories of rights that Richardson (2000) identified regarding sexual citizenship. These categories of rights are conduct-based, identity-based, and relationship-based rights. Conduct-based rights encompass sexual practices within personal relationships. This includes the right to sexual pleasure and the right to bodily autonomy. Identity-based rights centre around sexual and gender identity. This includes the social and public realisation and recognition of a person's identity. Relationship-based rights include the right to consent to sexual behaviours in relationships and the right to public validation of forms of sexual relationships within social institutions.

These categories of rights are interwoven and thus there is overlap between them. All of them centre around how people should treat each other in sexual encounters. The understanding behind these categories of sexual and reproductive rights is to respect the person with whom one is engaging in sexual activity, as well as their identity and their decisions. Macleod and Moore (2022) added an additional category of rights when creating the *Masizixhobise* Toolkit for the inclusion of SRC into sexuality education courses which is sexual and reproductive rights. Sexual and reproductive rights is an umbrella category for the other

categories of rights. Sexual and reproductive rights include access to healthcare goods, services, and facilities that are affordable, appropriate, and of a good quality. It also includes healthcare that is free from discrimination and stigma. They also include access to accurate information on sexual and reproductive health issues. The four categories of rights are important to include in a sexuality education programme because part of sexual and reproductive health rights is knowledge on health, healthcare, and issues surrounding health services, and must therefore be included in sexuality education course materials.

Section 1 looks at sexual and reproductive rights. It consists of eight questions that reveal, through the textual analysis, which sexual and reproductive rights are covered by the intervention under evaluation, and in which way the topic of rights is presented. The first four questions explore the discussion of the data relating to the different types of rights: sexual and reproductive, conduct-based, identity-based, and relationship-based rights. There are three questions that explore legislation, policies and political participation. The final question in this section is created in order to reveal to how the intervention covers the question of the active exercising of sexual and reproductive rights.

Section 2 focuses on contextual issues related to sexual and reproductive health. It consists of one question that reveal to what extent and how the intervention addresses the issue of context in facilitating inclusion and exclusion from sexual and reproductive rights.

Section 3 addresses power relations related to sexual and reproductive rights. It consists of two questions that reveal whether the intervention addresses power relations in sexual and reproductive decision-making and the provision of health care.

Section 4 relates to situated agency. This section consists of three questions that identifies how the intervention covers the subject of decision-making and agency.

Section 5 looks into educational processes. It consists of one question that investigate the pedagogical framework utilised by the intervention.

4.4. Research Questions

4.5. This research sought to establish (1) how is PSH's SE programme inclusive (specifically, in status and practice), contextually sensitive (through looking at differentiated universalism), empowering (in terms of situated agency), process-based (whether that is public and private) and just (relating to politics of recognition and redistribution); (2) to establish whether PSH's SE programme undermines patriarchal, heterosexist, and ableist premises of citizenship and, if so, how this is affected. **Research Design: Evaluation Research**

The research design used in this research is evaluation research. Evaluation research is presented as an assessment (Ford-Paz et al., 2019). This specific research design is used to evaluate or assess a programme, intervention, concept or materials. Evaluations seek to understand how effective the approach or programme is, as well as its impact on the target group (Stetler et al., 2006). Undergoing evaluations are helpful in order to ensure that the intervention is still effective for those receiving it. They are also done in order to help standardise ongoing interventions or programmes (Stetler et al., 2006).

An evaluation of a programme can take place during or after the implementation of a programme or intervention. There are different types of evaluation research; they are summative, outcome, impact, process, and formative evaluation (Phillips, 2018). The results of the evaluation can allow the facilitators to make adjustments to the programme before it is implemented again (formative evaluation) or to help the programme during the implementation processes (process evaluation). A completion phase programme typically uses a summative, outcome or impact evaluation. The completion phase evaluation could explore the short-term outcomes as well as long-term outcomes, or this evaluation could assess the overall performance of the programme, such as its sustainability.

A summative evaluation of an intervention is done when the intervention has been completed. This type of evaluation considers the programme or intervention in its entirety and is therefore done at the end of an intervention (Blake et al., 2012). The evaluation is judged in

relation to a set of criteria. Summative evaluation can, therefore, also be used to develop future goals for a programme (Blake et al., 2012). An outcome evaluation is focused on the future effects of a programme or intervention, thus determining whether it is successful in achieving its objectives. An impact evaluation is focused on the long-term outcomes of a programme/intervention. It aims to identify the impact of a specific piece of work on those involved in the intervention. Impact evaluations are largely concerned with identifying and measuring short, medium, and long-term changes in attitudes and behaviour that can be attributed to the programme. Thus, this type of evaluation needs a long timeframe for the programme or intervention. It also needs an expert and potentially a large number of resources in order to undertake the measurement of each of the specific changes over time.

A process evaluation is done to evaluate a programme or intervention based on its ability to achieve what it has set out to do. This involves whether or not it has reached its target group, whether those receiving the intervention are satisfied and if all aspects of the intervention have been implemented as they were intended. Process evaluation uses reflection and feedback on the process in order to inform immediate responses to current and future situations, as well as future planning.

A formative evaluation is used to assess an intervention regarding *how* it can be improved. The data from the research can be used immediately to help the community or those involved in the intervention. Formative evaluations allow for adjustments to be made to a programme or intervention based on theoretical principles underpinning the intervention (in this case, empowerment), and/or on field testing (Ford-Paz et al., 2019). The goal of evaluations is to improve the design or performance of an intervention (Ford-Paz et al., 2019). This is done in order to maximise the feasibility and acceptability of the intervention or programme in a real-world setting (Ford-Paz et al., 2019). It is conducted when a new programme is developed or when an existing one is being adapted.

4.6. Formative Evaluation

In this research, a formative evaluation was used to provide an understanding and evaluation of how the PSH materials promote SRC. A formative evaluation (FE) is a means of assessing the value of a programme while it is being implemented (Ford-Paz et al., 2019). The aim of formative evaluations is to understand the programme and how to improve it. This is

done in order to improve the message and design of the overall programme being evaluated (Stetler et al., 2006).

Formative evaluation emerged in the late 1960s. Scriven (1967), Stake (1967), Stufflebeam (1968), and Cronbach (1975) were the authors who discussed formative and summative evaluations at the emergence of this particular method of evaluation. Scriven (1967), Stake (1967) and Stufflebeam (1968) argued against the status quo of evaluation research of the time. The status quo, then, was only to measure a programme's effects. They argued for evaluations that focus instead on the improvement of the programmes and on the process of the studies. Cronbach (1975) added to this work by pushing for the inclusion of attention to the context of the programme being studied. Weiss and Bucuvalas (1980) noted that it was important to be aware of the decision-maker's frames of reference when evaluations are conducted. This means that when evaluating programmes, the evaluator needs to be aware of the context in which the decision-makers were making decisions and about the programme in order to contextualise the results of the evaluation. Both Cronbach et al. (1980) and Simons (1987) noted that programme evaluations should take into account the context of political and organisational processes as a means to facilitate an understanding of decision-making. Importantly, Patton (1994) and Fetterman (2001) noted the importance of including an empowerment focus within programme evaluations.

Most of the evaluation research was initially done on social science related programmes, particularly within psychology research. Potter (2006) notes that the demands of commissioned evaluations included information on policy development and decision making; these evaluations were done largely by Patton (1980, 1982); Weiss (1980, 1982); Weiss and Bucuvalas (1980). These demands have increased the number of academic studies that use formative evaluation, which has created great development, which is current and still underway. In current research, formative evaluation is largely used for research in the fields of education, medicine, and medical training.

Hu (2011) argued that one purpose of the formative evaluation is to test and improve the quality of instructional materials. These evaluations are carried out during the development phase of research and serve to provide feedback for further development of programmes. Formative evaluation, therefore, poses the question of how a programme can be improved, which means that in this research, the feedback will be used to improve the textual element of

the particular sexuality education programme for PSH and for further development of programmes (Ford-Paz et al., 2019).

4.7. Data Collection

PSH is a non-profit organisation that focuses on helping the youth in South Africa by equipping them with knowledge on SRHR and, more specifically, helping the youth in decision-making about their own lives. PSH, therefore, runs a number of SRHR courses in order to achieve this. I conducted a formative evaluation on the PSH course ‘Intergenerational Communication on Adolescent Sexual and Reproductive Health Rights’.

The original research plan was to collect data from interviews and focus groups; however, this was re-looked at and re-structured. This is due to the restrictions regarding in-person research and many other in-person activities as a result of the Coronavirus pandemic that affected South Africa and countries around the world at the time of data collection. The PSH programme was put on hold due to the Coronavirus pandemic. I was not able to conduct face-to-face sessions for interviews and focus groups as PSH was not running its courses at the time. The change in data was not a light decision to make; the change needed to be an outcome that suited the research and PSH. With input from my supervisors and the other researchers on the project, it was decided to use the sexuality education course materials – manuals and textual information from the PSH website – as data for this research. The sexuality education course run by PSH is focused on advocacy, civic duty, and responsibility. There are two course manuals, a facilitator’s guide to teaching the programme and a participant’s guide for those attending the course. These materials allowed me to evaluate the course based on the content that is taught without being in contact with people and therefore eliminating the risk of spreading the coronavirus during the pandemic. The findings of this project, thus, reflect the textual material used by PSH, but not how it is used in in-person encounters.

PSH was identified as a partner with the CSSR after Catriona Macleod presented the SRC framework at a National Adolescent Sexual and Reproductive Health and Rights Strategy Framework Task Team workshop. After the presentation, Macleod was approached by the director of PSH, who indicated an interest in the framework and using it within their organisation. PSH then invited the CSSR to collaborate with them for research purposes (see appendix D). I was permitted by PSH to use the information on their website and the manuals from their course.

There is often a power dynamic that exists between researchers and NGOs, where the researchers hold a sense of power due to the fact that they are critiquing the NGO and writing about them. In this research, the two parties came together on a more equal playing field as the researchers were approached by the NGO and not the other way around, which is how the situation often unfolds.

The text from the website that was used as data is information on sexual and reproductive health and rights, terms and knowledge of queer people, and teenage pregnancy. The sexuality education programme manuals were obtained directly from PSH. The manual that has been used is ‘Intergenerational Communication on Adolescent and Youth Sexual and Reproductive Health and Rights’. This specific course and course materials in the form of manuals and textual information were chosen as they are the most relevant of all PSH information in the form of a course and in helping to answer the research questions. It is important for the formative evaluation to evaluate a PSH course in its entirety rather than various sets of information from PSH in order to understand the full content that is being presented and taught to participants. However, owing to restrictions, I used the manual guides from the *Masizixhobise* Toolkit to evaluate the online content and programme manuals from PSH. The *Masizixhobise* Toolkit contains several manual guides to use in order to evaluate sexuality education programmes. I used the manual and textual analysis guide (see appendix A) in order to evaluate the sexuality education course materials from PSH. These course materials contain the information that is taught and presented to those attending the programme that previously took place in person.

4.8. Orientation and Structure of the Data

The data for this research consists of the materials used in a programme run by the NGO Partners in Sexual Health (PSH): Intergenerational Communication on Adolescent and Youth Sexual and Reproductive Health and Rights. There are four components that encompass the entire dataset. There are two manuals (a facilitator and a participant manual), a book of a glossary of LGBTQI terms and concepts (created by an external organisation), as well as a resource section of information from PSH’s website regarding teenage pregnancy and sexual and reproductive health and rights. The facilitator's manual is a 106-page document, and the participant's manual is a 95-page document. The resource section of information from PSH’s website consists of 10 pages of information. The Pocket Queerpedia is an illustrated glossary of LGBTQI terms and concepts and is 48 pages in length. This glossary was produced by an

organisation based in Cape Town known as The Tshisimani Centre for Education Activism. It is available in English, Afrikaans and Sesotho.

The layout of the manual is as follows. There are six modules in the manual. The first module explores three topics: value clarification, communication and decision-making, and relationships. The second module has four sections which are anatomy and physiology; human sexuality; sex, sexuality, and sexual orientation; and sexual and reproductive health and rights. The third module focuses on menstruation, teen pregnancy, and termination of pregnancy. Module four explores sexually transmitted infections; HIV and AIDS; substance abuse; and male medical circumcision. The fifth module explains contraceptives, fertility and infertility, and reproductive cancers. The sixth and final section discusses advocacy and integrated development planning. At the end of each subsection, there is an activity in the facilitator's guide. The facilitator's guide also has a set of learning outcomes and objectives at the start of each section of each module.

4.9. Analytical Method

The *Masizixhobise* Toolkit includes a textual analysis guided by the 18 questions as outlined in guide 7 (see appendix A). The toolkit served as a guide to evaluating the manuals from PSH for a specific course. Template analysis is a style of thematic analysis that is widely used by researchers but not so much in critical psychology (Brooks et al., 2015; Brooks & King, 2014). This can be attributed to the fact that template analysis is a relatively new form of analysis that has yet to be considered within many disciplines, including critical psychology. Template analysis is a process of thematically organising qualitative data using a coding template to identify themes (Brooks & King, 2014). Template analysis, which uses *a priori* themes, is useful for this research as I am seeking to understand the level of empowerment-focus of the PSH programme through an evaluation of the course manuals guided by the five areas set out in Macleod and Vincent's (2014) paper, which discuss how citizenship should be taken up in SE.

Template analysis is a flexible method of analysis as there are fewer specific and predetermined procedures, and this allowed space for me to adapt the template to the specific needs for the research (Brooks & King, 2014). One of the reasons template analysis was chosen as an analytical method is that it allows for meaningful clustering of preidentified themes (provided by the Toolkit and SRC framework). There is flexibility to add new themes if and as

they present themselves in the analysis. In this research, the use of the NVivo platform was, thus, extremely helpful. I was able to create a hierarchical coding structure from the template on NVivo; these are known as parent nodes. The inclusion of *a priori* themes in template analysis provided another reason to use this style of analysis in this research. The use of *a priori* themes is apt for research with a particular theoretical focus, which needs to be incorporated into the analysis (Brooks & King, 2014; Mitchell et al., 2017); therefore, it is particularly applicable to this research . Template analysis typically uses four or more levels of coding. Additionally, a researcher could create theme definitions for the initial template stage as a means to guide coding and template development (Brooks et al., 2015).

4.9.1. Template analysis uses a coding template. A code is a label attached to a section of text to index it as relating to a theme or issue in the data which has been identified as important (King, 1998). The codes are relevant to the research questions and, specifically for this research, are informed by the sexual and reproductive citizenship theory. A coding template is created by summarising themes identified as important in a dataset and organising them in a meaningful and useful manner (Brooks & Kings, 2014). Alternatively, a coding template can also be created using *a priori* themes. I worked through the entire dataset systematically. I started with the manual from the introduction and read through it in its entirety and fully immersed myself in the information before noting any thoughts and ideas or coding any sections. Subsequently, I went through the queer glossary and extra resources from the PSH website and repeated the same process.

A Priori Themes

A priori codes are created before viewing the dataset and are based on the chosen theoretical framework. *A priori* knowledge is independent of current experience and requires no evidence. These themes are produced from a deductive approach, as they stem from theoretical work related to the dataset (Kitcher, 1980). Within template analysis, *a priori* themes are useful for guiding the development of the template for data analysis. The template can be presented as a “summary of themes” document (Brooks & King, 2014, p. 11), which

includes a description of each theme displayed across different levels or hierarchies. This serves as a valuable reference tool during the coding process (Brooks & King, 2014).

A priori themes are used in a research project where the theoretical framework is a guiding analysis or where evaluation research needs to be done using specific criteria set in advance (Tabari et al., 2018). *A priori* themes fit this research as the theoretical framework is a key part of the whole project. The *Masizixhobise* Toolkit is based on the themes from the theoretical framework and therefore is a guiding analysis.

In this research, using a formative evaluation, a guiding analysis based on *a priori* themes – which became the *Masizixhobise* Toolkit – allowed for a starting point for the analysis of the PSH programme and the subsequent coding allowed for an understanding of how the programme needed to be developed in order to have a thorough empowerment focus. In evaluation research, predetermined codes can also be used as part of the measurement criteria (Brooks & King, 2014). This is the case in this research. In this research, the themes from the theoretical framework serve as measurement criteria or the lens through which to view the data.

4.9.2. Limitations and Trustworthiness of Template Analysis and a priori Themes

In order for research to be trustworthy, the analysis must demonstrate that it is precise, exhaustive, and consistent. In addition to this, the limitations of the analysis chosen must also be acknowledged, and attempts must be made to combat the limitations. It is thus an important part of research to make the analysis as resilient as possible to make it trustworthy.

A limitation to selecting *a priori* themes is selecting incorrect or inappropriate themes (Brooks et al., 2015). When creating the template, the selection of the themes needs to be carried out carefully and meticulously. Sarah Moore, a doctoral student, created the manual for analysis called the *Masizixhobise* Toolkit, with the assistance of Catriona Macleod. The Toolkit was developed by partnering with Patsy de Lora of the Cape Town-based, non-profit organization Partners in Sexual Health (PSH) who had previously expressed interest in the framework. A draft toolkit was then developed and went through several iterations and adjustments were made by Moore through the feedback that was generated from multiple sources. These sources included "a workshop with interested parties, discussions within the research team, written inputs from additional researchers, a presentation of the draft toolkit to

researchers in the Critical Studies in Sexualities and Reproduction (CSSR) research unit at Rhodes University and input from research partners" (Macleod & Moore, 2022, p. 147). While Thobile Mthethwa and I each analysed different courses run by PSH as data, we met on multiple occasions (with Sarah there for guidance) to discuss the themes from the toolkit, as well as our analysis. This was another way to minimise the limitation of using *a priori* themes in the research.

In this research, once coding was done and the analysis concluded, it was important to look at the interpretations of the analysis and confirm that no causal pathways were missed, thus ensuring a complete analysis of the dataset. The other researchers and I regularly met via Zoom calls due to coronavirus social distance regulations. During these calls we would discuss various aspects of the research, each giving advice and thoughts on them. During the analysis process, Thobile Mthethwa and I met to discuss our coding (with the use of the *Masizixhobise* Toolkit) and our interpretations of various extracts from our data. The peer review process, through meeting with the other researchers and discussing the analysis of the research, also allowed for the confirmation that the research was thorough and holistic in covering all themes and subthemes within parent themes.

A limitation of template analysis may be that due to its flexibility, inconsistencies and lack of coherence may come through the research (Brooks & King, 2016). This is due to the fact that coding can be a subjective activity in the use of inductive and deductive theme creation that brings flexibility. It is thus very important for the analysis of the research to be coherent and consistent. This was achieved in this research through careful tracking of the coding and ensuring that the coding was consistent through the analysis and that when writing the data analysis, the analysis was both consistent throughout the programme and coherent for the reader. The use of NVivo was also critical in keeping track of consistent coding throughout the analysis. This was done through the use of nodes, queries and colour-coding-specific thematic connections in the dataset.

4.9.3. Steps of Template Analysis

Step 1

The point of departure for template analysis is to become familiar with the data before beginning the analysis. The approach depended on the amount of data collected. In a small study, it is recommended to read through the entire dataset at least once (Brooks et al., 2015). In a larger study, it is common to begin with a subset or a smaller section of the data.

Although immersing oneself in the data can be time-consuming, it allowed me to do a systematic examination. For example, I started with the manual from the introduction, read it in full, and immersed myself in the information before making any notes or coding any sections. After that, I went through the manual again from the beginning and began identifying which sections and pieces of data aligned with themes from the template.

Step 2

In this step, I carried out preliminary coding of the data. Depending on the chosen style of template analysis, it is more common to start with some *a priori* themes (Brooks et al., 2015). These themes could be changed and adapted if needed. In this research, the *a priori* themes consist of a guide of questions known as the *Masizixhobise* Toolkit, and thus preliminary coding consisted of understanding the themes set out in the toolkit and Macleod and Vincent's (2014) paper.

Step 3

The third step involves organising the themes into meaningful groups or clusters (Tabari et al., 2018). At this stage, hierarchical or different levels of relationships within the themes can be explored (Brooks et al., 2015). Relationships between different themes are noted, along with the potential groupings they may fall into (Brooks & King, 2014). This is where smaller themes are placed under bigger ones. It is also possible to explore themes in different groups relate to one another (Brooks et al., 2015).

Step 4

Within the fourth step of the template analysis, the researcher defines the initial coding template. In this step, the researcher will develop an initial version of the coding template on the basis of a subset or smaller section of the data (Brooks et al., 2015). Depending on the size of the dataset, the researcher could carry out preliminary coding and grouping and then define the structure, or they could code the complete dataset(Brooks & King, 2014). This step was

conducted by the CSSR research team, as indicated above, and resulted in the *Masizixhobise* Toolkit.

Within this step, I used a number of tools in NVivo to code the data. The first of these was the use of queries. Three types of queries were predominantly used. The word query was used; this allowed me to search specific words in the dataset and place these into the nodes or themes. The second type of query was text search queries. This allows for specific phrases to be searched to see where these phrases and surrounding different concepts appear in the dataset. From there, I was able to hone in on these phrases and understand how these concepts were explained and understood within the dataset. Lastly, node-connecting queries were used. Here, I was able to connect nodes if the nodes represented the themes that were linked with each other. Once these queries were then completed, I was able to go back to the results of the queries and identify which of the questions and themes within the *Masizixhobise Toolkit* were related and relevant to these queries.

Step 5

In this stage, the initial template is applied to the full dataset and adapted as necessary. The template is used to code the data, while reviewing whether any additional themes should be added, existing themes removed, or themes combined. Decisions may also be made about whether themes need to be rearranged in terms of their levels. Rather than reorganising the template after each new piece of data, changes and adaptations are noted while reviewing multiple sections, followed by the creation of an updated version of the template. This phase can be time-consuming if the template is repeatedly modified, so it is important to remain mindful of time constraints (Brooks & King, 2014).In this stage, parent nodes were used on the NVivo platform. These specific types of nodes can also be understood as hierarchical nodes, which allowed me to visualise sub-concepts within themes. For example, one parent node was called rights. Within this node, there were separate nodes for sexual and reproductive rights, relationship-based rights, conduct-based rights and identity-based rights. This system of coding also allowed for the weighting of the sub-concepts of the main theme to be visualised. Through this process, it became evident that identity-based rights were spoken about more frequently than conduct-based rights.

Step 6

In this final stage of the analysis, the researcher will finalise the template and apply it to the full dataset (Brooks & King, 2014). The researcher decides when the template meets their needs for the project. The development of the template is not adequate if there are large sections of data that are clearly relevant to the research question that cannot be coded using the template (Brooks & King, 2014). It is always possible to revisit the template if further analysis is required. However, the researcher should be cognisant of not getting caught in a loop in revisiting the template and recoding the data. Here, I was able to do a review of the dataset through peer reviews with the other researchers and look at the coding of the dataset as a whole on NVivo.

4.10. Ethical Considerations

Throughout the research process, the researcher must ensure that value is added to the community being researched as well as ensure that the research is not such that the researcher takes knowledge from the community without reciprocation. This type of research is called parachute research, where the researcher takes from the community and leaves nothing behind to help the community involved in the research. Within psychology, in particular, it is extremely important to ensure that research betters the community and that the involvement does not end at the end of the research. Within this research, formative evaluation is a form of research that allows for the betterment of materials aimed to assist the community or participants in PSH interventions. This is because formative evaluation allows for processes to be bettered for future use in a community. Within this research, there are three researchers independently researching the programme and adding value to the programme at different times of its deployment.

In this research, the use of formative evaluation allows for the evaluation of components of the PSH programme, focusing particularly on how these elements of the programme can be improved for the goals and objectives and effectiveness of the programme.

In addition to this, the researcher should not cause harm. When research is conducted, the researcher often comes from a position of power as they are experts within a field who have the power of knowledge and privilege within the given community. It is for this reason that gatekeepers of a community are important in order to protect the community from this power dynamic. A gatekeeper is often an individual or a group of individuals who form part of the community and know the community well. They will then introduce the researcher to the

community. Within this research, PSH are information gatekeepers. The most important reason to have a gatekeeper is to ensure that the research on the community in question, is not unwanted and forced upon the community due to unbalanced power dynamics. The danger with gatekeepers, however, is that it is easy for them to influence research as they have direct involvement with who the researcher may talk to, and the information given to the researcher. Within this research, the gatekeeper is PSH. Here, it is important to note that PSH invited the CSSR research team into the community to be studied (see Appendix D). It is dangerous to say that having a gatekeeper makes all the concerns around unbalanced power dynamics disappear, but it does allow for the research to be more legitimised in that community and for the community to trust the researcher/s more. Due to PSH approaching the researchers and allowing the researchers access to the programme, it can be said that this research was not forced onto PSH, and thus this aspect of ethical consideration is not an issue in this research project.

Considerations such as informed consent, voluntary participation, anonymity, and confidentiality are not relevant to this research as the dataset does not involve direct communication with the participants of the programme as originally planned. This was changed to researching the resources of the programmes, as mentioned above, due to the coronavirus pandemic. There are advantages to working in a team and within a research unit. The benefit of working in a team allows for the checking of interpretations with team members regarding data analysis.

4.11. Reflexivity

Changing the type of data and data collection procedures reduced the efficiency of the project and researchers. There were multiple changes to these two aspects, which delayed the research. This was because of the restrictions of the state of emergency in South Africa due to the coronavirus pandemic. This restricted in-person research and many additional activities which were originally planned in the original dataset, which meant that our initial data collection and type of data were compromised and needed to be adapted.

The NGO also struggled during this time, attempting to find ways to engage with youth about sexual and reproductive health via remote access and learning. This was not only because the NGO had limited access and funds to the equipment, but the participants of the programme predominately also did not have access to the equipment needed for a virtual programme.

Therefore, there was pressure on both the NGO and the CSSR research team to figure out how to continue, given the *new normal* that had become a reality. The adaption and refining process relating to data collection did delay the project. Additionally, the process of reworking and refining the data collection and data processes was demotivating. Overall, this process reduced my enthusiasm and passion for the project due to the numerous changes and uncertainty of the outcomes and signing off from the university.

There were also environmental challenges that had an effect on the research. During the process of this research, I lived in Makhanda in the Eastern Cape. The functioning of the municipality left much to be desired largely due to the infrequency of running water. Additionally, during my final year of the research process, there were high stages of nationwide load-shedding. The lack of electricity and internet resulted in difficulty continuing when using NVivo and in writing up the research, as charged devices only last for a certain amount of time. In addition to this, when the electricity would go off, my access to the internet would also be hindered so being able to access papers online became a challenge. Both the inaccessibility of daily water and multiple load-shedding sessions during the day resulted in significant delays and affected my general mental health. However, the infrequency of running water and electricity gave me insight into learning and working in a level of poverty that may be a reality for the participants (learners and parents/caregivers) of the PSH programme.

Understanding my position within society and different communities may influence how I analyse the data, which is never entirely free of social and political influences (Elliott et al., 1999; Olmos-Vega et al., 2022). According to the guidelines for qualitative research, Elliott et al. (1999) suggest grounding findings in examples as far as possible in order to substantiate the analysis and increase credibility. It is important for the researcher to consider their own knowledge production and what processes guide these, especially when considering the final product (Bazerman, 1988). This means that when conducting research, it is important to acknowledge and be aware of your own position and knowledge production. When writing up the research, the researcher should always reflect on how their own position and experiences are influencing the research and attempt to eliminate or minimise this as much as possible.

Within this research, the position and biases I am coming from as a researcher are that I am a white, female, middle-class, queer individual. This meant that there had to be a consideration of my passion for the queer aspect of sexuality education within this research, having not experienced this kind of education myself. Placing my own feelings aside when

writing up this research meant that I was able to see the pure academic needs of the research. This allowed for deep research due to my genuine interest in the research, but also for the research to be thorough and criticised from a different understanding to researchers that might not be in my position.

A reflexive process is a valuable tool which can increase the integrity of a research study (Finlay, 2002). Interpersonal reflexivity is an analysis of the power dynamics that exist (Finlay 2002). Reflection within research is a disciplined self-reflection between the researcher and the research process (Wilkinson, 1988). Macleod (2002) notes that "reflexivity should address the interactional, relational and power dynamics of the research at hand, rather than focussing on a confession of emotional or discursive positionings of the individual researcher" (p. 20). Olmos-Vega et al., (2022) agree with this and notes that sections detailing researchers' backgrounds and perspectives do not "constitute a robust reflexivity exercise". Rather, they suggest that the researchers attempt to explore and demonstrate a sense of personal reflexivity by explaining how their perspectives impacted the study.

The researcher should consider the field of study in which they are researching, the assumptions and boundaries that are linked to this field, and how their own study relates back to what is already represented in this field (Leach, 2006). Contextual reflexivity refers to localising a particular project within a cultural and historical context (Naidu & Sliep, 2011). It highlights how the research questions and their answers are embedded in and influenced by a social field of assumptions and practices (Naidu & Sliep, 2011).

Ethical research seeks to positively impact the contexts in which it takes place (Olmos-Vega et al., 2022). Additional insights can be created based on how participants' reflections or engagement in the study affects their practices and context (Bishop et al., 2002). In this research, as there are no participants, I consider the context and community that are affected by the findings to be PSH as an organisation but also the parents and learners who will be participants in the programme. Contextual reflexivity also encompasses understanding how research intentionally and unintentionally transforms the chosen social field (Reid et al., 2018).

Within this research, it was, thus, very important to practice both collaboration and contextual reflexivity. The discussions with the other researchers allowed for a level of collaboration that was extensive, as there were three researchers involved in the study. The deep understanding that was allowed due to the extension of the research because of the

coronavirus pandemic allowed for contextual reflexivity also to take place over a long period of time.

Another aspect of the process of reflexivity that I engaged with focuses on how I, during the research process, needed to position myself within citizenship theories in order to understand and interpret this study fully. This process included choosing how I understood myself within this theory coupled with my own understanding of the theory in order to reflect on my own assumptions and biases of what the theory, literature and data were revealing. When analysing data, the researcher will bring their own theoretical frameworks and assumptions into the interpretation. My own experience of sexuality education may come into this as I did not receive an inclusive form of sexuality education.

4.12. Conclusion

The discussion in this chapter has explained the methodological processes that were conducted as part of this research. This research reviewed and evaluated the 'Intergenerational Communication on Adolescent Sexual and Reproductive Health Rights' sexuality education course by PSH using the *Masizixhobise* Toolkit, which was designed using the principles of Sexual and Reproductive Citizenship (Macleod & Vincent, 2014). The discussion briefly explained the *Masizixhobise* Toolkit and its sections, as well as the structure of the data.

In particular, the discussion explored the evaluation research and, specifically, formative evaluations. A formative evaluation is well suited to this research due to its design being used to improve the design or performance of an intervention (Ford-Paz et al., 2019). The feedback from this research will help PSH to update and adapt the course in order to increase its empowerment and citizenship focus. The discussion continued by outlining the six steps of template analysis which I employed and the tools that I used to aid in the template analysis. Examples of how these steps relate to the data and how the data were analysed using these steps were also discussed. The use of *a priori* themes was also explained. A detailed discussion on how this fits within the research methods was shown. Thereafter, a discussion was explored of how *a priori* themes can be useful to the researcher and how they could limit the researcher.

The chapter also contained the limitations of the research of the analysis of the data and how these were minimised and strengthened, respectively. Furthermore, in the chapter, I explained the ethical considerations concerned regarding the research methods. These ethical considerations were analysed, and I then went on to explain the ways in which the ethics of this research were reinforced. This chapter, thus, allows for the research to be contextualised within the research methods employed and allows for the research to be understood within the methods used and why these methods were used. In the subsequent chapters, findings related to the PSH course and its SRC focus will be discussed; this will be based on the evaluation of the course manual.

Chapter Five: Data Analysis

5.1. Introduction

In this chapter, I discuss my analysis of the programme materials: the manuals, glossary and website information. This chapter has five sections; these are the overarching themes within the *Masizixhobise* toolkit, labelled here as principles. They are sexual and reproductive rights; contextual issues related to SRH; power relations related to SRH; legislation, policies, and political participation; and educational processes. Throughout the chapter, I have inserted sub-headings under the five main themes, where necessary, for ease of reading. Additionally, the analysis will look at the components of PSH's sexuality education programme included in this study that are inclusive, contextually sensitive, empowering, process-based and just - as per the research question for this thesis.

5.2. Analysis

Principle 1: Citizenship as Status and Practice

This principle looks at citizenship in relation to status and practice, specifically looking at how the participants are depicted as belonging through inclusion or exclusion. The principle is explored through the below extracts, and I seek to answer how the programme is inclusionary or exclusionary in practice for the participants in relation to heterosexist, ableist and patriarchal concepts.

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

The extract below shows how the programme equates needs with rights. It does this by using words like "essentials in order to survive" in the beginning of the paragraph and then stating at the end of the paragraph that "[t]he needs referred to for survival, are termed rights" (PSH Participants Manual p. 78; PSH Facilitators Manual p. 39) [2]

> *All human beings need shelter, food, protection, security, comfort, health services, educational services and social services in order to live on this earth*

[2] Hereafter shown as, P for the PSH Participants Manual and as F for the PSH Facilitator's Manual.

> *and in our world. Most individuals do not have access to the 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. 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 the violation of human rights.* (p. 78 P / 39 F).

In this extract, "survival" needs are equated with rights, with no mention of more abstract rights (e.g., voting in a democracy). Additionally, the use of the word "force" in the above extract to describe a violation of rights can perhaps create a limited understanding of rights violations for participants. The more subtle forms of rights violations need to be addressed, and participants need to be made aware that both (overt and subtle behaviours) are equal forms of a violation of rights. This is important for participants as it empowers them as the youth of South Africa to understand both the basic and more abstract rights that they may demand from the government due to their status as citizens, and how these may be undermined both explicitly and covertly.

a. Access to affordable and appropriate healthcare services

The PSH programme refers to sexual and reproductive rights in relation to healthcare services. In this section, I list the healthcare services mentioned in the programme, and provide examples of how termination of pregnancy and gender-affirming services are described; thereafter, I discuss how the programme speaks of the barriers to said services, and finally, I note where the programme mentions the affordability aspect of healthcare services and how the barriers to affordable and appropriate healthcare are understood as exclusionary to the participants of this programme.

The healthcare services referred to in the programme are: termination of pregnancy (TOP), contraception/birth control, emergency contraception, gender-affirming surgery,

hormone replacement therapy, and health education. Examples of how abortion and gender affirming services are dealt with are shown in the extracts below:

> *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.* (p. 41 P/ 50 F)

> *Medical Termination of Pregnancy*
> *A medical TOP can be done only within the first 8 weeks of a pregnancy …* (p. 42 P/ 52 F)

> *Surgical Termination of Pregnancy*
> *A surgical termination of pregnancy may be conducted in the 2nd stage or trimester of a pregnancy ...*

The text, thus, refers not only to the legislation in relation to access to abortion, but also both forms of abortion.

> *Gender Affirming Surgery*
> *There are several different surgeries that transgender, intersex and non-binary people can undergo* (p. 63 Pocket Queerpedia)

> *Terms that have been adopted by many medical professionals and others in the community to describe this are often 'top' or 'bottom' surgery* (p. 65 Pocket Queerpedia)

> *Hormone Replacement Therapy – HRT*
> *Using sex hormones to help transgender women, men and non-binary people to physically transition. Hormone blockers can also be used to assist with the process.* (p. 62 Pocket Queerpedia)

Health care for intersex and transgender individuals is mentioned. This can be said to be inclusionary of the queer community regarding appropriate services; however, the mere

mentioning of these services does not mean that it is inclusionary of individuals based on accessibility and affordability. This is dealt with in more detail in the following extract.

> *Activists for intersex rights advocate for informed consent around the medical care they receive, and increased access to this medical care when it is wanted. They also fight to reduce prejudice that can cause stigma, shame and violence. When intersex babies are born, doctors have been known to perform surgery to 'correct' their condition, and this has serious long-term consequences, especially if they are corrected to conform to a sex they don't identify with. Activists want doctors to stop this practice and wait until the child can make their own informed decision as to whether they wish to have surgery or not, and what kind of surgery. They may also need hormone replacement therapy* (p. 44 – 45 Pocket Queerpedia)

Here, the text refers to "informed consent" and the rights of people to make their own decisions about their bodies – essentially the right to bodily integrity and autonomy. The reference to "activists" and the advocacy in which they engage demonstrates to the participants that there are a number of social barriers to full care.

Barriers to accessing healthcare services

i. Groups affected

The programme does well in mentioning the inequalities in reproductive health services in South Africa, as shown in the extract below.

> *Individuals do face inequalities in reproductive health services. Inequalities vary, based on socio-economic status, education level, age, ethnicity, religion, and resources available in their environment.* (p. 79 P / 40 F).

This part of the programme informs participants about the challenges that they may face when attempting to access their right to reproductive health services. However, the programme does not go on to explain why and how these inequalities restrict people's ability to access healthcare services. Additionally, the programme does not discuss actions to take that can increase people's ability and capacity to access these services.

ii. Knowledge and accessibility

Lack of knowledge of the right to health services, and therefore the lack of accessing those services is mentioned in the programme, in the extracts below:

> *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.* (p. 30 P/ 32 F)

> *unintentional reasons [of teenage pregnancy] may be because of: ... not knowing that teenagers have a right to SRH service* (p. 39 P/ 48 F)

> *[People and youth] ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control* (p. 78 P/ 40 F)

Here the text highlights lack of knowledge of rights to SRH care, and some potential consequences thereof – unintentional pregnancies.

iii. Accessibility and stigma

The programme notes that intersex, transgender, and non-binary individuals may experience stigma when accessing healthcare:

> *This [gender diversity] is important to understand because it affects how we treat and organise people socially, politically and medically, such as who can access things like work, healthcare and even public bathrooms.* (p. 19 Pocket Queerpedia)

> *Activists for intersex rights advocate for informed consent around the medical care they receive, and increased access to this medical care when it is wanted. They also fight to reduce prejudice that can cause stigma, shame and violence.* (pp. 44 – 45 Pocket Queerpedia)

In these extracts, the programme refers to "understanding" and lack of "prejudice" as important in gender-diverse people accessing the services they need.

iv. Affordability

The programme discusses socio-economic issues as a barrier to accessing healthcare services.

> *Individuals do face inequalities in reproductive health services. … It is possible, for example, that low-income individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health.* (p. 79 P / 40 F).

> *Not everyone is able to transition medically who needs to. Reasons for this include the fact that it is extremely expensive to do so, medical aids don't cover transgender health needs, and few resources are offered by the state for those who cannot afford private health care. Those who can afford private health care often can't afford to transition because it is not covered by affordable medical aid packages. This often results in people not transitioning, going into massive debt, or being put on ridiculously long waiting lists* (p. 60 Pocket Queerpedia)

> *Accessibility is a major issue. Surgical procedures tend to be very expensive, and waiting periods for state health care can be as long as twenty years.* (p. 63 Pocket Queerpedia)

The programme speaks to the challenges faced by people in the low-income bracket in general but also points to how the costs of healthcare could affect particular individuals, in this case, transgender people. The consequences of these costs are spelt out (not receiving the healthcare needed, massive debt, or long waiting periods), but no resources or ways are given to circumvent these barriers.

b. Access to affordable and appropriate social services?

Social services encompass information on SRH, education on SRH, and psychosocial support and counselling services.

The programme refers to a range of social services in different sections.

> *All human beings need shelter, food, protection, security, comfort, health services, educational services and social services in order to live on this earth and in our world.* (p. 78 P / 39 F).

Comprehensive sexual and reproductive health (SRH) services include …

- *Information, education, and counseling; prevention and surveillance of violence against women (VAW), care for survivors of violence; and*
- *Actions to eliminate harmful traditional practices such as Female Genital Mutilation (FGM) and early and forced marriage.* (p. 2 Website – SRHR Definitions)

In the first extract above, educational and social services are emphasised in addition to health services. In the second, the need for preventive work is acknowledged (in other words, services should not only be about responding to existing problems).

The programme goes on to note that while individuals have the right to social services, the ability to use said services is not always possible, as shown in the extract below.

> *South Africans still face challenges and obstacles in accessing comprehensive … psychosocial support and counselling.* (p. 5 P/ 7 F).

> *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*. (p. 80 P).

This quote shows that while individuals have the right to counselling, in reality, it is not always accessible and, therefore, can be exclusionary. The programme notes the need for trauma counselling after people have been victims of rape, sexual assault and violent acts.

The programme itself is a form of social service, as it provides participants access to information on SRH and educates them on SRH and rights. In the extract below, the facilitator is reminded to be cognisant of their participants and suggests counselling to certain participants:

> *Be aware that one or more of your participants may have been raped. If a teen becomes upset during the exercise or discussion, you may want to speak quietly*

> *to that person and make plans to talk privately at a later time (Counselling).* (p. 27 & 28 F).

Here, the programme acknowledges that the needs of participants may not be immediately evident (e.g., for counselling), but that there are clues that point the facilitator in the direction of what is needed.

In addition, the programme states that they (The NGO PSH) offer counselling services for teenage parents.

> *We will also encourage the parents of teenage parents to provide support to their children and we will offer teenage parents counselling who face challenges of parenting and encourage pregnant learners to return to school after childbirth.* (p. 2 Website teenage pregnancy).

This extract speaks to the social support provided by the programme – supporting the parents of teenage parents, counselling and encouraging teenagers about schooling.

c. Healthcare and social services free from discrimination and stigma

It is mentioned in more than one section of the programme that people have the right to access healthcare services free from discrimination. This is an important aspect of the programme in attempting to be as inclusive as possible for all participants, ensuring that they know what discrimination and stigma they may not only face, but also that they do have the right to services free from discrimination and stigma.

The programme teaches the participants what discrimination may look like by implying that any inability to access SRHR may be discrimination.

> *Sexual and Reproductive Health and Rights (SRHR) encompass the right of all individuals to make decisions concerning their sexual activity and reproduction free from discrimination, coercion, and violence. Specifically, access to SRHR ensures individuals are able to choose whether, when, and with whom to engage in sexual activity; to choose whether and when to have children; and to access SRHR information and have the means to do so.* (p. 2 Website – SRHR Definitions)

The programme explains that access to services free from discrimination and stigma is a right enshrined by South African law, as shown in the below extracts. The discussion is furthered by outlining the kinds of rights that should not be discriminated against (whether, when and with whom one can have sexual relations and bear children).

The programme refers to the unfortunate fact that people still face discrimination in healthcare facilities.

> ***Why do Teens become pregnant? …*** *They feel scared to attend the local clinics as they get stigmatized (branded).* (p. 38 P /47 F) ***Social consequences*** *[of teenage pregnancy]*
> • *Impact on education, may have to drop out of school in order to care for the baby or get a job.*
> • *Community disapproval of teens that had babies outside of marriage.*
>
> ***Emotional consequences*** *[of teenage pregnancy] … anger and frustration from their families, as they have brought one more mouth to feed to the household.* (p. 38 P/ 37 & 48 F)

Elsewhere the programme talks to the negative outcomes of engaging early sexual activity (teenage pregnancy is, at the outset, depicted as a "problem" and a "bad idea"). Here, however, the text talks to contextual issues or the discrimination or stigma that young pregnant individuals receive. For example, the pregnant teenager may have felt afraid to seek medical services of a termination due to the discrimination they would face at the local clinic.

In the below extracts, in particular, the programme notes that discrimination may be due to wider systemic issues rather than the individual's own failures, and the support that may be needed to overcome discrimination. This can help the participant understand the discrimination they have faced in the past or may face in the future.

> *Women and LGBTQIA+ people are marginalised in these societies [Patriarchal societies], and any challenges to this system are viewed as a threat to patriarchal*

power, and therefore often met with prejudice and violence. (p. 12 Pocket Queerpedia).

Adoption: another option available to young mothers. It takes a lot of courage, maturity and love to recognise that someone else would be able to provide the child with a better future. Young couples need to be referred to sources of support when making a decision since in certain communities, there is a stigma around adoption. (p. 39 P / 48 F).

In the first extract above, patriarchal power relations are referred to as underpinning possible discrimination not only in services, but in society in general. In the second, the support that may be needed to enact particular stigmatised decisions is reflected upon.

d. Accurate information on sexual and reproductive issues

Accurate information on SRH is a wider theme that carries throughout the programme.

SRHR includes the right of all persons to:

- *Seek, receive, and impart information related to sexuality;*
- *Receive sexuality education;* (p. 2 Website – SRHR Definitions)

Sexual and Reproductive Health and Rights (SRHR) encompass the right of all individuals to ... access SRHR information and have the means to do so. (p. 2 Website – SRHR Definitions)

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. (p. 30 P/ 32F).

In these extracts, the programme refers to the importance of information and also acknowledges that people need the "means" to access this information. The programme gives an extensive list of sexual and reproductive healthcare services, thus adding to the knowledge base of the participants. The need for "all individuals" to access information is nuanced in the

final extract above, where it is indicated that it is not only young people who need such information, but also "adults".

The manual shows what happens when people do not receive the information on sexual and reproductive health that they have a right to receive. This is evidenced in the extract below:

> *The unintentional reasons [of teenage pregnancy] 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*
>
> (p. 2 Website – teenage pregnancy)

Lack of knowledge is portrayed here as underpinning early reproduction, including lack of knowledge of bodily and reproductive processes, of the prevention of pregnancy through emergency contraception, and of SRH rights.

2. What conduct-based rights are referred to in the programme?

Conduct-based rights, such as the right to sexual participation or expression, the right to sexual pleasure, and bodily integrity, will be discussed below. The analysis will examine whether all groups are included and/or excluded from the conduct-based rights listed in the toolkit.

a. The right to sexual participation or expression

The programme refers to the right to sexual participation or expression. The programme is inclusive of all groups including those who may choose not to participate in sexual experiences or activity. This gives participants the opportunity to feel included in discussions in the programme and feel as if the way they express or participate in sexual activity or not should be recognised in society.

Every single person deserves to be treated equally, no matter who they are, who they choose to love and who they choose to befriend (p. 18 P).

In the extract above, the use of the words "no matter who they are" can be seen as the programme referring to the right of individuals to freely express their gender. The phrase "who they choose to love" could be referring to the right to sexual self-definition, meaning the right of all people to love, marry and engage in sexual activity with another person no matter their sex and gender.

The programme highlights the importance of the right to sexual pleasure and expression, by including the below extract from the World Association of Sexual health (WAS) Declaration of Sexual Rights. This is specifically significant as it validates this right through international recognition.

Sexual Rights
Unlike the other three aspects of SRHR, the struggle for sexual rights includes, and focuses on, sexual pleasure and emotional sexual expression. One platform for this struggle is the WAS Declaration of Sexual Rights. (p. 79 P /40 F)

1. *The right to sexual freedom*
2. *The right to sexual privacy*
3. *The right to sexual equity*
4. *The right to sexual pleasure*
5. *The right to emotional sexual expression* (p. 79 P /40 F)

SRHR includes the right of all persons to:

- *Seek, receive, and impart information related to sexuality;*
- *Receive sexuality education;*
- *Have respect for bodily integrity;*
- *Choose their partner;*
- *Decide to be sexually active or not;*
- *Have consensual sexual relations;*
- *Have consensual marriage;*
- *Decide whether or not, and when, to have children; and*
- *Pursue a satisfying, safe, and pleasurable sexual life.*

(p. 2 Website – SRHR Definitions)

The two extracts above show that the programme creates an inclusive environment by explaining conduct-based rights in simple terms. The programme effectively becomes a source of accessibility of these rights through its inclusionary explanation.

> *Sexual Diversity refers to the variation (difference) of sexual desire, of this module, another common matter is sexual behaviour that people display, it also refers to whom the person is attracted to sexually and with whom they would want a relationship, express affection in a more intimate manner which may include sexual desire.* (p. 26 F).

> *Human Rights apply to sexual and reproductive life and health; It includes with whom and under what circumstances a person has sex* (p. 78 P / 39 F).

In the above two extracts, the programme explains the right to sexual participation and expression. It is further inclusionary of all groups and can be seen as aiding the participant in feeling a sense of inclusion and belonging with how they choose to express and participate in sexual activities.

b. The right to sexual pleasure

The programme states in multiple sections that everyone has the right to sexual pleasure. The programme mentions that there are barriers to this right, for example how religion and culture or cultural practices may try to repress the concept of sexual pleasure.

> ***SRHR includes the right of all persons to …*** *Pursue a satisfying, safe, and pleasurable sexual life*. (p. 2 Website – SRHR Definitions)

> *the struggle for sexual rights includes, and focuses on, sexual pleasure and emotional sexual expression.* (p. 79 P /40 F)
> *Socio-cultural aspects of sexuality include historical developments and religious beliefs, including sexual pleasure within the marriage and certain Christian or other religious views on avoidance of sexual pleasures. Some cultures have been described as sexually repressive.* (p. 26 P/ 26 F)

> *The normality, as well as the privacy of masturbation (to stimulate yourself to achieve sexual pleasure), should be stressed in an affirming way. Unfortunately, cultural or societal pressures may result in feelings of guilt in the child who may feel forced to refrain (abstain/stay away) from exploring his or her sexuality* (p. 28 P/ 29 F).

In these extracts, sexual pleasure is depicted as right and as normal (masturbation). Religious, cultural or "societal pressures" that may undermine sexual pleasure are viewed as "repressive" or impeding people from "exploring" their sexuality.

The programme further helps participants to explore the notion of pleasure and understanding oneself in the extract below. This assists the participants who do wish to feel sexual pleasure through sexual activity to know how to safely seek out this right.

> *There are numerous books on how to become aroused and sexually aroused to enjoy sex. Despite all information, it's up to the individuals to learn and understand their bodies, also to find out what arouses them. Once they are comfortable they can express this to their partners. These zones vary from person to person. The key to enjoyment of sex is to know your own body and erogenous zones. The genitals in particular contains a large number of nerve endings, which is why touching and caressing stimulates sexual desire and pleasure.* (p. 32 P/ 35 F).

The programme, thus, offers specific advice for exploring pleasure and for communicating this to one's partner.

c. The right to bodily integrity

The right to bodily integrity rests on the recognition of individuals to decide what to do with their bodies. In the extract below, the programme states outright that SRHR includes bodily integrity, and it then gives a summary of aspects of bodily integrity.

> ***SRHR includes the right of all persons to …***
>
> - *Have respect for bodily integrity;*

- *Choose their partner;*
- *Decide to be sexually active or not;*
- *Have consensual sexual relations;*
- *Have consensual marriage;* (p. 2 Website – SRHR Definitions)

The programme touches on different aspects of bodily integrity, such as sexuality, sexual activity, reproduction and the outcome of a pregnancy. This is shown in the extracts below, which help the participants have a practical understanding of the right, as well as what some of the barriers to accessing this right are.

> *Sexual and Reproductive Health and Rights (SRHR) encompass the right of all individuals to make decisions concerning their sexual activity and reproduction free from discrimination, coercion, and violence.* (p. 2 Website – SRHR Definitions)

> *with whom and under what circumstances a person has sex; whether to carry a pregnancy to full-term* (p. 78 / 39 F).

The programme discusses and notes different violations of bodily integrity. This allows participants who may have experienced these violations to feel validated in their experiences.

- *Sexuality can be express [sic] both positive or negative*
- *Sexuality express [sic] positively mainly through consensual, mutually, respectful, and protected relationships, that enhance people's dignity, health and well being*
- *Sexuality express [sic] negatively mainly through violence, exploitation or abuse which diminishes people's dignity and self-worth* (p. 27 -28 F)

> *A disturbing human rights violation in South Africa of, especially black, homosexual women is "corrective rape". This term says a lot how we may see the sexual diversity, it implies that there is something to "correct"* (p. 27 F).

Here, the programme acknowledges violence as a breach of bodily integrity, violence that may be targeted against specific groups of people. The opposite is respectful and consensual relations.

In the below extract, the choice of wording is interesting; the programme says people have the right to protect their own bodies from sexual violence, as opposed to having the right to not be sexually violated.

> *the right to protect one's body from sexual violence or coercion (intimidation/force)* (p. 78 / 39 F).

As womxn are more commonly affected by sexual violence in South Africa than men, the inclusion of the above extract in the programme may come across as sending an underlying message that womxn must protect themselves from sexual violence, rather than teaching men not to violate womxn's bodies sexually.

3. What identity-based rights are referred to in the programme [the politics of recognition]?

The right to choose how one identifies is at the core of identify-based rights. Here the programme will be analysed in relation to how it includes the right to sexual, gender and reproductive self-definition and the right to public and social recognition of diverse sexual, gender and reproductive identities.

a. The right to sexual, gender and reproductive self-definition (from a spectrum of sexual, gender and reproductive identities)

i. Sexual identity and self-definition

The programme's choice of words in the below extract, "*who they choose to love*", could be referring to the right to self-definition of one's sexual identity. It could be argued that the part of the extract that reads "*no matter who they are"* refers to gender identity rights or transgender rights. This shows an attempt to be inclusionary of all identities.

> *Every single person deserves to be treated equally, no matter who they are, who they choose to love and who they choose to befriend* (p. 18 P)

The programme goes on to list and explain different sexual identities, as shown in the extracts below:

> *Sexual Orientation*
> *This describes the gender(s) you are attracted to, based on your own gender identity. Are you attracted to people of the same gender identity as you, different gender(s) identity to you or do you not experience attraction at all? For example, if you are a woman attracted to men (heterosexual/straight) you have a different sexual orientation to a woman attracted to women (homosexual/lesbian). Heterosexual, homosexual, bisexual, asexual and pansexual are terms that fall under sexual orientation. Sexual orientations also include more specific and casual terms, such as: gay; lesbian; straight, bi or pan.* (p. 13 Pocket Queerpedia)

In this extract, the programme lays out what it sees as sexual orientation. The first sentence includes a reference to gender fluidity (a reference to gender in the plural; "based on your own gender identity"), although this falls away in the later discussion ("woman attracted to women" rather than cis- or transgender women). The possibility of being asexual is also included. However, the programme has contradictions in terms of sexual identity. Later in the manual, it states:

> *All people are sexual, whether they engaged in sexual acts/behavior* (p. 27 P & F).

The programme, therefore, attempts to explain sexual identity and self-definition, but has conflicting information that may confuse participants who identify as asexual.

ii. Gender identity and self-definition

The programme explains different gender identities and undermines the idea of binary genders.

> *Biological Sex*
> *The biological categorisation of our bodies based on physical sex characteristics. In school many of us have been taught a simplified, colonially influenced, understanding of biological sex. This understanding confuses biological sex with gender and makes it seem as if there are only two types of human body in the world - we call this binary thinking. Popular thinking around*

> *biological sex is often scientifically outdated and has erased, or forgotten, different ways of understanding sex and gender in African and other cultures.* (p. 18 Pocket Queerpedia)

Here an appeal is made to science and African thinking to undermine dual understandings of gender. Binary understandings are depicted as "simplified" and located within politics ("colonially influenced").

The programme explicitly notes that everyone has the right to gender identity and to make that decision themselves, therefore referring to the right to self-determination.

> *everyone has the right to make decisions about their sex or gender identity to suit the way that they feel inside.* (p. 26 P)

Here, internal emotions (rather than any contextual or political issues) are mooted as the most important factor in gender identification

However, the programme also has some contradictions in terms of gender identity. Later in the manual, it states:

> *All human beings have the same anatomy and the two sexes differ only with regards to their reproductive systems. However, the human species is not* ***homogeneous*** *on every level but is diverse in thinking and practice.* (p. 26 P / 27 F)

> *Females and males ... experience feelings of love, attraction & sexual desire for ... both sexes (bisexual).* (p. 26 P / 27 F)

The choice of words in the above two extracts, "two sexes" and "both sexes", shows a binary way of thinking and is in contradiction to the extracts on gender identity.

The programme gives an extensive list of gender identities for the participants to understand and educate themselves on (including definitions of cisgender, intersex, transgender, non-binary, genderfluid, and neutrois). This hopefully creates a sense of inclusion for participants who identify with any of the explanations, but as there are contradictions within

the material and binary gender phrasing, some of the participants may not feel fully included and safe.

iii. Reproductive identity and rights

The programme refers directly to reproductive rights in a few sections. The programme refers to the right to reproduce if and how the participants may choose. It goes on to explain that this means participants should be able to choose whether they would like to reproduce or not, and if they choose to reproduce, that they have the right to choose the timing and number of children they would like.

> *Reproductive 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. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.* (p. 79 P/ 40 F)

The above extract shows the participants that they should be able to choose and plan their reproductive choices as they see fit without the influence of others. This is important as it gives the participants the agency to think about their future reproductive choices.

a. The right to public and social recognition of diverse sexual, gender and reproductive identities.

For rights to be accessible, they need to appear in the law; there also needs to be public and social recognition of them. As such, public and social recognition of diverse sexual, gender and reproductive identities is extremely important. The programme describes the history of discrimination in South Africa.

> *Sexual intercourse between men was historically prohibited in South Africa as the common law crimes of "sodomy" and "unnatural sexual offences", inherited from the Roman-Dutch law. A 1969 amendment to the Immorality Act prohibited men from engaging in any erotic conduct when there were more than two people present.* (p. 81 P).

The programme goes on to describe how the law has since changed, and which laws are currently in place in order to protect these rights. Knowing these rights are protected by law can make participants feel like they are able to access these rights with more protection.

> *In May 1996, South Africa became the first jurisdiction in the world to provide constitutional protection to LGBT people, via section 9(3) of the South African Constitution, which disallows discrimination on race, gender, sexual orientation and other grounds.* (p. 81 P).

> *In 2002 the Constitutional Court's ruling in Du Toit v Minister of Welfare and Population Development gave same-sex partners the same adoption rights as married spouses, allowing couples to adopt children jointly and allowing one partner to adopt the other's children The adoption law has since been replaced by the Children's Act, 2005, which allows adoption by spouses and by "partners in a permanent domestic life-partnership" regardless of orientation.* (p. 81 P).

The programme, thus, clearly outlines both the constitutional and legal recognition of identity-based rights in South Africa.

The programme then explains that South Africa has legal protection in place for queer individuals, but that this is not the case for many countries in the world. This gives participants a global perspective on how their identities can be affected differently when not in South Africa, despite international human rights law. As such, this may give participants the feeling that their identities are validated and included in the South African community.

> *Currently same sex relationships between women are illegal in forty five [sic] countries, while same sex relations between men are illegal in seventy two [sic].* (Pocket Queerpedia p. 67).

The programme then speaks to the lived reality in South Africa for queer people. In the extracts below, they note that queer individuals still face discrimination, despite the legal protection they have. The programme speaks to this reality of a lack of public and social recognition:

The unfortunate reality is that in most societies and cultures sexual diversity, other than heterosexuality, is often frowned upon, denounced (criticised) and stigmatised (branded) (p. 27 F).

LGBT South Africans continue to face considerable challenges, including social stigma, homophobic violence (particularly corrective rape), and high rates of HIV/AIDS infection. (p. 42 F).

The right to public and social recognition varies from community to community for different identities in South Africa. The programme attempts to show the participants that while these rights are protected in law, this is not necessarily the case in practice.

4. What relationship-based rights are referred to in the programme?

In this section, I look at how the programme discusses relationship-based rights.

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

Ethical sexual behaviour refers to consensual sexual activity. It includes agreeing to marriage and to the person you are going to marry.

SRHR includes the right of all persons to: …

- *Have respect for bodily integrity;*
- *Choose their partner;*
- *Decide to be sexually active or not;*
- *Have consensual sexual relations;*
- *Have consensual marriage;* (p. 2 Website – SRHR Definitions)

Human Rights apply to sexual and reproductive life and health; It includes with whom and under what circumstances a person has sex; (p. 78 P / 39 F).

In the extracts above, the programme notes that individuals have the right to engage in sexual activity under the circumstances they are comfortable and without coercion. It gives participants an understanding of an ethical view on relationship-based rights by emphasising consent as a right within relationships.

b. The right to public validation of various forms of sexual relations within social institutions

Social institutions include family, religion, education, and government. These are important communities as they can have a significant influence over people's lives. Therefore, the validation of different forms of sexual relations within these social institutions can have a big impact on relationships.

The programme addresses the right to public recognition within social institutions through the example of queer sexual relations. The material looks at how beliefs, culture, politics, the law and philosophical beliefs can impact how participants express their sexual relationships.

> *Spiritual aspects of sexuality concern an individual's spiritual connection with others. Sexuality, additionally impacts and is impacted by cultural, political, legal, and philosophical aspects of life. It can refer to issues of morality, ethics, religion and theology.* (p. 26 P/ 26 F)

Further to this, the programme explores how developments within religious beliefs can deter individuals from seeking and experiencing sexual pleasure.

> *Socio-cultural aspects of sexuality include historical developments and religious beliefs, including sexual pleasure within the marriage and certain Christian or other religious views on avoidance of sexual pleasures. Some cultures have been described as sexually repressive.* (p. 26 P/ 26 F)

The programme goes on to detail that the statutory law in South Africa seeks to protect the right to public validation of all sexual relations.

> *In May 1996, South Africa became the first jurisdiction in the world to provide constitutional protection to LGBT people, via section 9(3) of the South African Constitution, which disallows discrimination on race, gender, sexual orientation and other grounds.* (p. 81 P).

The programme is able to explain relationship-based rights and how these may be invalidated by social institutions such as religious institutions. It further describes the support that the law shows in accessing this right partially for queer sexual relationships. The material, however, does not discuss the idea of validation and how that may look for participants in various forms of sexual relationships.

5. What international, regional or national frameworks, laws or policies are referred to in the programme?

The programme attempts to give the participants a broad and comprehensive overview of their rights, specifically relating to their sexual and reproductive rights but also including their social rights. The programme also attempts to frame and contextualise these rights by giving a brief history of how these rights have come about and how they are standardised within the international body of rights held by various countries, both close to home in neighbouring countries and other countries abroad. With that said, the programme lacks contextual information regarding the frameworks, as well as examples of how rights look in different situations and relationships.

As an overview, there are various international, regional, and national frameworks, laws, and policies referred to in course manuals and the website SHRH resource. The full list appears in Appendix B. The oldest date relating to rights in the programme is a discussion on the Declaration of Human Rights that reads:

> *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.* (p. 78 P/ 39 F)

This gives the participants a basis for understanding two critical ideas in the legal framework of South Africa. The first is that the Declaration of Human Rights is the set of international principles that are the basis of all rights and legal statutes in South Africa. As such, all rights in South Africa are in line with the basic principles set out in the Declaration of Human Rights. The programme fails to mention that the rights listed in the Declaration are not enforceable. The 12 rights listed in the Declaration can, therefore, be seen rather as a set of 12 principles that various nations have used as guidance to create rights and laws that are legal and enforceable.

The second critical idea in this extract is that it shows participants the historical context that drove a democratic South Africa to use this international framework in the creation of laws and rights, i.e. the apartheid regime. The extract explores the idea of biased denial of rights under the apartheid regime and underlines the importance of understanding these rights so that no person in South Africa is ever denied these rights again. This is evidenced in the extract below as well.

> *Sexual intercourse between men was historically prohibited in South Africa as the common law crimes of "sodomy" and "unnatural sexual offences", inherited from the Roman-Dutch law. A 1969 amendment to the Immorality Act prohibited men from engaging in any erotic conduct when there were more than two people present.* (p. 81 P)

The programme gives historical context, in the extract above, on the physical acts that were prohibited in South Africa and on how different sexualities were framed, even in legislation, as unnatural acts. This is important for the participants to understand that there was a social component of discrimination and not only a legal one historically in South Africa. The above also allows the participant to understand that these legal and socially discriminatory attitudes were based on long historical and perhaps even generational ideas dating from the first Western colonists and the apartheid regime in South Africa.

The sexual and reproductive rights, seen as human rights by international organisations such as the World Health Organization, are carefully laid out.

> *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.*

The responsible exercise of human rights requires that all persons respect the rights of others. (WHO Report, 2006) (p. 3 Website – SRHR Definitions)

Reference to the World Health Organization gives this conceptualisation weight. The emphasis on respecting choice, consent, and individual decision-making thus gains broader traction.

In the below extract, the programme mentions that the Constitution is the starting point of understanding the laws that promote gender equality and outlines that state bodies are tasked with ensuring these rights are implemented.

The South African Constitution of 1996 is the main legislation in the country that promotes gender equality. The prescribed duty of The Commission for Gender Equality as constituted by the State, is to monitor any form of gender inequality and to provide guidance to the social institutions in the country as to how to ensure that gender equality is promoted. (p. 80 P/ 41 F)

There is an acknowledgement, however, that despite several pieces of protective legislation, implementation is not always effective, as seen in the extract below.

> *South Africa has one of the most legislative frameworks [sic] to protect women, men and children who are victims of gender-based violence. The legislative framework includes the South African Constitution of 1996, The Commission on Gender Equality Act, No. 39 of 1996; Victims Empowerment Charter 2004; Sexual Offences and Related Matters Amendment Act, No. 32 of 2007 and Domestic Violence Amendment Act 31 of 2008. Despite the legislation, GBV still exists.* (p. 41 P/ 80 F)

To reinforce the statement, "GBV still exists", this statement is followed by some everyday examples of cases where the right to be protected against gender-based violence is violated (these are taken from the Victim Empowerment Report).

As indicated, South Africa was the first country to give constitutional protection to queer individuals, which followed suit from international legislative trends to give statutory protection to queer individuals in countries such as the UK in 1999.

Statutory legislation in SA was rewritten after the constitution came into effect to be in line with the constitution post-1996. Participants are also educated on the ways that the courts attempted to rectify the law informally while statutes were being drafted and passed.

> *In May 1996, South Africa became the first jurisdiction in the world to provide constitutional protection to LGBT people, via section 9(3) of the South African Constitution, which disallows discrimination on race, gender, sexual orientation and other grounds. As of 1 January 2008, all provisions that discriminate have been formally repealed. This included introducing an equalised age of consent at 16 regardless of sexual orientation, and all sexual offences defined in gender-neutral terms.* (p. 81 P)

> *In 2002 the Constitutional Court's ruling in Du Toit v Minister of Welfare and Population Development gave same-sex partners the same adoption rights as married spouses, allowing couples to adopt children jointly and allowing one partner to adopt the other's children The adoption law has since been replaced*

> *by the Children's Act, 2005, which allows adoption by spouses and by "partners in a permanent domestic life-partnership" regardless of orientation.* (p. 81 P)

Participants are thus educated on the ways that the courts attempted to rectify the law while statutes were being drafted and passed. Participants can, therefore, see how they are able to seek recourse through the courts even when they believe they should have particular rights that are not in formal enforcement yet.

The programme gives the participants the opportunity to understand the historical context on the international stage as it relates to the context of human rights in South Africa.

> *The Platform for Action from the 1995 Beijing Conference on Women established that human rights include the right of women freely and without coercion, violence or discrimination, to have control over and make decisions concerning their own sexuality, including their own sexual and reproductive health. This paragraph has been interpreted by some countries as the applicable definition of women's sexual rights. The UN Commission on Human Rights has established that if women had more power, their ability to protect themselves against violence would be strengthened.* (p. 79 P /40 F)

The above extract assists the participants in understanding that rights were not available to everyone, not only based on their race, but also gender on the international stage. Further to this, the extract allows participants to understand that the human rights that they now, theoretically, enjoy every day came to pass as recently as 1995 on the international stage.

6. How is belonging (capacity to take up these rights) dealt with in the programme?

The below extract shows participants that while the South African constitution followed the legislative trends to give queer people rights, there is a strong argument to be made that the SA constitution also empowers queer people and heterosexual people by further detailing their sexual and reproductive health rights, unlike any constitution in the world. The conversation regarding the historical context of rights in South Africa is further explored in the below extract

along with more specific context around the issue of recourse for participants when they feel their rights are being violated.

> *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. 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 work place.* (p. 78 P/ 39 F)

Within the above extract, the idea of reporting any violation of rights stated in the Declaration of Human Rights is explored. The extract highlights that post-1996 all individuals in South Africa have the rights set out in the Declaration of Human Rights. Participants are empowered with a recourse if their rights are violated by being taught to report any violation to the authorities, such as the Justice Department or the Commission of Gender Equality. This brings the participants to the subject matter of the programme being sexual and reproductive rights which includes gender equality.

The programme locates the relevant section and rights that pertain to equality in the below extract.

> ***Section Nine of the Constitution of South Africa*** *guarantees* ***equality before the law*** *and* ***freedom from discrimination*** *to the people of South Africa. This* ***equality right*** *is the first right listed in the* ***Bill of Rights****. It prohibits discrimination by the government and discrimination by private persons; however, it also allows for* ***affirmative action*** *to be taken to redress past unfair discrimination.* (p. 79 P /40 F)

Here the programme situates the importance of equality as it describes the right to equality as the first law listed in the Bill of Rights. The programme is able to reinforce the

ability to act and seek redress when rights are violated, once again empowering the participants not only with the knowledge of their rights but also with appropriate recourse.

With the participants being drawn back to the subject matter of the programme, the content moves on to discuss the international frameworks that protect South Africans regarding these specific rights.

> *Some of the notable global NGOs that fight for sexual and reproductive health and rights include IPPF (International Planned Parenthood Federation), ILGA (International Lesbian and Gay Alliance), WAS (World Association for Sexual Health - formerly known as World Association for Sexology), and International HIV/AIDS Alliance.* (p. 78 P/ 39 F)

This extract mentions non-governmental international organisations that every individual worldwide can contact in the event that their sexual and reproductive rights are violated. This furthers the idea that there is help and reporting structures that participants can rely on, not only if the participants are in South Africa, but if they are abroad as well. This is an extremely comprehensive aspect of the programme that takes into account that not all participants may stay in South Africa or even be South African, but also empowers them in the event that they do not remain in South Africa.

> *Unlike the other three aspects of SRHR, the struggle for sexual rights includes, and focuses on, sexual pleasure and emotional sexual expression. One platform for this struggle is the WAS Declaration of Sexual Rights.* (p. 79 P /40 F)

The extract above further explains sexual rights to participants, such as their right to sexual expression. The participants are shown that they have the right to express their rights in the manner that they feel fit under the protection of the law. There is, however, the omission of the participant's responsibility to respect the expression of other people’s rights, which is a very important aspect of practical empowerment.

The programme acknowledges that an individual's rights may be compromised and that their capacity to take up these rights is constrained due to several factors. I have split the ways in which an individual's capacity to take up these rights is obstructed into two sections. These obstructions or barriers to belonging are inequalities and physical obstructions.

i. Inequalities:

The inequalities discussed in the programme's material are socio-economic status, education level, age, ethnicity, religion, and resources available in their environment.

> *individuals do face inequalities in reproductive health services. Inequalities vary, based on socio-economic status, education level, age, ethnicity, religion, and resources available in their environment. It is possible for example, that low income [sic] individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health.* (p. 79 P/ 40 F).

The material thus mentions how these inequalities that individuals could experience may affect people's ability to access their right to healthcare services as an example.

ii. Physical violations:

The programme notes that there many forms of physical violations that can occur but gives the example of rape, sexual violence and different forms of abuse.

> *There are numerous examples where women are being raped, sexually abused, forced into prostitution, and forced into pornography by men. These men may be known to the women or girls or not known to gender-based violence perpetrators.* (p. 80 P / 41 F).

Here the material explores the violations that womxn may experience but does not include that all individuals can experience these violations. Further to this, it may give the participants the impression that only men can physically violate womxn rather than that any individual can violate any other individual regardless of how they may identify.

The extract below details sexual and gender-based violence at length. This is important as South Africa has one of the highest rates of gender-based violence in the world.

> *Gender-based violence is defined at [sic] that which is directed against a person on the basis of gender. The inclusion of sexual violence as defined by WHO includes "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work" (Population Council, 2008:9). The scope of the definition is also expanded to include the forced sex, sexual coercion and rape of adult and adolescent boys and girls, and child sexual abuse.* (p. 5 Website – SRHR Definitions)

Here the programme gives a detailed definition of gender-based violence to the participants. While the material details examples of gender-based violence as a man inflicting physical, sexual or emotional violence on a womxn, it could be said that as this is the most common form of gender-based violence, this is important for all participants to be educated on.

After a detailed explanation of gender-based violence, the programme has set the foundation to then explain how the infliction of physical violence may affect participants' capacity to take up their right of bodily integrity and ethical sexual activity and consent.

> *Prejudice directed at people who engage in same sex relationships. This shows itself in different ways, from informal bullying and exclusion, to laws that criminalise any acts considered to be 'homosexual'. Homophobia can manifest in extremely violent ways, and many people are forced to keep their identity a secret to survive. Those who appear to challenge ideas around the gender binary and sexual orientation can also be affected by homophobia.* (Pocket Queerpedia, p. 67).

> *Nevertheless, LGBT South Africans continue to face considerable challenges, including social stigma, homophobic violence (particularly corrective rape), and high rates of HIV/AIDS infection.* (p. 42 F).

For example, a female of any age may consent to her own TOP, even a girl child. [E]very effort must be made to enquire why the child would be fearful of involving parents as it may point to sexual abuse. (p. 41 P/ 52 F)

In the first extract above, the programme refers to how the capacity to take up the right to self-definition is undermined ("forced to keep their identity a secret to survive"). Discrimination and violence are also linked to ill health ("high rates of HIV/AIDS infection"). In the last extract, the rights of young womxn to bodily integrity, and therefore the capacity for reproductive decision-making, are depicted as possibly being undermined by sexual abuse.

The programme also provides examples of participants' inability to take up their rights owing to violence or abuse.

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, it implies that there is something to "correct" (p. 27 F).

Discrimination based on sexual diversity (like race and gender) is unconstitutional (unlawful) in South Africa. Despite our human rights based [sic] legislation that should protect an individual's sexual rights / preference there are still instances where homosexuals are target [sic], abused and even murdered.

***Two examples**:*

1. *The Malawian case in December 2010 where a Malawian couple was imprisoned for their sexual orientation.*
2. *In Khayelitsha a few years ago a women [sic] was raped & murdered for being a Lesbian* (p. 27 F).

The above two extracts are evidence that the programme locates the rights that appear on paper within the current realities, which include violence, imprisonment and murder.

7. What forms of formal political action are spoken about in the programme?

Political action refers to participation in activities (single activities or a collection of activities) that may result in change. This change is usually to overcome an exclusion that a group of people are currently experiencing. Such forms of political action are a practical form of agency.

The programme discusses advocacy within our governmental structure showing formal political action in which participants can engage. The below extracts detail what advocacy in a political setting can look like, as well as the reasoning behind these forms of advocacy.

> *Advocacy is organized actions by individuals or citizens to influence the formulation and implementation of public policies and programs by pleading for, pressuring or recommending government and or decision makers [sic]* (p. 90 F).

> *Advocacy consists of different strategies aimed at influencing decision-making at the organisational, local, provincial, national and international levels. Advocacy can involve many specific, short-term activities to reach a long-term vision of change. Advocacy strategies can include lobbying, social marketing, information, education and communication (IEC), community organizing, or many other forms of communication.*
> *An* ***advocate*** *is a person who speaks up for, and defends the rights of him or herself, or of another person or the communities.* (p. 90 F).

> *In the social and economic development context the aims of advocacy are to create or change policies, laws, regulations, distribution of resources or other decisions that affect people's lives and to ensure that such decisions lead to implementation. Such advocacy is generally directed at policy makers including politicians, government officials and public servants, but also private sector leaders whose decisions impact upon people's lives, as well as those whose opinions and actions influence policy makers, such as journalists and the media, development agencies and large NGOs.* (p. 84 P).

The first extract above defines advocacy in broad terms. The next extract describes the different forms of formal political action that are available for participants to engage in. The last extract discusses to whom advocacy efforts can be directed. An opportunity is, thus, taken by the programme to explain the outcomes of formal political action and how these actions can have the potential to lead to permanent, tangible change for all different groups of people.

In the below extracts, the programme shows participants that formal political action can take place both on a national, provincial or municipal change. This could encourage participants to recognise the agency that they have to advocate for their rights on multiple political levels.

> *Integrated Development Planning is an approach to planning that involves the entire municipality and its citizens in finding the best solutions to achieve good long-term development.* (p. 87 P/ 98 F).

> *Municipalities have to contribute to building the capacity of the local community to participate in municipal affairs and the councillors and staff to foster community participation.* (p. 104 F).

The programme positions political forms of action in a positive light to participants. The material is inclusive of many levels and kinds of formal political action and shares different reasons for participation and outcomes that may result. As a whole, the material can be seen to give participants the space to feel inclusion and belonging through advocacy.

8. What forms of informal political action are spoken about in the programme?

Informal political action can take different forms and can be a very powerful tool for individuals who may feel that they do not have the space to take part in formal political action. There is only one reference to informal political action in the programme. The programme refers to informal political action in the form of protests.

> *The 1969 Stonewall Uprising was a 'riot' led by Black trans women fighting against the oppression of queer people in New York City. The uprising was met*

> *with police violence. A year later, in commemoration of the events at Stonewall, the first Pride parade was held on 28 June 1970.* (Pocket Queerpedia, p. 79).

Here informal political action in the form of an "uprising" is spoken to. The manner in which this turned into formal political action ("first Pride parade") is emphasised.

Principle 2: Differentiated Universalism

Differentiated Universalism is important within the context of SRHR, as universal rights include sexual and reproductive rights as basic human rights. It is important to acknowledge that in practice not all universal rights are accessible to all groups of people. In addition to this, differentiated universalism considers the fact that not all marginalised groups are homogeneous. The outcome of this is that marginalised groups' SRHR are not experienced in the same way as others between and within that marginalised group. This analysis will look at how the PSH programme not only describes the context of rights to the participants, but also how these issues arise in different contexts. Lastly, the analysis will look at how the role of these contexts mentioned in the programme can facilitate inclusion or exclusion from SRHR.

The programme attempts to explain the concept of homogeny in the extract below to the facilitator (as it is only in their manual) so that the discussions that take place in the programme can be done with the facilitator's understanding that not all groups may experience the same contextual issues.

> *However, the human species is not* ***homogeneous*** *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 different issues in the world. Even within cultures, there are differences of opinion and practice. Religion and political governance are the most common differences.* (p. 26 F).

1. What contextual issues are raised in relation to SRH issues in the programme, and how is the role of these contexts in facilitating inclusion and/or exclusion from sexual and reproductive rights dealt with in the programme [the politics of redistribution]?

The programme lists different contextual issues in the extract below and goes on to give an example of one of these issues, as shown in the extract below. This situates the participants in the various contextual inequities that may occur in their lives in general.

> *Inequalities [in health services] vary, based on socio-economic status, education level, age, ethnicity, religion, and resources available in their environment. It is possible for example, that low income individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health*. (p. 79 P/ 40 F).

The programme's material details a number of different contextual issues that can affect people's access to SRHR. The analysis will look at the extent to which and how these issues are discussed. These contextual issues are familial context, community context, educational context, economic context, and geographical context.

a. Familial context

The programme refers to familial aspects and context in relation to SRH. Specifically, the programme looks at how the upbringing of an individual may affect their emotions and beliefs around sexuality.

> *Many issues related to sexuality provoke strong emotions and opinions about what is right and wrong. Your beliefs will depend on your experiences in relation to your own sexuality and upbringing. Another viewpoint is that sexual behaviour or development fits into one or two categories "normal or "abnormal". It's because we are conditioned to think about sexuality as "good or "bad"*. (p. 11 P/ 10 F).

In this extract, "upbringing" is described as influencing beliefs – "condition[ing]" people to think of sexualities in the binaries of good or bad, normal or abnormal. The example

around sexuality and how an individual's upbringing can affect the emotions and beliefs around different sexualities could be read as exclusionary. The extract situates different sexual identities as either being right or wrong, which may lead participants to feel that their own sexuality may be wrong and constrain their conduct-based rights.

b. Community contexts

The programme explains how belonging to a community can raise issues when the collective beliefs of that particular community do not allow individuals to take up their rights. These issues can lead to individuals not feeling comfortable accessing certain rights, as they feel they might be judged or ostracised from a community to which they belong.

> *This group [young pregnant individuals] 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.* (p. 2 website – Teenage pregnancy).

> *Adoption: another option available to young mothers. It takes a lot of courage, maturity and love to recognise that someone else would be able to provide the child with a better future. Young couples need to be referred to sources of support when making a decision since in certain communities, there is a stigma around adoption.* (p. 39 P/ 48 F).

The programme gives examples of issues that young pregnant individuals may face within their communities when deciding which SRH rights they want to access. The consequences of community negativity are laid out in stark terms, including death. The need for support in these circumstances is highlighted.

Another example given within the programme is the negativity that certain communities may place on masturbation due to religious or cultural beliefs.

> *The normality, as well as the privacy of masturbation (to stimulate yourself to achieve sexual pleasure), should be stressed in an affirming way. Unfortunately*

cultural or societal pressures may result in feelings of guilt in the child who may feel forced to refrain (abstain/stay away) from exploring his or her sexuality. Note that this cultural moratorium (delay) 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. (p. 26 P/ 29 F)

The programme notes how a masturbation taboo may result in individuals feeling guilt or pressure to restrain from acting on their right to sexual pleasure because of these communal beliefs.

In the extracts detailed in this section, the programme frames community contexts in a way that highlights how they can be exclusionary. The programme uses examples of community stigma around teenage pregnancy, adoption and masturbation. Ironically, this may make participants feel that they should feel ashamed of falling pregnant when they are a teenager or if they decide to not give up a child for adoption. Furthermore, the example around masturbation could give participants the impression that masturbation is shameful just because some communities feel this way. This can act as a barrier to the participants right to act on sexual pleasure and SRHR. Additionally, these views may be taken up by youth and they may continue to perpetuate the views and discriminate against other people outside of their community.

c. Educational contexts

As institutions, schools often align with community beliefs and ideals. As such, the programme details how schools play a big role in educating teens about their SRHR. Examples include issues within schools around gender equality and health education programmes for womxn in particular.

Although perceptions and attitudes about gender equality have changed over the years, there are still numerous reports in the South African media about gender inequality in the work place [sic], in communities and in schools. (p. 80 P/ 41)

men and women ought to be informed of and to have access to ... health education programs (p. 79 P/ 39 F).

Social consequences [of teenage pregnancy]

- *Impact on education, may have to drop out of school in order to care for the baby or get a job.* (p. 38 P / 48 F)

The last extract above is evidence that the programme highlights the experience and the response received by pregnant teenagers in the educational environment. Interestingly, the first extract states that perceptions and attitudes about gender equality have changed but still persist in schools and workplaces. However, there is no mention of the different levels of support available in workplaces compared to schools. Notably, the support received by pregnant individuals in school vs. the workplace is very different (Morrell, Bhana, & Shefer, 2012).

The second extract above is inclusive as it emphasizes the importance of the education of SRHR and positions it as a necessity (inside and outside of educational institutions). Further to this, the first extract displays inclusivity, as it states that gender inequality is still a reality in schools despite the fact that perceptions and attitudes towards it have changed.

d. Economic context

The programme uses the example of how teenage pregnancy can affect individuals, families and communities differently because of the socio-economic status of the individuals involved.

In most situations the pregnancy becomes a social and economic burden on the parents and community. (p. 2 website – Teenage pregnancy).

[consequences of teenage pregnancy] Anger and frustration from their families, as they have brought one more mouth to feed to the household. (p. 38 P / 48 F)

The above two extracts show the response that pregnant teenagers may receive from their families because of the change in financial situation that the family may experience due to feeding an extra mouth. The use of the word *burden* shows the negative responses faced by pregnant teenagers and the lack of support system.

The first extract implies that people of low socio-economic backgrounds have an additional layer of inaccessibility as they may feel that they cannot look after their child as this will be adding an economic burden onto their family.

The programme puts forward that socio-economic status affects the access that individuals have to appropriate health care as this health care may not be affordable to them and becomes a barrier to accessing their right to SRH.

> *There is a host of reasons for this [not having access to basic human rights] including: ... limited or poor quality service delivery, legislation denying individuals to make decisions about their own sexual and reproductive health.* (p. 78 / 39 F).

> *[I]ndividuals do face inequalities in reproductive health services. Inequalities vary, based on socio-economic status, education level, age, ethnicity, religion, and resources available in their environment. It is possible for example, that low income individuals lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health.* (p. 79 P/ 40 F).

The above two extracts illustrate the impact that low socio-economic status can have on individuals' health. It shows that low economic status may exacerbate people's agency to take control of their health by forcing them to rely on state health care and timelines, which often involve poor service and long waiting lists due to high demand for services and under-resourced facilities.

e. Geographic context

Communities are often formed based on geographical proximity. The geographic context or location of an individual can impact their accessibility to certain SRHR.

The programme gives the example of fearing being stigmatised by a local community if rights (such as pre-natal or clinics which offer termination of pregnancy) are accessed through a geographically local clinic. A pregnant teenager is not seeking healthcare, in the below extract, because of a fear of discrimination by members of their community or healthcare

workers in the clinic. This fear is stopping them from seeking either advice on what to do you regarding the pregnancy, seeking a TOP or getting information about adoption.

> *[pregnant teenagers may] "feel scared to attend the local clinics as they get stigmatised".* (p. 38 P/ 46 F).

Geographical context plays a big role in the accessibility of rights not only due to proximity to services, but because of the view that accessing certain rights may lead to individuals being recognised and the broader community being told about their private matters. This leaves individuals feeling exposed and not wanting to access important services or act upon certain rights.

Overall, the programme deals with SRHR and the role of contextual issues, highlighting how some contexts lead to exclusion. There are many discussions around these contextual issues which frame accessing SRHR as risky or in a negative light. The programme is able to effectively discuss and describe differentiated universalism for participants to understand. Hopefully, this will help participants to treat people within their groups and communities as individuals with varying beliefs and values. Ironically, the examples of these contextual issues may discourage participants from wanting to even attempt to access certain SRHR and services.

Principle 3: Public and Private Interstice

In this section the following question is addressed: What power relations are referred to in the programme: race/ethnicity, socioeconomic status, gender, sexual orientation, gender identity, ability status, age, geographic location, and/or religious beliefs? These are all mentioned throughout the programme in different extracts and to varying degrees.

a. Race/ethnicity

Here the programme notes how an individual may have their right to consent to sexual activity and sexual identity violated by others due to their race and sexual identity.

> *A disturbing human rights violation in South Africa of, especially black, homosexual women is "corrective rape". This term says a lot how we may see the sexual diversity, it implies that there is something to "correct"* (p. 27 F).

Although the emphasis in this extract is on sexual orientation, the addition of "especially black" highlights the racialised power relations that are in play in relation to "corrective rape".

b. Socioeconomic status

The programme describes how socio-economic status may have an impact on the decisions one may make relating to the outcome of a teenage pregnancy.

> ***Why do Teens become pregnant? …*** *Some may feel they have no choice besides exchanging sex for money, school supplies or food.* (47 F / 38 P).

Although socio-economic status is not directly mentioned in this extract, the implication is that the young womxn is poor enough that there is "no choice" but to engage in transactional sex.

c. Gender

The extract below details how the gender of an individual may impact their ability to negotiate their agency.

> ***Why do Teens become pregnant? …*** *Others may know how to prevent pregnancy, but are not able to negotiate contraceptive use with their partners. (e.g. fear of sexual violence, forced to have unprotected sex).* (47 F/ 38 P).

Gendered power relations that result in violence or coercion are referred to in this extract. The inability to negotiate safe sex points to a lack of agency steeped in gendered inequities.

d. Sexual orientation

The programme notes how an individual's sexual orientation may lead to discrimination in South Africa even though it is protected by law.

Discrimination based on sexual diversity (like race and gender) is unconstitutional (unlawful) in South Africa. Despite our human rights based legislation that should protect an individual's sexual rights / preference there are still instances where homosexuals are target [sic], abused and even murdered. ***Two examples****:*

1. The Malawian case in December 2010 where a Malawian couple was imprisoned for their sexual orientation.

2. In Khayelitsha a few years ago a women [sic] was raped & murdered for being a Lesbian

These are just two cases mentioned. (p. 27 F).

Nevertheless, LGBT South Africans continue to face considerable challenges, including social stigma, homophobic violence (particularly corrective rape), and high rates of HIV/AIDS infection. (p. 42 F).

The inclusion of cases in the first extract provides a concrete grounding for the more general statement in the second extract.

e. Gender identity

In the below extracts, the programme gives examples of how differing gender identities may be othered or violated in social, political or medical contexts, thus making it harder for people of varying gender identities to negotiate their SRH rights.

People's bodies don't always fit into the narrow definitions of what a biological female or male are. Many people's assigned biological sex also does not define their gender ... [i.e.] you can be assigned female at birth, biologically have more testosterone or 'male-appearing' genitals and still identify as a woman, man or non-binary person. This could include intersex, transgender and non-binary people. This is important to understand because it affects how we treat and organise people socially, politically and medically, such as who can access things like work, healthcare and even public bathrooms. (p. 19 Pocket Queerpedia)

Intersex people also face societal and cultural prejudice and violence, often even at birth before they have the means to advocate for themselves. (p. 45 Pocket Queerpedia).

Transphobia is the prejudice against and oppression of transgender people. Transphobia and homophobia are two different types of oppression, though a person (for example a trans lesbian woman) can experience both of these simultaneously. TERF - 'trans exclusionary radical feminism' is a term describing so-called feminists who see trans people (especially trans women) as a threat. They often promote conservative values and believe in gender essentialism. Gender essentialism is the idea that gender is dictated by genitals, and supports the idea of the gender binary. They claim that transgender men are misguided lesbians and transgender women are predatory men trying to invade their safe spaces. Another term used by this group is 'gender critical'. (p. 69 Pocket Queerpedia).

The programme, thus, refers to the power relations that intersex and transgender people may experience. Interestingly, the complex politics between trans and some feminist activists is also discussed. In this way, the programme highlights the power relations not only within day-to-day interactions but also within activist spaces.

f. Ability status

The programme gives examples of how individuals with differing abilities may be treated unfairly by those who consider themselves fully abled. The below two extracts show that differently abled individuals may not be in a position to take up their rights as they are assumed to be of a certain sexual orientation.

Myths about people with an intellectual disability also influence our values and opinions. Sadly this means a person's sexuality is likely to be judged if they have a disability. (p. 11 P/ 10 F).

Sexual Diversity

> *Irrespective of sexual identity and physical ability, Individuals may vary in their sexual practices.* (p. 27 F).

In the first extract above, unspecified "myths" are referred to, as well as judged. In contrast to the exclusion that is suggested in the first extract, in the second, the programme punts the idea that people are *all* variable in their practices, even if they have a physical disability.

g. Age

In the extract below, the programme describes how an individual's agency can be affected due to their status as being young, "too shy" and "scared".

> *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. (p. 2 website – teenage pregnancy).*

> *The NYP, recognising that young people are not a homogenous group, has adopted a differentiated approach, targeting its interventions according to age cohorts and specific groups within its broad definition of "youth" to address their specific situations and needs. (p. 1 online SRHR Definitions)*

The exclusion of young people in terms of taking up their SRHR, and the potential consequences thereof (seeking "back street [and probably unsafe] abortions") are referred to in the first extract. The second extract speaks not only to understanding the needs of young people (therefore inclusion), but also that subgroups within the broad category of youth may have "specific situations and needs".

The programme fails to refer to geographic location or religious beliefs in relation to power dynamics.

The overarching theme of considering the minority or differently identifying individuals as less powerful within the programme provides the participants with a clear picture

of how the public sphere has an influence over individuals and their agency within the private sphere.

Principle 4: Citizenship and situated agency

This principle speaks to individual decision-making and action. It describes the fact that citizenship as an expression of agency does not occur in isolation. In other words, agency occurs within particular contexts and social constraints. Individual decisions are influenced by their social, economic, geographic and community environments. There is an emphasis on how individual decision-making is located within the social environment.

1. What decision-making processes are spoken to: sexual intercourse; contraception; conception; pregnancy outcome; healthcare' relationships?

Individual decision-making is located within the social environment of the individual. Research by UNFPA (2010) notes that it is crucial to go beyond individual behaviours to use a socio-ecological perspective that understands the individual within relationships and the broader social context. The PSH programme discusses decision-making processes relating to conception, contraception, and interactions with healthcare professionals.

The programme's first module is on values, communication, decision-making, and relationships. It sets out the importance of making informed decisions, focusing largely on youth.

> *Making decisions is a skill that teens will need to learn to do well because the decisions they are making in this life stage can be life-altering. Whether or not to get a job, start smoking, use drugs, go to college, start dating or have sex are decisions that teenagers are making everyday [sic]. Mix in the decisions of whether or not to study for an upcoming test, which leads to good grades, which leads to college choices and you will begin to see the scope of why your teen needs to learn to make his/ her own decisions. Plus, good decision making [sic] skills help teens achieve with less stress, as the consequences of poor decision-making skills cause a lot of stress.* (p. 16 P)

In this extract, a number of decisions are referred to, with general decisions (e.g., “go to college”) mixed with decisions concerning sexualities (“start dating”). The only context referred to in this extract, however, is the parent-child relationship, with the programme extorting parents to help their children to “learn to make his/her own decisions”.

Decision-making around SRHR is discussed in the programme. The analysis below will show how decision-making is discussed within various contexts and how this can either encourage or discourage the agency of an individual.

> *One of the drivers of HIV/AIDS in South Africa is the tendency to have concurrent multiple sexual partners. According to the 2008 NYRBS, 41% of adolescents between the age of 13 and 19 reported to have more than one partner in South Africa. Cultural stereotypes and gendered views that young men should have more than one partner to prove their masculinity and sexual prowess put the young men at risk of contracting HIV infection. These cultural typecasts should be addressed, although this should be done in a manner that is culturally sensitive. Educating young men is of paramount importance and the young men should be made to understand the impact of their reproductive health choices on themselves and those around them at a young age. This will hopefully instil a culture of informed decision-making.* (p. 6 P/ 7 F).

> *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.* (p. 30 P/ 32 F).

In the first extract above, “cultural stereotypes and gendered views” are depicted as contexts that reduce the agency of men to make healthy choices. The programme indicates that this context should be addressed, but “sensitively”. In the second extract, a context of restrictive access is seen as compromising decision-making.

In the extract below, the programme gives examples on how decision-making around conception can be the result of wanting to feel a sense of identity or included in a group.

> *Teenage age [sic] girls become pregnant intentionally and unintentionally. 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.* (p. 2 website – Teenage pregnancy).

Here, decision-making is separated into intended and unintended. The context of intentional decision-making is described as peer pressure and (mistaken) “cultural beliefs”.

In the two below extracts, the programme discusses the impact of decision-making around pregnancy outcome and contraception, and how this can affect a participant's agency in other aspects of their lives.

> *Some of their parents [of pregnant teenagers] 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.* (p. 2 website – Teenage pregnancy).

> *Why do Teens become pregnant ... they feel scared to attend the local clinics as they get stigmatised (branded).* (p. 47 F/ 37 P).

A contrast is created here where young pregnant womxn are depicted as asserting positive agency (seeking antenatal care) in the context of a supportive family, but avoiding such actions in the face of stigma.

2. What and how are desires or pleasures referred to: sexual diversity; physiological; sexual acts?

Desires or pleasures can be said to be ways in which individuals act on their conduct-based rights. Within this section the inclusion or exclusion of desires and pleasures referred to regarding sexual diversity, physiological and sexual acts will be discussed.

a. Sexual diversity

The programme discusses examples of sexual diversity, such as age and how sexual desire and pleasure is perceived at different ages.

> ***Sexuality in Old Age***
> *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*. (p. 30 P/ 33 F).

A reduction in sexual agency is spoken to here. There is, however, an attempt to soften this by indicating that "couples often experience different loving relationships". The wording at the end of this extract: "*provided they have committed and understanding partners*", seems to indicate that older people should only engage in sexual pleasure and have sexual desire if they are in a relationship.

b. Physiological Pleasures and Sexual Acts

The programme discusses arousal and how this can be different for different individuals. Here, examples of physiological pleasure and how this may be experienced are also discussed with participants.

> *There are numerous books on how to become aroused and sexually aroused to enjoy sex. Despite all information, it's up to the individuals to learn and understand their bodies, also to find out what arouses them. Once they are comfortable they can express this to their partners. These zones vary from person to person. The key to enjoyment of sex is to know your own body and erogenous zones. The genitals in particular contains a large number of nerve endings, which is why touching and caressing stimulates sexual desire and pleasure*. (p. 33 P/ 35 F).

Here, the programme provides information on how to go about understanding physiological pleasure – through books, but, more importantly, through understanding one's own unique body.

Additionally, the programme explains the various stages of sexual acts and sexual activity, as shown in the extract below. The programme does not include how sexual acts may differ on the basis of pleasure or sexuality and it is presented with a heteronormative focus

> *Herewith the four phases of sexual arousal:*
>
> ***Arousal Phase***
>
> *1. This usually includes foreplay (caressing, kissing, and stimulation) which leads to sexual arousal.*
>
> *2. The penis becomes erect, the female's vagina becomes moist and the clitoris swells.*
>
> ***Plateau phase***
>
> *1. This occurs after the male's penis enters the vagina.*
>
> *2. The couples breathing intensifies and their heart rate and blood pressure increase.*
>
> *3. The couple may learn to control and prolong this enjoyable sensation.*
>
> *4. The plateau eventually reaches a climax.*
>
> ***Orgasmic phase***
>
> *1. This is when the climax is reached.*
>
> *2. The male ejaculates and passes semen into the vagina.*
>
> *3. The woman's vagina becomes more lubricated and spasmodic contractions occur.*
>
> ***Resolution phase***
>
> *1. This is when the male reached his peak and the blood flow decreases.*
>
> *2. The penis becomes flaccid and the male may become unresponsive for a short while, before arousal can take place again.*
>
> 3. *On the other hand most women can become aroused again and may sometimes reach several orgasms* (p. 34 P/ 36 F).

Although sexual desire is described in detail, most of this extract refers to heteronormative understandings of sexual activity, with phrases such as: "the male's penis enters the vagina" and "male ejaculates and passes semen into the vagina".

3. How are agentic practices that promote inclusion in sexual and reproductive health entitlements spoken to?

Agentic practices can be said to be practices which promote or come about due to the agency that an individual acts on. One agentic practice that the programme discusses is advocacy. The programme describes advocacy as a way in which individuals can gain better access to their sexual and reproductive health rights and services.

> *Advocacy is organized actions by individuals or citizens to influence the formulation and implementation of public policies and programs by pleading for, pressuring or recommending government and or decision makers.*
> *Advocacy consists of different strategies aimed at influencing decision-making at the organisational, local, provincial, national and international levels. Advocacy can involve many specific, short-term activities to reach a long-term vision of change. Advocacy strategies can include lobbying, social marketing, information, education and communication (IEC), community organizing, or many other forms of communication.*
> *An **advocate** is a person who speaks up for, and defends the rights of him or herself, or of another person or the communities.* (p. 90 F).

The programme encourages agentic practices that promote inclusion in sexual and reproductive health entitlements such as advocacy in the above extracts and goes further to give practical examples of ways in which individuals can practice different forms of advocacy to achieve access to different rights and services.

> ***Why engage in Advocacy?***
> *The most important reason for advocacy is to solve specific problems through changes in public policies and programmes.*
> *Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to:*
>
> - *Have their voice heard on issues that are important to them*
> - *Defend and safeguard their rights*
> - *Have their views, values and wishes honestly considered when conclusions are being made about their lives.* (p. 90 F).

Here advocacy is linked to social changes, with an emphasis on “those who are most vulnerable”. The voice, rights, views, values and wishes of vulnerable people are emphasised in relation to actions that affect them.

The programme situates agency within the constraints of decision-making and desire. The material details different forms of decision-making and how this affects agency as well as how desires can be framed in a positive and negative light. Further to this, the programme gives a positive example of how agency can be situated in constraint but can be accessed through advocacy.

Principle 5: Inclusive and process-based educational processes

Inclusive and process-based educational processes are critical to any citizenship-framed sexuality education programmes and it is thus important that the educational processes used in such sexuality education programmes reflect this aim.

What educational philosophy is taken up in the programme and/or demonstrated in the text, and how are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in the programme?

Macleod and Vincent (2014) use an understanding of critical pedagogy within sexuality education from Apple et al. (2009); they note that it “seeks to expose how relations of power and inequality (social, cultural, economic [sexual and reproductive]) in their myriad forms, combinations, and complexities, are manifest and challenged in the formal and informal education of children and adults” (p. 3). The course materials used by PSH demonstrate a range of approaches.

The first is the use of a rational thinking model as an educational philosophy, as evidenced in the extracts below. The rational thinking model to sexuality education often equates knowledge with behaviour change (Abel & Fitzgerald, 2006; Macleod & Vincent, 2014; Woods & Jewkes, 2006).

[I]mplementation of health education programs to stress the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a healthy infant. (p. 78 P, 40 F).

Choosing not to have sex provides 100 percent protection from HIV, STIs and pregnancy. For some, this means avoiding vaginal, anal, and oral-genital intercourse altogether. Others may choose to avoid any type of sexual or intimate contact, including hugging and kissing. (p. 54 P/ 66 F)

Educating young men is of paramount importance and the young men should be made to understand the impact of their reproductive health choices on themselves and those around them at a young age. This will hopefully instil a culture of informed decision-making. (p. 6 P/ 7 F).

In the first extract above, the assumption is that with correct information about reproductive healthcare, couples will institute these behaviours and have a healthy infant. In the second extract, the programme positions sex as something people would choose to avoid with knowledge of the possible negative consequences. In the final extract, it is implied that young men will start engaging in “informed decision-making” once being “made to understand the impact” of their current choices.

The second approach is a more dialogical and participatory model. The programme manuals have several activities in them. These activities are varied in type; there are personal reflections, case studies and facilitated discussions with the group or class.

For example, there is an activity after a section on human sexuality. It is a personal reflection exercise. There are five questions in this activity. The first four questions focus on individuals' sexuality and gender identity. This activity is for learners to answer for their own benefit in defining and exploring their sexuality and gender identity. This activity could be said to foster inclusion in understanding sexual and reproductive citizenship. However, this activity is not in the participant's guide and will therefore have to be read out by the facilitator and facilitated as a discussion.

[Activity: Reflection on own sexuality]

To enable participants to reflect on their own sexuality. Inform participants that they will have a broad overview of what sexuality is. This activity can be done in pairs, groups or individual.

1. Are you male or female

2. From what age did you know that you male / female

3. Who first told you if you were male / female

4. How did you know that you were a male / female

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 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* (p. 36 F)

The final question in this part of the "reflection on own sexuality" activity, has six statements under it that are myths or misconceptions about sexuality and sex. It is noted that this discussion takes place in pairs, groups or as an individual. This section of the activity could help to facilitate dialogue and inclusivity.

The next part of the activity is a set of true or false questions on sexual behaviour. It consists of 17 statements. It appears to be designed to test knowledge and make participants think about their own behaviour. This activity allows the participants the platform and space to reflect on and debunk myths and social stigmas regarding sexual behaviour. The 17 statements are set out in a table as shown below:

Sexual Behaviours: True or False?

(p. 34 P/ 37 F)

Read each statement and decide if it is True or False. Mark your answer with "X" in the right column.
Masturbation is harmful
If a girl does not bleed the first time she has sex, it means she is not a virgin.
It is a man's role to initiate sex.
People can make love and have orgasms without having sexual intercourse.
Masturbating frequently is a problem.
Many women do not have orgasms from vaginal intercourse alone.
The first time a woman has sex will hurt.
Masturbation helps people learn and understand their body's response to sexual stimulation.
Someone who is homosexual wants to have sex with anyone of the same gender.
Once a man becomes sexually excited, he cannot control himself and must ejaculate.
The easiest way to know how to please your partner is to talk about what he or she likes and what feels good.
You can acquire a sexually transmitted infection (STI) from oral sex.
Many men will lose their erection during a sexual experience at some time in their lives.
If a man has a big penis, his partner will feel more pleasure.
A woman who likes sex cannot be trusted to be faithful to her partner.
The right age to have sex is 18 years old.
If a man can keep vaginal intercourse going long enough the woman will have an orgasm.

This activity facilitates inclusion by debunking myths and social stigma regarding female roles, pleasure, queer individuals, and misconceptions. It is unclear if a discussion around these questions will take place. It would be beneficial to participants if the facilitator created space for a discussion around some of the topics on sexual behaviour during the activity in order for participants to be able to speak to their experiences and cultural beliefs that may affect their perceptions (Macleod & Vincent, 2014). This would help to create and foster a process-based understanding of sexual and reproductive citizenship for the participants to engage in within the programme.

The next activity is a discussion-based case study activity looking at perceptions of and attitudes towards sexual diversity. The extract below is the activity.

[Activity on] *Attitudes and perceptions towards sexual diversity Purpose: To enable participants to identify their own perceptions of and attitudes towards sexual diversity*

Case one:

Homophobia violates sexual and human rights (10 minutes) Two men were imprisoned when they announced their marriage.

Case two:

Sexual practice should be negotiated between partners (10 minutes) A 45-year old married man visited his religious leader for advice on his marriage. He told the leader that his wife accused him of having affairs with other women because he wanted to have anal and oral sex with her. The religious leader told him that he is not normal and that he should go and see a psychologist

Case three:

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 (p. 38 F).

There are three sections; each section uses a different basic case study and 10 minutes is the average allocated time for each discussion. The first case study sets out to discuss the participants' attitudes regarding homophobia and how it is a violation of human rights. The second case study looks at the negotiation of sexual practice within a relationship. The third case study allows participants to discuss the concept that anyone should be able to enjoy sex. These three case studies allow the participants to partake in dialogue and explore issues of inclusivity and engagement with the information about rights and sexuality that they have learnt.

The next activity (shown in the extract below) is a case study that attempts to foster inclusion as a discussion surrounding an individual that is explaining their multiple identities based on sexual orientation, gender identity, and race. This activity is based entirely on engagement and dialogue between the participants and the facilitator.

> *Case Study ... Vickie's Story*
>
> *My name is Vickie and I'm 18 years old. Take a bunch of different ethnicities and throw them into a blender, I am the product of that. I am a sexual violence peer educator, Gay Straight Alliance peer educator, a mentor, and a member of the Black Achievers program. I believe that "true love" has no sexual preference/orientation but I do not envision myself spending my life with a male. When I was about 13 I came out to my mother. I didn't say that I was gay or lesbian because all that I knew was that I liked girls. The first thing my mother said was, "Oh...I knew when you were 8." I thought that meant that she was okay with it. Well, from there words like "dyke," (as well as others that I don't care much for) were used on a regular basis in regards to me. I was "outted" to my family and pretty much everyone else I had ever known. Some nights I was kicked out of my house and on those nights I became another child sleeping on park benches. I am a survivor of many different things: sexual violence, depression, the military, road ragers, myself, and life in general. Life for me has changed a lot since I was 13. I now identify as lesbian and sometimes I am even given some transgender labels. I no longer live with my mother or father but for the first time in my life I actually have "real" parents. I am currently a senior in high school, I love it, and I am ecstatic about living in a dorm next year. I am a varsity cheerleader and softball player but the sport that I enjoy the most is tennis. I believe that every challenge in our lives will change us in some way and I use my experiences as fuel for the fire in me that drives me to do new things. Sometimes you have to make your own light at the end of the tunnel but you don't have to do it alone.* (p. 43 F)

This case study may help participants to voice their thoughts about their identity or multiple identities in a safe space with a facilitator present to coordinate the discussion. It may be helpful for the facilitators to have a set of guiding questions to help aid in the ease and efficiency of this discussion.

5.3. Conclusion

The analysis in this chapter looked at the five principles that make up the *Masizixhobise* toolkit: citizenship as status and practice; differentiated universalism; public and private interstice; citizenship and situated agency; inclusive and process-based educational processes. The questions under the first principle are about sexual and reproductive rights; and legislation, policies, and political participation. Questions under principle two are about contextual issues related to sexual and reproductive health. Principle three has questions about power relations related to sexual and reproductive health. Questions in principle four are about decision-making, as well as desire and pleasure. Principle five looks at inclusive and process-based educational processes employed by the programme. In the following chapter I discuss the findings in more depth and make recommendations for improving the SE programme.

Chapter Six: Discussion and Conclusion

6.1. Introduction

In this chapter, I start by revisiting the research questions, as well as giving an overview of the research. Subsequently, I discuss the findings of the previous analysis chapter, relate them back to the theoretical framework, and then explore if and how they have answered the research question. Through formative evaluation methods, I hope that my findings in this research may provide useful feedback to the programme that can help improve the programme for use in the future by PSH.

The research questions are: (1) how is PSH's SE programme inclusive (specifically, in status and practice), contextually sensitive (through looking at differentiated universalism), empowering (in terms of situated agency), process-based (whether that is public and private) and just (relating to politics of recognition and redistribution); (2) to establish whether PSH's SE programme undermines patriarchal, heterosexist, and ableist premises of citizenship and, if so, how this is affected. These questions are answered under each sub-heading respectively.

6.2. Overview of Research

This research has undertaken a formative evaluation using the manuals of a SE programme run by the NGO Partners in Sexual Health (PSH). This evaluation forms part of a broader study that aims to develop, refine, and implement the latest draft *Masizixhobise* Toolkit based on the sexual and reproductive citizenship (SRC) framework developed by Macleod and Vincent (2014). The draft *Masizixhobise* Toolkit (appendix A), developed by Sarah Moore, is an evaluation and design instrument formulated specifically to enhance, adjust, or adapt SE programmes to include the principles of the SRC framework.

6.3. Discussion and Implications of the Research

Discrimination in Healthcare

The programme mentions some groups who may face discrimination: pregnant teenagers, queer individuals, and womxn. Curiously, there is very little mention of race as a

factor of discrimination. When race is mentioned, the emphasis is on their sexual orientation. The first issue is that the programme does not define discrimination and stigma in a definitive and clear way. It is important for these concepts to be clearly defined to ensure that participants all have the same understanding to build on, before the programme goes on to explain the types of discrimination present in South Africa.

Secondly, the programme could include more nuanced and practical examples of discrimination and thus ensure a more inclusive understanding particularly for the South African context. Finally, the programme leaves a gap of information as it does not touch on or discuss ways to overcome and cope with stigma and discrimination or how facing discrimination and stigma can affect the participants' status within their community.

Abstinence vs. Agency

Woven into topics of teenage pregnancy and discrimination in healthcare is information on how to protect oneself from unwanted sexual and reproductive health issues, such as contraceptives, male circumcision, and termination of pregnancy. These aspects all act as a set of reasoning to encourage abstinence and not agency. Shefer and Ngabaza (2015) discuss how examples like the above-mentioned can send an underlying message of there being a *punishment* for being sexually active. Additionally, Bhana et al. (2019) and Shefer and Ngabaza (2015) note that this practice is a form of scare tactic that is used in an attempt to discourage youth from becoming sexually active. In a study conducted by Francis and Kuhl (2022), it was clear that many of the teachers who teach SE under LO were employing strategies to instil a sense of fear and prevent learners from engaging in any form of sexual activity. While the risks related to sexual behaviour cannot be ignored in South Africa, the SE curriculum cannot be reductionist in heavily discussing sexual disease and risk in comparison to agency, desire and pleasure.

Overall, this approach does not create a safe space for discussions on SRH or allow an open line of communication between young people and the SE educator. This teaching then does not equip youth with the knowledge of SRH that they need or a space to bring up and discuss SRH issues.

Decision-Making

Decision-making is often depicted as individualistic. However, decisions are influenced by context and power relations. The programme does not cover decision-making extensively or impactfully. For example, the programme explains the different types of contraceptives and the pros and cons of each one.

However, they do not discuss what factors restrict or prevent the use of contraceptives. Contraceptive use is linked to the context and environment of the person using/not using them. The public health idea of family planning suggests a rational understanding of contraceptive decisions and usage. However, research has shown that there are limitations to a rational decision-making model of contraceptive usage, specifically the idea that knowledge can be equated with consistent usage (Abel & Fitzgerald, 2006; Macleod & Vincent, 2014; Woods & Jewkes, 2006). Understanding the limitations of this type of model on contraceptive use is that it is not enough to teach learners what contraceptives are and how they work (as the PSH programme does), but it needs to extend to explore the contextual and cultural barriers to contraceptive use (which the PSH programme does not explore). Within South Africa, contextual and cultural barriers to contraceptive use are a significant issue (Campbell & MacPhail, 2002; Jewkes, 2009; Leclerc-Madlala et al., 2009; Pallitto et al., 2005; Woods & Jewkes, 2006). The implication of this is that young people do not consistently take contraceptives which results in an increase in the spread of STIs.

Additionally, the programme discusses teenage pregnancy and surrounding issues: the reasons they may have become pregnant, social and physical consequences, ante-natal healthcare services, options available once pregnant (termination, adoption or keeping the child), post-natal healthcare services, and different types of contraceptives. Similarly to the section on contraceptives, the programme discusses decision-making and prejudice regarding teenage pregnancy from an individualistic standpoint and therefore places responsibility on the pregnant individual. There is little to no discussion of male involvement in the event of teenage pregnancy. This suggests indirect blame on the female body and lack of accountability for men. This may lead to further accountability issues for male youth as they grow up, as well as teaching them that they are not contributors to female sexual health. It is important as well for female youth to understand that they are not the only accountable party to a teenage pregnancy and that they share the responsibility with another individual. The programme could take this opportunity to discuss the contextual and environmental factors that lead to an individual becoming pregnant and discuss it from the perspective of the couple (as in two people) who

have become pregnant, rather than placing the blame, consequences and prejudice onto the womxn simply because she is carrying the child.

Macleod and Vincent (2014) suggest that in order to empower young people around decision-making, SE must create a platform and space to allow young people to talk about their own experiences of the constraints placed on SRH, such as contraceptive usage. The PSH programme could draw on examples from the literature that are relevant to the South African context and cultural norms. Additionally, the programme could include an activity that creates a dialogue between the participants and the facilitator about the interaction of personal decision-making and social power relations.

Sexual Pleasure and Reinforcing Societal Norms

The missing discourse of desire is evident in the programme. While it is noted in the manual of the PSH course materials that everyone has the right to "[p]ursue a satisfying, safe and pleasurable sexual life" (p. 2 Website – SRHR Definitions), when the programme discusses sexual acts, physiology and pleasure, there is no mention of differently-abled bodies or sexually diverse couples. The programme explains the different phases of sexual arousal during sexual activity. This explanation follows a heterosexual couple engaging in a heteronormative understanding of sex. Additionally, it reinforces the idea that pleasure is based on the man's desire and timeframe noting that the resolution phase is "when the male reaches his peak and the blood flow decreases" (p. 34 P/ 36 F).

Thus, the degree to which this concept extends to everyone is limited. The implication of this, as Fine (1988) simply states is that "[t]his discourse of sexuality mis-educates adolescent womxn. What results is a discourse of sexuality based on the male in search of desire and the female in search of protection" (p. 40). Sexual pleasure and the positive factors related to romantic relationships and intimacy are often silenced within SE (Smith and Harrison 2013; Francis 2010).

The implications of not explaining and exploring discussions around sexual pleasure in equal weighting for all genders, bodies and sexual orientations result in social and gender norms being reinforced. The implications of reinforcing social and gender norms are discrimination in schools and broader society, and a continuation of gender-based violence and

intimate partner violence (Francis & Kuhl, 2022; Mayeza et al., 2022; Nichols & Brown, 2022). Overall, in relation to pleasure and desire the programme reinforces heteronormative, and patriarchal perspectives; and during discussions regarding physiology and pleasure, the programme reinforces ableist views.

Beyond Binary Biases

The binary wording throughout the programme manuals is exclusionary as it excludes people who do not identify within a binary understanding of gender (male or female). While the programme materials mention transgender and intersex people and the rights they have in the module on Human Sexuality, they are not considered during the modules on Anatomy and Physiology, Menstruation, Termination of Pregnancy (TOP) or Sexually Transmitted Infections (STI). This would be the most suitable/appropriate section to bring in discussions on body dysphoria. This could be an improvement in creating a more inclusive SE programme that allows all participants to better understand what transgender, intersex and non-binary individuals go through with dysphoric thoughts. This could increase understanding for all participants and validation for those who do experience said thoughts.

The first principle listed in the *Masizixhobise* toolkit, citizenship as status and practice, is tackled to an extent by the PSH programme. There are many discussions that can be said to include the potential participants of this programme which allows the participants to feel a sense of belonging and, therefore, citizenship both as South Africans and individuals of various communities.

While this is the case, the programme does include exclusionary language – particularly surrounding gender identity that could undo the other inclusionary aspects of the programme. Further to this, the programme does not give participants enough resources to overcome certain barriers to the rights discussed or detailed enough examples in practice of these rights and barriers in order for the participants to have a full understanding of their rights, as well as knowledge on how to overcome said barriers.

In a study conducted by Brown (2022), they found that the school SE curriculum failed to affirm intersex bodily variations, which resulted in further discrimination of intersex youth

from their peer. In the study it was found that participant's experience regarding SE showed that sexual reproduction and development were taught within the binary classification of male and female and variations of this were not included or discussed. The school SE curriculum failed to affirm intersex bodily variations, which resulted in further discrimination of intersex youth from their peers (Brown, 2022).

Differently-abled people

The PSH programme only briefly mentions participants ability status, noting that a person's sexuality is likely to be judged if they have a physical or intellectual disability. The exclusion of individuals living with disabilities within SE constrains their sexual freedom and deprives them of the chance to act as agentic empowered individuals.

While the programme only refers to differently abled individuals twice throughout the programme, it is relevant to point out that they may delve into this in more depth in their SE course, 'Leave No One Behind: Breaking the Silence', which is specifically designed for mentally and physically differently-abled individuals. However, despite this programme being designed specifically for differently-abled individuals, the other programmes should still mention information about SRH for differently-abled people. In a study conducted by Brown (2022), participants not only questioned their own bodily development, but differently-abled learners stated that their peers also pointed out their bodily disability during LO classes, at sports and in the school bathrooms. This created an extremely difficult situation as their peers stigmatised their bodies, creating in the participants a sense of bodily shame (Brown, 2022). Participants in the study by Brown (2022) noted that they endured humiliation during SE classes in the form of stares, silent whispers and giggles from other learners, who openly compared their bodily variation to that contained in the textbook. SRH information regarding differently-abled people is important to include in all SE courses. It not only helps to break the stigma that differently-abled people are asexual or childlike, but it also allows for future partners that may be differently abled to be better understood (Chappell et al., 2014; Chirawu et al., 2014).

Sexual Assault: Violent Vs. Non-Violence and its Implications

The programme notes that individuals have the right to engage in sexual activity under the circumstances they are comfortable and without coercion. This is an important point to

emphasize as it shows participants that a sexual rights violation can occur without force or in a non-violent manner. Within an SE programme, this is an extremely important point to explain, as many victims of sexual assault do not experience it in an overtly forceful way and may question whether this is then *as bad as* someone else's experience. Jones et al., (2004) found that victims of sexual assault by a stranger were more likely to involve the use of weapons, to be violent in nature and have caused more physical injuries than sexual assault by a known assailant. Abrahams et al. (2013) noted that although some form of self-blame and comparison to others is common across different traumas, victims of sexual assault have considerably higher levels of self-blame compared to other trauma groups. This is supported by Abrahams' et al. (2013) findings that rapes which were more aggressive (e.g., use of weapons and multiple rapists) were the rapes where victims were less likely to experience depression. The authors noted attributed this to the importance of social reactions and how rape is defined and perceived as a violent crime.

Overall, the programme gives the participant a good understanding of what sexual integrity is and provides practical examples of this right. It further offers participants an understanding of how this right can be violated for marginalised groups in society. In this way, the programme situates the participants in what the right to bodily integrity truly is. The programme does, however, potentially give a problematic message that womxn must protect themselves from sexual violence, rather than teaching men not to violate womxn's bodies sexually.

Barriers to SRH Access and Breaking Through

The programme does an excellent job of informing participants of their rights to various social services. The programme mentions that the ability to take up one's rights is not always possible or easy, and some examples of this happening are mentioned. However, the is no mention of how to overcome this inaccessibility or ways to minimize this inaccessibility.

While the programme does note and discuss some of the barriers to accessing healthcare services, it does not go into any discussion on how to circumvent or break through these barriers. This is a major gap within the programme materials. It may leave the participants feeling dejected knowing all the issues surrounding services and all the barriers to using these services.

There are also participants who may experience other barriers, such as family and community context, geographical location in relation to these services, and ability status. A discussion on these barriers and ways to circumvent them could leave participants feeling less despondent about accessing their rights. This could increase their sense of agency and their ability to empower themselves by taking up their rights.

Different contexts (familial, community, educational, economic, geographic etc.) interweave with each other and are influenced by each other. This should also be noted in the programme and the programme could include a discussion between the participants about their lived experiences of how their different contextual issues in accessing SRH interlinks.

Counselling

The PSH programme notes various healthcare and social services that participants have the right to access. Among these is counselling services, which is mentioned throughout the manual, particularly the need for these services after medical tests and procedures.

However, there is no explanation of why counselling services are beneficial in the first place and particularly after undergoing medical tests. The participants would benefit from an explanation of the importance of counselling and how this could help destigmatise counselling for participants. Furthermore, participants would benefit not only from knowing their rights to counselling services, but also *where* these services are available, as this would empower them even further to be able to act on these rights to services that may be unavailable in their regular clinic.

Power Relations

Power should not be considered a "thing", but rather it should be seen as a "relation – as always, moving and circulating among people – also enabl[ing] a different analysis of knowledge: how knowledge is an effect of power" (Jackson & Mazzei, 2012, p. 49). This means that those who do not have the knowledge are at a further disadvantage in engaging with power and agency. The programme mentions almost all forms of power relations listed in the *Masizixhobise* Toolkit, except for geographic location and religious beliefs. However, when mentioning race, and ability status, it is only in passing and not in any significant way that truly benefits the participants. Gender and power relations is referred to specifically in relation to 'teenage pregnancy' and to advise womxn to protect themselves from sexual violence. The

programme does not discuss the ways in which the participants can empower themselves in order to mitigate various types of power relations.

While issues of power relations are mentioned in the PSH course in the form of examples, it would be more useful for participants if power relations and dynamics were to be explicitly labelled and then discussed. The implication of not including descriptive and thorough discussions on power relations is that social norms are reinforced, and the status quo is upheld. In order to avoid this, we need to teach the youth of today to be critical thinkers and to question and oppose injustices that they experience in their everyday lives. Teaching that includes information and discussions about power relations within SE can open up the educational space to be more inclusive.

Political Action

The programme mentions formal and informal forms of political action that participants can partake in, in the form of advocacy at the local community or municipality level (formal) and protests and parades (informal). The programme goes on to explain how the outcomes of formal political action can have the potential to lead to permanent, tangible change for all different groups of people and this section of the manuals is elaborate. While the programme does a great job of explaining formal political actions and ways to get involved, it does not do the same for informal political actions. There are many groups of individuals who may feel disenfranchised, formal and informal political action is thus very important for youth to both understand and be comfortable being involved in.

The programme does not explain why disenfranchised youth may seek informal political action, what kind of action can be taken and why they have the right to seek such action. In excluding this information there is an argument to be made that the programme disenfranchises the participants further. Additionally, the programme emphasizes that Stonewall uprising in 1969 was actually a riot, but that this informal political action became a formal political action a year later as the “first Pride parade” (Pocket Queerpedia, p. 79). All of the above gives the impression that the programme is encouraging or rather pushing formal over informal political action. Formal political action is more inaccessible, and this agenda of pushing formal action comes across as exclusionary.

6.4. Limitations of the Study

When information is presented within the classroom, a dynamic is created. The manner in which the information is presented is as important as the actual information that is being taught. A limitation of this research is an analysis of a set of textual documents, but not interviews, focus groups or observation of the course with the facilitators or participants. The lack of focus groups, interviews, and observations affected how the other researchers and I were able to effectively answer the research questions. This limits the research as I was unable to view the dynamic of the classroom which, means that the data is understood without this context. While this may be so, the nature of the research is an evaluation based on the template of the *Masizixhobise* Toolkit. This means that while this may limit the researcher from understanding the text in this specific context, the actual research is not limited.

6.5. Recommendations for the PSH Programme

I recommend extending the section on Anatomy and Physiology, to include a discussion on body and gender dysmorphia[3] which is missing from the programme. Adolescents and young adults often experience body dysmorphia due to body changes, peer pressure, and social media exposure. Non-binary, transgender and intersex individuals often experience gender dysmorphia. Including a section on dysmorphia would foster greater inclusion within the programme. This could improve the inclusivity of the SE programme by helping all participants better understand their own feelings about their bodies, while also fostering empathy toward the experiences of transgender, intersex, and non-binary individuals who may struggle with gender dysphoric thoughts.

I believe the participants of the PSH programme would benefit if the sections on Menstruation, Termination of Pregnancy (TOP) and Sexually Transmitted Infections (STIs) included examples not only of heterosexual cisgender individuals, but also transgender, intersex and non-binary individuals. This would increase the inclusivity of the programme. Additionally, this would contribute to challenging and reshaping heteronormative premises of citizenship. The programme states that everyone has the right to a “satisfying and pleasurable sexual life”,

[3] Body dysmorphia is the distress an individual feels when they perceive flaws or defects in their physical appearance. Gender dysmorphia is the distress an individual experiences when their gender identity doesn't align with the sex they were assigned at birth.

however the majority of the discussions on sexual pleasure focus on male pleasure and heterosexual couples. The programme should explain and explore discussions around sexual pleasure in equal part for all genders, bodies and sexual orientations. Differently-abled and neurodiverse individuals may experience sexual pleasure differently to others, and queer couples may not engage in heteronormative sexual activity. It is important for the SE programme to clearly state that sexual pleasure should be felt by all people in consensual sexual activity without feelings of shame or guilt for wanting to experience pleasure. It should explicitly note that it is normal to feel sexual desire and pleasure - for all persons irrespective of various demographics (sex, gender, sexual orientation, gender identity, ability status).

By discussing sexual desire and pleasure, the programme allows young people to claim ownership of their bodies and sexuality and sends the message of agency and empowerment. Furthermore, discussing sexual desire doesn't only relate to sexual activity, it also encourages individuals to know their bodies and boundaries. This adds to discussions about consent. If the participants have learnt about sexual rights, desire and pleasure, and are able to understand their agency, it can give them a better understanding of giving or deny consent as they are more comfortable with their bodies, feelings and boundaries.

The programme notes how some communities and cultures hold a negative view of masturbation, and this results in a taboo around it, which "may result in feelings of guilt" (Participant Manual p. 26; Facilitator Manual p. 29) or pressure to restrain from said act. While the programme does not explicitly say masturbation is good or bad, it does note that denying adolescents the exploration of their bodies and sexual pleasure can result in adults who do not appreciate their bodies or understand their sexual feelings. It would be beneficial for the programme to be explicit in stating that masturbation is not something to be ashamed or guilty of doing. This should be discussed in a way that notes the function and normalcy of the safe exploration of one's own body. There can be a stereotype that young males are more likely to masturbate than females, or even that young females should feel shame about masturbating. It is important for this discussion to debunk or at least not reinforce those stereotypes and feelings of guilt or shame.

6.6. Recommendations for Future Research

Future research could look at adapting PSH's SE programme or other rural SE programme content into IsiXhosa particularly given its implementation in the Eastern Cape and Western Cape, where isiXhosa is widely spoken. Additionally, once the *Masizixhobise* Toolkit is fully formalised, research efforts could be made to translate it into isiXhosa and other South African official languages, as it is currently only available in English. This would increase accessibility and inclusivity for people with English as a secondary language. This may, in turn, increase the effectiveness of the SE programme, as participants are able to understand issues within their mother tongue, which may mean that they understand the content better. This is especially important as learning in a mother tongue has been shown to be more effective for both the participants and the facilitators (Nishanthi, 2020).

Future research could focus on the pedagogical strategies used to deliver the SE programme in addition to the course manuals, in order to understand its complete impact. This could explore how the topics are taught, how discussions and activities are facilitated, the manner in which the SE facilitator teaches. The approach and attitude of the facilitator can significantly influence how participants engage with course topics.

Future research could focus on the development of a new SE curriculum designed for other NGO-based SE programmes rooted in the principles of the *Masizixhobise* Toolkit. Exploring how the Toolkit can inform curriculum design in diverse educational settings - both formal and informal - has the potential to make sexuality education more relevant, empowering, and responsive to the lived experiences of South African youth.

6.7.Another recommendation for future research could be to use the *Masizixhobise* Toolkit to evaluate and rework existing in-school SE curricula. As many school-based programmes often lack a strong empowerment or justice-oriented foundation, the *Masizixhobise* Toolkit could serve as a valuable framework for assessing the content, structure, and delivery of the SE course within a subject. Researchers could investigate how the *Masizixhobise* Toolkit principles align with current SE offerings and identify areas for improvement in order to promote empowerment, agency, inclusivity and critical thinking around gender and sexuality. **What has this Research Accomplished**

This is the first formative evaluation using the *Masizixhobise* Toolkit. The feedback from the evaluation of the PSH programme will help improve and increase the effectiveness and inclusiveness of the programme. Moreover, the increase in the empowerment and agentic focus of the programme (based on the evaluation and feedback) will improve the level of sexuality education that the student and parent participants receive, helping to create more engaged citizens who understand their rights, agency and hopefully sexual and reproductive health.

6.8. Conclusion

This research sought to answer firstly, if the components of the programme were inclusive, contextually sensitive, empowering, process-based and just. Secondly, whether the components of PSH's sexuality education programme undermined patriarchal, heterosexist, and ableist premises of citizenship and, if so, how this was undermined. The PSH SE programme employed to a certain extent a public health approach and/or danger and disease discourse. This approach encourages youth from participating in certain behaviour, such as a delay in their sexual debut (Francis & Kuhl, 2022). Francis and Kuhl (2022) noted that a danger and disease approach does not address social change; instead, it deepens and increases existing transphobic and homophobic attitudes. This was not the case with the PSH programme. While

the programme does not appear to deepen transphobic and homophobic attitudes, and does display inclusivity in sections on sexual identity and orientation, it does place more of an emphasis on heterosexuality in sections on anatomy, sexual acts and pleasure. There could be a deeper integration of all sections including the perspective of queer individuals and differently-abled people. The PSH programme did set out to undermine patriarchal, heterosexist, and ableist premises of citizenship; however, fell short of achieving this in an earnest manner.

The PSH programme materials are significantly inclusive, as there is a substantial effort to teach participants their SRH rights. Overall, the programme materials are, to some extent, contextually sensitive and empowering; and to a lesser extent process-based and just. There is an attempt by the programme to include relevant information regarding power relations and decision-making, however, these two components need to be reflected upon and reworked in order to create a more meaningful interaction with public and private interstice and the politics of recognition and redistribution. The programme includes contextual information on five different aspects: familial context, community context, educational context, economic context and geographical context. The most impactful was the input regarding the socio-economic context. The programme is empowering in that it explores situated agency and the capacity for participants to take up their rights in the South African environment.

Placing critical consciousness at the centre of the teaching and learning of sex, sexuality and relationship education affords learners the opportunity to track social realities that potentially form everyday examples of cis-heteronormativity, transphobia and homophobia, as well as their capacity to act upon and change those realities (Francis, 2018; Francis & Kuhl, 2022). In order to create change and develop youth who want to improve society for the better and create a more inclusive future, we need to establish youth who are critical, engaged, and understand their ability to effect change. By addressing issues in SE programmes and placing agency and empowerment as the foundation of these courses, we can help youth to become critical, engaged and agentic participants of society.

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Appendix A: The Full *Masizixhobise Toolkit*

The *Masizixhobise* Toolkit

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INTRODUCTION TO THE TOOLKIT

The Masizixhobise toolkit can be used to assist in the development of new programmes as well as the improvement of existing programmes. The toolkit can be used to examine how programme(s) are able to promote inclusive and process-based understandings of sexual and reproductive citizenship and undermine patriarchal, heterosexist, and able-ist premises of citizenship. The toolkit is based on the critical sexual and reproductive citizenship framework conceptualised by Macleod & Vincent (2014).

Macleod, C., & Vincent, L. (2014). Introducing a critical pedagogy of sexual and reproductive citizenship: extending the 'framework of thick desire'. In K. Quinlivan, M. Rasmussen & L. Allen (Eds.), *Interrogating the Politics of Pleasure in Sexuality Education: Pleasure Bound* (pp. 199- 236). London: Routledge.

CRITICAL SEXUAL AND REPRODUCTIVE CITIZENSHIP FRAMEWORK

A critical sexual and reproductive citizenship framework aims to shift the premises and goals of empowerment sexuality education. It seeks to equip youth with the understandings and tools to claim their status as citizens entitled to sexual and reproductive rights. In this way, it moves away from the specific goal of creating responsible decision-makers, focusing instead on how sexual and reproductive citizenship can be created, taken up, or challenged.

Macleod and Vincent (2014) argue for the strategic use of feminist and queer re-workings of citizenship (and within this the notion of rights) as a frame for incorporating sexual and reproductive citizenship into sexuality education (to overcome some of the pitfalls associated with approaches that draw on a human rights framework).

In line with these aims, the framework embraces a broad spectrum of rights related to sexual and reproductive health. These rights extend to:

i. conduct-based rights (i.e. ethical sexual practices in personal relationships, the right to sexual pleasure, and the rights of bodily control);
ii. identity-based rights (i.e. the right to sexual self-definition, and the right to public and social recognition of multiple ethical sexual identities);
iii. relationship-based sexual rights (i.e. the right of consent to ethical sexual behaviours in personal relationships, the right to decide whom one can have as an ethical consensual sexual partner, and the right of public validation of various ethical forms of sexual relations within social institutions).

SEXUAL AND REPRODUCTIVE CITIZENSHIP: PRINCIPLES, APPLICATION AND EVALUATION

The following section outlines the seven key principles conceptualised by Macleod & Vincent (2014) that can be used to refine empowerment sexuality education programmes. Each principle is detailed below, along with examples of how it can be applied. This discussion will provide clarification on the intent and content of the guiding design and/or evaluation questions that have been conceptualised for each principle. These guiding questions may be assessed using a range of tools, depending on the context. Exemplar tools are provided in the following section. These tools consist of interview guides, focus group discussion guides, an observation guide, and a manual and textual analysis guide.

PRINCIPLE 1: CITIZENSHIP AS STATUS

Sexuality education (SE) programmes should engage with questions of 'citizenship as status' by exploring the sexual and reproductive rights to which youth are entitled. Importantly, within 'citizenship as status' belonging is seen as the inclusion in or exclusion from SRH entitlements of people in particular locations, no matter their national citizenship. Entitlements are not simply conferred through legislation. At a most basic level, sexual and reproductive citizenship requires access to information about entitlements and rights in order to be effectively taken up. Further, there are various social and structural mechanisms by which people are included or excluded from entitlements.

EXAMPLE: ACCESS TO SAFE ABORTION South Africa has an enabling legal environment in relation to abortion, which is legal on request of a pregnant person in the first trimester of pregnancy. The law, thus, entitles pregnant people to decide on the outcome of their pregnancy. Access to safe abortion is, however, frequently undermined by lack of knowledge regarding the law, the availability of legal

facilities, and stigma associated with abortion. These mechanisms deny pregnant people's uptake of their entitlements and therefore their citizenship as status.

EVALUATION QUESTIONS

1. What sexual and reproductive rights[1] are referred to in the programme?
2. How is belonging (capacity to take up these rights)[2] dealt with in the programme?
3. What international, regional or national frameworks, laws or policies[3] are referred to in the programme?
4. What conduct-based rights[4] are referred to in the programme?
5. What identity-based rights[5] are referred to in the programme?
6. What relationship-based[6] rights are referred to in the programme?
7. How is the role of local contexts[7] (in terms of facilitating inclusion and/or exclusion from sexual and reproductive citizenship) referred to in the programme?
8. How is the role of individual contexts[8] (in terms of facilitating inclusion and or exclusion from sexual and reproductive citizenship) referred to in the programme?

NOTES ON TERMINOLOGY

1 Sexual and reproductive rights may include access to healthcare services, goods and facilities that are affordable, appropriate and of a good quality, and that are free from discrimination and stigma. They may also include access to accurate information on sexual and reproductive health concerns.

2 The concept of belonging refers to the capacity to take up rights, including the enablers and hindrances in taking up these rights.

3 These frameworks might include international frameworks (e.g. Making Reproductive Rights and Sexual and Reproductive Health a Reality for All: Reproductive Rights and Reproductive Health Framework published by the United Nations Population Fund), regional frameworks (e.g. Maputo Plan of Action published by the African Union Commission), and national frameworks (e.g. South Africa's National Adolescent Sexual and Reproductive Health and Rights Framework Strategy.

4 Conduct-based rights centre on sexual practices in personal relationships. Claims to these rights fall into three main categories including: (1) what one can and cannot do in intimate relationships; (2) the right to sexual participation or expression and the right to enjoy sexual acts (i.e. the right to sexual pleasure); and (3) the rights of bodily integrity.

5 Identity-based rights centre on sexual self-definition and the development of individual sexual identities, distinct from the right to engage in specific sexual practices. Claims to these rights fall into three main categories including: (1) sexual self-definition (even if fluid); (2) the right to public and social recognition of specific sexual identities; and (3) 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.

6 Relationship-based rights centre on the public validation of various forms of sexual relations. Claims to these rights fall into three main categories including: (1) the right of

consent to sexual behaviours in personal relationships; (2) forms of regulation that specify with whom one can have as a consensual sexual partner; and (3) public validation of various forms of sexual relations within social institutions.

7 Local contexts refer to those contexts within which youth participants in sexuality education programme are embedded. These contexts may include familial, community, educational, social, economic, and geographic contexts.

8 Individual contexts refer to those contexts particular to individual youth participants in sexuality education programme. These contexts may include race, ethnicity, socioeconomic status, gender, sexual orientation, gender identity, ability status, age, and religious beliefs.

PRINCIPLE 2: CITIZENSHIP AS PRACTICE

SE programmes should supplement questions of 'citizenship of status' with discussions around ‘citizenship as practice’. Within the concept of ‘citizenship as practice’, citizenship is understood as a process that calls for various forms of political participation, including both formal and informal political action.

EXAMPLE: PARTICIPATION IN ACTIVISM The choice of Termination of Pregnancy Act (Act no. 92 of 1996) was passed following significant public input. Discussions within SE around activists’ support of abortion reform (formal political action) highlights the challenges and possibilities of such action and may prepare youth for future roles in formal political action. Political action need not always be formal, however. Youth participation in volunteer programmes run by NGOs (informal political action) could be highlighted and the implications for citizenship as practice discussed.

EVALUATION QUESTIONS

1. What forms of political participation around sexual and reproductive rights and legislation are spoken about in the programme?
2. What forms of formal political action are spoken about in the programme?
3. What forms of informal political action is spoken about in the programme?

PRINCIPLE 3: DIFFERENTIATED UNIVERSALISM

False universalism refers to the fact that entitlements and rights are not universally enjoyed (i.e., that particular people remain excluded from full sexual and reproductive citizenship), and that context is important in understanding sexual and reproductive issues. Differentiated universalism (or the balancing of cross-cutting and contextual issues) acknowledges this, while at the same time speaking to: (1) the centrality of sexuality and reproduction in people’s lives; (2) the imperative of promoting sexual and reproductive health and access to healthcare across the board sexual and reproductive lives.

EXAMPLE: ACCESS TO ANTENATAL CARE Despite the Department of Health’s commitment to the provision of quality antenatal care, research shows that certain categories of women receive less than adequate care including those under the age of 20; those living in rural areas; those with less education; and those from low-income contexts. Differentiated universalism refers in this instance to the importance of equal access to antenatal care, while appreciating that the needs of pregnant people in relation to this care will be different depending on social context and personal circumstances.

EVALUATION QUESTIONS

1. How are cross-cutting issues in relation to sexual and reproductive issues balanced with contextual nuances within the programme?
2. Which SRH principles are identified as cross-cutting in your programme (i.e. principles that apply across many contexts, not just those applicable to the participants)?
3. What contextual issues are raised in relation to SRH issues in the programme?
4. How are differences and similarities across and within groups affected by SRH issues under discussion dealt with?

PRINCIPLE 4: PUBLIC & PRIVATE INTERSTICE

Sexual and reproductive citizenship is a key area in which the public and the private intersect. Private sexual and reproductive practices are regulated through public laws, social norms and policies. Citizenship for various social identities (e.g. black people and white people; men and women; heterosexual and LGBTQI+; cisgender and transgender people and so on) are differently shaped by the interaction of the public and private spheres. In exploring this principle, it is important to ascertain the manner in which individual decision-making is located within the social and is influenced by an individual's particular context.

EXAMPLE: CONTRACEPTION Decisions about, and usage of, contraception are often depicted as individually-based. The public health rhetoric of family planning suggests a rational pathway to contraceptive decisions and usage. However, research has highlighted the limitations of a rational decision-making model of contraceptive usage, in particular that knowledge equates with consistent usage. Contextual issues, interpersonal power relations and social circumstances all impact on contraceptive decision-making and usage.

EVALUATION QUESTIONS

1. How does the programme deal with power relations (the public) in relation to individual decision-making and agency (the private)?
2. How does the programme deal with power relations and social challenges related to: race, ethnicity, socioeconomic status, gender, sexual orientation, gender identity, ability status, age, geographic location, and/or religious beliefs?
3. How is individual decision-making and responsibility dealt with in relation to gendered power relations?

PRINCIPLE 5: CITIZENSHIP & SITUATED AGENCY

Citizenship as practice can be seen as an expression of agency. However, agency needs to be understood as operating within particular social contexts and constraints. In other words, agency is not autonomous but situated (i.e. agency occurs within social contexts that influence it).

EXAMPLE: TRANSACTIONAL SEX What has been called transactional sex occurs within non- committed relationships where money or gifts are given in exchange for sex. The practice occurs within the broader context of unequal gendered power relations and is often condemned. However, young women's situated agency should also be recognized in these circumstances: engaging in transactional sex allows them to negotiate economic marginalisation.

EVALUATION QUESTIONS

1. How is the agency of young people in taking up or advocating for sexual and reproductive rights dealt with in the programme?
2. What agentic practices[1] are advocated to promote inclusion in sexual and reproductive health entitlements in the programme?
3. What agentic practices are advocated to overcome exclusion from sexual and reproductive health entitlements in the programme?
4. How actionable are these agentic practices within local contexts?

NOTE ON TERMIMOLOGY

1 Agentic practices refer to any practices that facilitate young people's ability to claim sexual and reproductive citizenship. These practices may include political participation (including both formal and informal political participation).

PRINCIPLE 6: POLITICS OF RECOGNITION, REDISTRIBUTION & REPARATION

Sexuality education programmes should explore concerns around the politics of recognition, redistribution and reparation, and how these influence young people's ability to claim sexual and reproductive citizenship. The politics of recognition refers to the possibilities of taking up the right to recognition of, for example, diverse sexual orientations and gender identities. The politics of redistribution refers to the possibilities of fair and just distribution of social resources. The politics of reparation refers to entitlements to legal, health care, and social reparations where harm has been caused through sexual violence and other forms of abuse - both interpersonal and through harmful social systems).

EXAMPLE: LGBTQI+ PEOPLE The South African Constitution recognises the rights of queer people. Legally, thus, LGBTQI+ people have achieved recognition. However, social recognition is not universal. In addition, research has shown that many black LGBTQI+ people live in circumstances of economic deprivation which renders their ability to take up their legal recognition (without a resource redistribution) problematic. Furthermore, LGBTQI+ people may experience differential levels of violence and discrimination, including in healthcare settings, for which reparation is needed. This includes mental health care, legal representation, and supportive healthcare interactions.

EVALUATION QUESTIONS

1. How are the politics of recognition referred to in the programme?
2. What sexual, gender and reproductive identities are recognised in the programme?
3. How are these identities referred to in relation to access to sexual and reproductive health and rights?
4. How are the politics of redistribution referred to in the programme?
5. How are the politics of reparation referred to in the programme?
6. For what sexual and reproductive issues are reparations seen as necessary?

PRINCIPLE 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES

It is important for sexuality education programmes to examine the educational processes that are used to facilitate understandings of sexual and reproductive citizenship and agentic processes. The underlying aim of the sexual and reproductive citizenship framework is to promote process-based understandings of sexual and reproductive citizenship, as such it is important for educational processes to reflect this aim. Participatory educational methodologies that focus on dialogue, critical questioning, and critical engagement should be favoured.

EXAMPLE: TEACHING METHODS IN LIFE ORIENTATION LESSONS Research has suggested that didactic and non-relational teaching methods (e.g. methods that focus on imparting information with minimal interaction with, and participation of, learners) leads to low learner engagement and undermines youth agency. As such, it is important for programmes to reflect on the educational processes utilised to engage programme participants.

EVALUATION QUESTIONS

1. What educational processes are used to facilitate understandings of sexual and reproductive citizenship in the programme?

2. How are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in the programme?

MASIZIXHOBISA TOOL A: PROGRAMME DESIGN GUIDE

This guide is intended for use when designing a sexuality education programme/s. The guide is divided into 7 sections. [needs to be expanded]

SECTION 1: CITIZENSHIP AS STATUS

1. Consider the sexual and reproductive rights that will be addressed/discussed in the proposed programme. It is recommended that this list include (but not be limited to) the following:

   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. &RQ VLGHU KRZ SDUWLFLSDQWV FDSDFLWLHV WR WDNH XS WKHVH ULJKWV ZLOO EH GHDOW ZLWK LQ WKH programme.

3. Consider the international, regional and national frameworks, laws or policies that will be addressed/discussed in the programme.

4. Consider the conduct-based rights that will be addressed/discussed in the programme. It is recommended that this list include (but not be limited to) the following:

a) Rights related to what one can and cannot do in intimate relationships;
b) The right to sexual participation or expression;
c) The right to enjoy sex acts or the right to sexual pleasure;
d) The right to bodily integrity.

5. Consider the identity-based rights that will be addressed/discussed in the programme. It is recommended that this list include (but not be limited to) the following:

a) The right to sexual self-definition;
b) The right to public and social recognition of specific sexual identities;
c) The right to the realisation of sexual diversity.

6. Consider the relationship-based that will be addressed/discussed in the programme. It is recommended that this list include (but not be limited to) the following:

a) The right to consent to sexual behaviours in personal relationships;
b) The right to forms of regulation that specify with whom one can have as a consensual sexual partner;
c) The right to public validation of various forms of sexual relations within social institutions.

7. Consider how the role of local contexts in terms of facilitating inclusion and/or exclusion from sexual and reproductive citizenship will be addressed/discussed to in the programme. It is recommended that this list include (but not be limited to) the following:

a) Familial contexts
b) Community contexts
c) Educational contexts
d) Social contexts
e) Economic contexts
f) Geographic contexts

8. Consider how the role of individual contexts in terms of facilitating inclusion and/or exclusion from sexual and reproductive citizenship will be addressed/discussed to in the programme. It is recommended that this list include (but not be limited to) the following:

a) Race
b) Ethnicity
c) Socioeconomic status
d) Gender
e) Sexual orientation
f) Gender identity
g) Ability status
h) Age
i) Geographic location
j) Religious beliefs

SECTION 2: CITIZENSHIP AS PRACTICE

9. Consider the forms of political participation around sexual and reproductive rights and legislation that will be addressed/discussed in the programme. It is recommended that the programme include discussions of both formal and informal political action.

SECTION 3: DIFFERENTIATED UNIVERSALISM

10. Consider the individual contexts and local contexts of the potential participants of the

programme. List and describe these contexts.

11. Given the individual and local contexts identified previously, consider the SRH issues that might be specifically related to these contexts.

12. Consider the SRH principles that may be cross-cutting (i.e. principles that apply across many contexts, not just those applicable to the participants).

13. Consider how these cross-cutting issues could be balanced with the contextual concerns identified.

14. Consider how differences and similarities across and within groups can be addressed/discussed in the programme.

SECTION 4: PRIVATE AND PUBLIC INTERSTICE

15. Consider how the programme can address/discuss power relations in relation to individual decision-making and agency. It is recommended that these considerations include (but not be limited to) the following:

a) Race
b) Ethnicity
c) Socioeconomic status
d) Gender
e) Sexual orientation
f) Gender identity
g) Ability status
h) Age
i) Geographic location
j) Religious beliefs

SECTION 5: CITIZENSHIP & SITUATED AGENCY

16. Consider how the agency of young people in taking up or advocating for sexual and reproductive rights can be addressed/discussed in the programme.

17. Consider how agentic practices can be included in the programme. It is recommended that these considerations take into account advocacy to promote inclusion in sexual and reproductive health entitlements.

18. Consider which of these agentic practices can be advocated to overcome exclusion from sexual and reproductive health entitlements. It is important to reflect on whether these agentic practices are actionable within local contexts.

SECTION 6: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION

19. Identify the personal identities that may be important for the participants of the programme.

20. Identify the sexual, gender, and reproductive identities that may be important for the participants of the programme.

21. Consider the REVWDFOHV WR SDUWLFLSDQWV LGHQWLWLHV EHLQJ UHFRJQLVHG, and how these can be addressed/discussed in the programme.

22. Consider how these identities are related to access to sexual and reproductive health and rights (including the distribution of health and social resources).

23. Consider the barriers to sexual and reproductive health resources, and how processes to overcome these barriers can be addressed/discussed in the programme.

24. Consider how the programme can address/discuss entitlements to legal, health care and social reparations when harm has been caused through sexual violence and other forms of abuse.

SECTION 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES

25. Consider which educational processes can be used to facilitate understandings of sexual and reproductive citizenship in the programme. Consideration of educational processes should apply to all aspects of the programmes (section 1 - 6).

MASIZIXHOBISA TOOL B: INTERVIEW GUIDE (PROGRAMME FACILITATORS)

This guide is intended for use when interviewing individuals who facilitate sexuality education programme/s. This guide includes recommendations for pre-interview preparation and an interview schedule. This schedule is divided into 12 sections, with a suggested time allocation for each section (Total Suggested Time: 90 minutes). Suggested time allocations are not prescriptive, but are provided to give the interviewer a general indication of the time involved. The interview schedule consists of 31 questions in total.

PRE-INTERVIEW PREPARATION

In order to prepare for the interview, the interviewer should ensure that they are well-versed in the interview guide. Interviewers should know the questions thoroughly and understand the purpose of each question. It is strongly recommended that interviewers familiarise themselves with the SEXUAL AND REPRODUCTIVE CITIZENSHIP: PRINCIPLES, APPLICATION AND EVALUATION section of this manual (pp. 3 - 8) before conducting any interviews. This overview provides detailed information on the intent and content of each question included in the interview guide.

It is possible that the interview may diverge from the original order of questions outlined in this guide. The interviewer should allow for flexibility in this regard, and be ready to steer the conversation back to questions outlined in the guide when appropriate. Near the end of the interview, it is useful for the interviewer to consult the guide to ensure that all questions have been addressed.

During the interview, the interviewer should ensure that they engage in active listening and remain responsive to participants' discussion. It is important for the interview to prompt participants for further elaboration, when necessary. Within this guide, additional question prompts have been provided for certain questions. These prompts can be used when participant responses do not mention important aspects of the question.

Before commencing with the interview questions, the interviewer should provide the participant with a brief overview of the nature and purpose of the research. In addition, matters of consent, confidentiality and anonymity must be addressed. The interviewer should also advise the participant of the procedures for the handling and storage of data collected during the research. It is recommended that interviews are recorded and participants consent to be recorded is obtained.

INTERVIEW SCHEDULE

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES]
CONSENT PROCESS [4 MINUTES]

INTRODUCTORY QUESTIONS [5 MINUTES]

1. What is your role in your organisation's sexuality education programme?

2. Please provide a brief overview of your organization's sexuality education programme.

Additional Question Prompts:

a) *Who are the participants involved in your programme?*
b) *What activities do you include in your programme?*
c) *What are the aims of your programme?*
d) *Over what period of time does your programme take place?*

SECTION 1: CITIZENSHIP AS STATUS [15 MINUTES]

Our first set of questions will focus on SRH rights and entitlements.

3. What sexual and reproductive rights are referred to in your programme?

4. Can you explain how you deal with these rights in the programme?

5. What discussions do you have about the implications of these rights for how participants conduct themselves?

6. What discussions do you have about the implications of these rights for participants' identities?

7. What discussions do you have about the implications of these rights for participants' relationships?

8. How is participants' capacity to take up these rights with in your programme?

9. What frameworks, policies and laws are referred to in your programme? Which of these are international, regional or national?

10. What local contexts are relevant to participants? How do these local contexts facilitate inclusion and/or exclusion from sexual and reproductive rights referred to in your programme? How do you deal with these in the programme?

11. If you think of the participants of the programme, how do their personal characteristics (e.g. race, socioeconomic status, gender, sexual orientation, gender identity, age, ability status, religious beliefs, location) facilitate inclusion and/or exclusion from the sexual and reproductive rights referred to in your programme? How do you deal with this in your programme?

SECTION 2: CITIZENSHIP AS PRACTICE [10 MINUTES]

The next set of questions will focus on political participation related to SRH.

12. What forms of political participation around sexual and reproductive rights and legislation are spoken about in your programme?

13. What forms of formal political action are spoken about in your programme?

14. What forms of informal political action are spoken about in your programme?

SECTION 3: DIFFERENTIATED UNIVERSALISM [10 MINUTES]

The next set of questions will focus on exploring cross-cutting issues related to SRH.

15. Given the fact that your participants have particular characteristics and are located in particular contexts, what are the SRH issues specific to them? How are these dealt with in the programme?

16. Which SRH principles are identified as cross-cutting in your programme (i.e. principles that apply across many contexts, not just those applicable to the participants)?

17. How are differences and similarities across and within groups affected by SRH issues under discussion dealt with?

SECTION 4: PRIVATE AND PUBLIC INTERSTICE [10 MINUTES]

The next set of questions will focus on varied social identities and how these identities shape our interactions within both public and private spheres.

18. How does your programme deal with power relations in relation to individual decision-making and agency?

19. How is individual decision-making and responsibility dealt with in relation to gendered power relations?

SECTION 5: CITIZENSHIP & SITUATED AGENCY [10 MINUTES]

The next set of questions will focus on exploring understandings of citizenship as an expression of agency operating within particular contexts.

20. How is the agency of young people in taking up or advocating for sexual and reproductive rights dealt with in your programme?

21. What practices are advocated to promote inclusion in sexual and reproductive health entitlements in your programme?

22. What practices are advocated to overcome exclusion from sexual and reproductive health entitlements in your programme?

23. How actionable are these practices within local contexts?

SECTION 6: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION [10 MINUTES]

The next set of questions will focus on the politics of recognition, redistribution and reparation.

24. What personal identities are important for the participants of the programme? What sexual and reproductive identities are important to them? How are these identities dealt within the programme?

Additional Question Prompts:

a) What sexual identities are recognised in the programme?
b) What gender identities are recognised in the programme?
c) What reproductive identities are recognised in the programme?

25. What obstacles are there to participants' identities being recognized? How are these dealt with in the programme?

26. How are these identities referred to in relation to access to sexual and reproductive health and rights?

27. What sexual and reproductive health resources are dealt with in the programme? How is the distribution of these resources dealt with in the programme?

Additional Question Prompt: Does the programme refer to the distribution of social resources in relation to sexual and reproductive entitlements?

28. What barriers to sexual and reproductive health resources are referred to in your programme? How are these barriers and social processes to overcome them dealt with in the programme?

Additional Question Prompt: Does the programme refer to entitlements to legal, health care and social reparations when harm has been caused through sexual violence and other forms of abuse?

29. For what sexual and reproductive issues are reparations seen as necessary?

SECTION 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES [10 MINUTES]

The final set of questions will explore the educational (or educational) processes that are used in your programme to facilitate understandings of sexual and reproductive citizenship and agentic processes.

30. What educational processes are used to facilitate understandings of sexual and reproductive citizenship in your programme?

31. How are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in your programme?

THANKS AND CLOSING [2 MINUTES]

MASIZIXHOBISA TOOL C: FOCUS GROUP GUIDE (PROGRAMME FACILITATORS)

This guide is intended for use when conducting a focus group discussion with individuals who facilitate sexuality education programme/s. This guide includes recommendations for pre- focus group preparation and a focus group schedule. It is recommended that three focus group discussions are conducted, and as such this guide consists of three focus group schedules. Each schedule is accompanied by a suggested time allocation for each discussion (Total Suggested Time: 90 minutes). Suggested time allocations are not prescriptive, but are provided to give the interviewer a general indication of the time involved.

PRE-FOCUS GROUP PREPARATION

In order to prepare for the focus group, the facilitator should ensure that they are well-versed on the interview guide. Facilitators should know the questions thoroughly and understand the purpose of each question. It is strongly recommended that facilitators familiarise themselves with the SEXUAL AND REPRODUCTIVE CITIZENSHIP: PRINCIPLES, APPLICATION AND EVALUATION section of this manual (pp. 3 - 8) before conducting any interviews. This overview provides detailed information on the intent and content of each question included in the interview guide.

It is possible that the focus group may diverge from the original order of questions outlined in this guide. The facilitator should allow for flexibility in this regard, and be ready to steer the conversation back to questions outlined in the guide when appropriate. Near the end of the focus group, it is useful for the facilitator to consult the guide to ensure that all questions have been addressed.

During the focus group, the facilitator should ensure that they engage in active listening and remain responsive to participants' discussion. It is important for the facilitator to prompt participants for further elaboration, when necessary. Within this guide, additional question prompts have been provided for some questions. These prompts can be used when participants' responses do not mention important aspects of the question.

Before commencing with the focus group questions, the facilitator should provide the participants with a brief overview of the nature and purpose of the research. In addition, matters of consent, confidentiality and anonymity must be addressed. The facilitator should also advise the participants of the procedures for the handling and storage of data collected during the research. It is recommended that focus groups are recorded and participants consent to be recorded is obtained.

FOCUS GROUP SCHEDULE (SESSION 1)

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES]
CONSENT PROCESS [4 MINUTES]

INTRODUCTORY QUESTIONS [18 MINUTES]

Each participant should be given the opportunity to introduce themselves and provide a brief explanation of their role in the organisation's sexuality education programme.

1. Who are the participants involved in your programme?
2. What activities do you include in your programme?
3. What are the aims of your programme?
4. Over what period of time does your programme take place?

SECTION 1: CITIZENSHIP AS STATUS [30 MINUTES]

Discussion will focus on SRH rights and entitlements.

What sexual and reproductive rights are referred to in your programme? Why are these rights included in your programme? Can you explain how you deal with these rights in the programme? Does the programme discuss the implications of these rights for the participants' conduct, identities, and relationships? Does the programme discuss participants' capacity to take up these rights? Why do these types of discussions occur?

Does the programme discuss the local contexts relevant to participants' SRH rights? How do these local contexts facilitate inclusion and/or exclusion from the SRH rights discussed in your programme? If you think of the participants of the programme, how do their personal characteristics (e.g. race, socioeconomic status, gender, sexual orientation, gender identity, age, ability status, religious beliefs, location) facilitate inclusion and/or exclusion from the sexual and reproductive rights referred to in your programme? How do you deal with this in your programme? Why do you think it's important to consider these personal characteristics?

SECTION 2: CITIZENSHIP AS PRACTICE [30 MINUTES]

Discussion will focus on political participation related to SRH.

What forms of political participation around sexual and reproductive rights and legislation are spoken about in your programme? Are both formal and informal political action spoken about in the programme? Why do you think political participation was, or should be, included in the programme?

THANKS AND CLOSING [4 MINUTES]

FOCUS GROUP SCHEDULE (SESSION 2)

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES] (REMINDER)
CONSENT PROCESS [2 MINUTES] (REMINDER)

INTRODUCTION [5 MINUTES]

Moderator should re-introduce the group and/or ask the participants to reintroduce themselves. The moderator should then remind participants of the main areas of discussion from the previous focus group session.

SECTION 3: DIFFERENTIATED UNIVERSALISM [25 MINUTES]

Discussion will focus on exploring cross-cutting issues related to SRH.

Does the programme discuss SRH issues specific to participants, based on their particular characteristics and contexts? How are these dealt with in the programme? How are the differences and similarities across and within groups affected by SRH issues dealt with in the programme? Why are these differences and similarities dealt with in this way? Why do you think it may be important to reflect on these similarities and differences?

SECTION 4: PRIVATE AND PUBLIC INTERSTICE [25 MINUTES]

Discussion will focus on varied social identities and how these identities shape our interactions within both public and private spheres.

How does your programme address individual decision-making and responsibility? Do these discussions consider the role of power relations in shaping individual decision-making and responsibility? Are these concerns dealt with in relation to gendered power relations? Why do you think it is important to consider the role of power relations when discussing SRH?

SECTION 5: CITIZENSHIP & SITUATED AGENCY [25 MINUTES]

Discussion will focus on exploring understandings of citizenship as an expression of agency operating within particular contexts.

How does your programme consider participants' ability to take up or advocate for sexual and reproductive rights? What practices does the programme advocate to promote inclusion or overcome exclusion from the rights? Do you feel that youth are able to take up these practices within their local contexts?

THANKS AND CLOSING [4 MINUTES]

FOCUS GROUP SCHEDULE (SESSION 3)

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES] (REMINDER)
CONSENT PROCESS [2 MINUTES] (REMINDER)

INTRODUCTION [10 MINUTES]

Moderator should re-introduce the group and/or ask the participants to reintroduce themselves. The moderator should then remind participants of the main areas of discussion from the previous focus group session.

SECTION 6: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION [30 MINUTES]

Discussion will focus on the politics of recognition, redistribution and reparation.

What sexual, gender and reproductive identities are recognised in your programme? Are these identities important to the participants? How are these identities dealt within the programme? Does the programme discuss obstacles in relation to identity expression and access to SRH resources? How are these barriers, and the social processes to overcome them, discussed in the programme? For what sexual and reproductive issues are reparations seen as necessary? How are these reparations discussed in your programme?

SECTION 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES [30 MINUTES]

Discussion will explore the educational processes that are used in your programme to facilitate understandings of sexual and reproductive citizenship and agentic processes.

What educational processes are used in your programme? What are the strengths and challenges of these educational processes? Do you feel that these processes facilitate understandings of sexual and reproductive citizenship? Do you think there are additional ways that inclusive and process-based

educational processes could be included in the programme?

THANKS AND CLOSING [4 MINUTES]

MASIZIXHOBISA TOOL D: INTERVIEW GUIDE (PROGRAMME PARTICIPANTS)

This guide is intended for use when interviewing individuals who have participated in a sexuality education programme/s. This guide includes recommendations for pre-interview preparation and an interview schedule. The schedule is divided into 12 sections, with a suggested time allocation for each section (Total Suggested Time: 90 minutes). Suggested time allocations are not prescriptive, but are provided to give the interviewer a general indication of the time involved. The interview schedule consists of 29 questions in total.

PRE-INTERVIEW PREPARATION

In order to prepare for the interview, the interviewer should ensure that they are well-versed on the interview guide. Interviewers should know the questions thoroughly and understand the purpose of each question. It is strongly recommended that interviewers familiarise themselves with the SEXUAL

AND REPRODUCTIVE CITIZENSHIP: PRINCIPLES, APPLICATION AND EVALUATION section of this manual (pp. 3 - 8) before conducting any interviews. This overview provides detailed information on the intent and content of each question included in the interview guide.

It is possible that the interview may diverge from the original order of questions outlined in this guide. The interviewer should allow for flexibility in this regard, and be ready to steer the conversation back to questions outlined in the guide when appropriate. Near the end of the interview, it is useful for the interviewer to consult the guide to ensure that all questions have been addressed.

During the interview, the interviewer should ensure that they engage in active listening and remain responsive to participants' discussion. It is important for the interviewer to prompt participants for further elaboration, when necessary. Within this guide, additional question prompts have been provided for certain questions. These prompts can be used when participant responses do not mention important aspects of the question.

Before commencing with the interview questions, the interviewer should provide the participant with a brief overview of the nature and purpose of the research. In addition, matters of consent, confidentiality and anonymity must be addressed. The interviewer should also advise the participant of the procedures for the handling and storage of data collected during the research. It is recommended that interviews are recorded and participants consent to be recorded is obtained.

INTERVIEW SCHEDULE

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES]
CONSENT PROCESS [4 MINUTES]

INTRODUCTORY QUESTIONS [5 MINUTES]

1. How long have you been involved in [organisation name]'s sexuality education programme?

2. What activities have you participated in as part of [organisation name]'s sexuality education programme?
3. Why have you chosen to participate in [organisation name]'s sexuality education programme?

SECTION 1: CITIZENSHIP AS STATUS [15 MINUTES]

Our first set of questions will focus on SRH rights and entitlements.

4. What sexual and reproductive rights has the programme spoken to you about?

5. How does the programme speak to you about your capacity to take up these rights?

6. What discussions has the programme undertaken around these rights and how they can influence your conduct, identity and relationships in relation to SRH?

7. What frameworks, policies and laws are referred to in the programme? Which of these are international, regional or national?

8. How does the programme speak to you about local contexts? In your experience, how do these local contexts facilitate your inclusion and/or exclusion from sexual and reproductive rights?

9. If you think of your personal characteristics (e.g. race, socioeconomic status, gender, sexual orientation, gender identity, age, ability status, religious beliefs, location), how do these personal characteristics facilitate inclusion and/or exclusion from the sexual and reproductive rights referred to in the programme?

SECTION 2: CITIZENSHIP AS PRACTICE [10 MINUTES]

The next set of questions will focus on political participation related to SRH.

10. What forms of political participation around sexual and reproductive rights and legislation are spoken about in the programme?

11. What forms of formal political action are spoken about in the programme?

12. What forms of informal political action are spoken about in the programme?

SECTION 3: DIFFERENTIATED UNIVERSALISM [10 MINUTES]

The next set of questions will focus on exploring cross-cutting issues related to SRH.

13. Does the programme discuss SRH issues specific to you, based on your particular characteristics and contexts? How are these dealt with in the programme?

14. In your experience, which SRH principles are identified as cross-cutting in the programme (i.e. principles that apply across many contexts, not just those applicable to the participants)?

15. How are differences and similarities across and within groups affected by SRH issues under discussion dealt with in the programme?

SECTION 4: PRIVATE AND PUBLIC INTERSTICE [10 MINUTES]

The next set of questions will focus on varied social identities and how these identities shape our interactions within both public and private spheres.

16. How does the programme deal with power relations in relation to your decision-making and agency?

17. How is individual decision-making and responsibility dealt with in relation to gendered power relations?

SECTION 5: CITIZENSHIP & SITUATED AGENCY [10 MINUTES]

The next set of questions will focus on exploring understandings of citizenship as an expression of agency operating within particular contexts.

18. How does the programme deal with the agency of young people such as you in taking up or advocating for sexual and reproductive rights?

19. What practices are advocated to promote inclusion in sexual and reproductive health entitlements in the programme?

20. What practices are advocated to overcome exclusion from sexual and reproductive health entitlements in the programme?

21. How actionable are these practices within local contexts?

SECTION 6: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION [10 MINUTES]

The next set of questions will focus on the politics of recognition, redistribution and reparation.

22. What personal identities are important to you? What sexual and reproductive identities are important to you? How are these identities dealt with within the programme?

Additional Question Prompts:

a) What sexual identities are recognised in the programme?
b) What gender identities are recognised in the programme?
c) What reproductive identities are recognised in the programme?

23. What obstacles are there to your identities being recognised? How are these obstacles dealt with in the programme?

24. How are these identities referred to in relation to access to sexual and reproductive health and rights?

25. What sexual and reproductive health resources are dealt with in the programme? How is the distribution of these resources dealt with in the programme?

Additional Question Prompt: Does the programme refer to the distribution of social resources in relation to sexual and reproductive entitlements?

26. What barriers to sexual and reproductive health resources are referred to in the programme? How are these barriers and social processes to overcome them dealt with in the programme?

Additional Question Prompt: Does the programme refer to entitlements to legal, health care and social reparations when harm has been caused through sexual violence and other forms of abuse?

27. For what sexual and reproductive issues are reparations seen as necessary?

SECTION 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES [10 MINUTES]

The final set of questions will explore the educational processes that are used in your programme to facilitate understandings of sexual and reproductive citizenship and agentic processes.

28. What educational processes are used to facilitate understandings of sexual and reproductive citizenship in the programme?

29. How are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in the programme?

THANKS AND CLOSING [2 MINUTES]

MASIZIXHOBISA TOOL E: FOCUS GROUP GUIDE (PROGRAMME PARTICIPANTS)

This guide is intended for use when conducting a focus group discussion with individuals who have participated in sexuality education programme/s. This guide includes recommendations for pre-focus group preparation and a focus group schedule. It is recommended that three focus group discussions are conducted, and as such this guide consists of three focus group schedules. Each schedule is accompanied by a suggested time allocation for each discussion (Total Suggested Time: 90 minutes). Suggested time allocations are not prescriptive, but are provided to give the interviewer a general indication of the time involved.

PRE-FOCUS GROUP PREPARATION

In order to prepare for the interview, the interviewer should ensure that they are well-versed on the interview guide. Interviewers should know the questions thoroughly and understand the purpose of each question. It is strongly recommended that interviewers familiarise themselves with the SEXUAL AND REPRODUCTIVE CITIZENSHIP: PRINCIPLES, APPLICATION AND EVALUATION section of this manual (pp. 3 - 8) before conducting any interviews. This overview provides detailed information on the intent and content of each question included in the interview guide.

It is possible that the interview may diverge from the original order of questions outlined in this guide. The interviewer should allow for flexibility in this regard, and be ready to steer the conversation back to questions outlined in the guide when appropriate. Near the end of the interview, it is useful for the interviewer to consult the guide to ensure that all questions have been addressed.

During the interview, the interviewer should ensure that they engage in active listening and remain responsive to participants' discussion. It is important for the interviewer to prompt participants for further elaboration, when necessary. Within this guide, additional question prompts have been provided for certain questions. These prompts can be used when participant responses do not mention important aspects of the question.

Before commencing with the interview questions, the interviewer should provide the participant with a brief overview of the nature and purpose of the research. In addition, matters of consent, confidentiality and anonymity must be addressed. The interviewer should also advise the participant of the procedures for the handling and storage of data collected during the research. It is recommended that interviews are recorded and participants consent to be recorded is obtained.

FOCUS GROUP SCHEDULE (SESSION 1)

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES]
CONSENT PROCESS [4 MINUTES]

INTRODUCTORY QUESTIONS [18 MINUTES]

Each participant should be given the opportunity to introduce themselves and provide a brief explanation of (1) how long they've been involved with the organisation, (2) what activities they've participated in, and (3) why they chose to participate in these activities.

SECTION 1: CITIZENSHIP AS STATUS [30 MINUTES]

Discussion will focus on SRH rights and entitlements.

What sexual and reproductive rights have been discussed with you during the programme? In your experience, how were these rights dealt with in the programme? Does the programme discuss the implications of these rights for your conduct, identities, and relationships? Does the programme discuss your capacity to take up these rights? Why do these types of discussions occur? How do these discussion relate to your own experiences?

Does the programme discuss the local contexts relevant to your SRH rights? How do you feel your context includes or excludes you from the SRH rights discussed in the programme? If you think of your personal characteristics (e.g. race, socioeconomic status, gender, sexual orientation, gender identity, age, ability status, religious beliefs, location), what role do these personal characteristics play in including or excluding you from the sexual and reproductive rights referred to in the programme? Why do you think it's important to consider these personal characteristics when discussing SRH?

SECTION 2: CITIZENSHIP AS PRACTICE [30 MINUTES]

Discussion will focus on political participation related to SRH.

What forms of political participation around sexual and reproductive rights and legislation are spoken about in the programme? Were both formal and informal political action spoken about in the programme? Why do you think political participation was, or should be, included in the programme?

THANKS AND CLOSING [4 MINUTES]

FOCUS GROUP SCHEDULE (SESSION 2)

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES] (REMINDER)
CONSENT PROCESS [2 MINUTES] (REMINDER)

INTRODUCTION [5 MINUTES]

Moderator should re-introduce the group and/or ask the participants to reintroduce themselves. The moderator should then remind participants of the main areas of discussion from the previous focus group session.

SECTION 3: DIFFERENTIATED UNIVERSALISM [25 MINUTES]

Discussion will focus on exploring cross-cutting issues related to SRH.

Does the programme discuss SRH issues specific to you, based on your particular characteristics and contexts? How are these dealt with in the programme? How are the differences and similarities across and within groups affected by SRH issues dealt with in the programme? Why are these differences and similarities dealt with in this way? Why do you think it may be important to reflect on these similarities and differences?

SECTION 4: PRIVATE AND PUBLIC INTERSTICE [25 MINUTES]

Discussion will focus on varied social identities and how these identities shape our interactions within both public and private spheres.

How does the programme address individual decision-making and responsibility? Do these discussions consider the role of power relations in shaping individual decision-making and responsibility? Are these concerns dealt with in relation to gendered power relations? Why do you think it is important to consider the role of power relations when discussing SRH?

SECTION 5: CITIZENSHIP & SITUATED AGENCY [25 MINUTES]

Discussion will focus on exploring understandings of citizenship as an expression of agency operating within particular contexts.

How does the programme consider your ability to take up or advocate for sexual and reproductive rights? What practices does the programme advocate to promote inclusion or overcome exclusion from the rights? Do you feel that you are able to take up these practices within your local contexts?

THANKS AND CLOSING [4 MINUTES]

FOCUS GROUP SCHEDULE (SESSION 3)

WELCOME [2 MINUTES]
PURPOSE OF THE RESEARCH [2 MINUTES] (REMINDER)
CONSENT PROCESS [2 MINUTES] (REMINDER)

INTRODUCTION [10 MINUTES]

Moderator should re-introduce the group and/or ask the participants to reintroduce themselves. The moderator should then remind participants of the main areas of discussion from the previous focus group session.

SECTION 6: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION [30 MINUTES]

Discussion will focus on the politics of recognition, redistribution and reparation.

What sexual, gender and reproductive identities are recognised in the programme? Are these identities important to you? How are these identities dealt within the programme? Does the programme discuss obstacles in relation to identity expression and access to SRH resources? How are these barriers, and the social processes to overcome them, discussed in the programme? Does this discussion relate to your own experiences?

SECTION 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES [30 MINUTES]

Discussion will explore the educational processes that are used in your programme to facilitate understandings of sexual and reproductive citizenship and agentic processes.

What educational processes were used during your programme participation? Did you feel able to participate in these education processes? Do you think there are additional ways that inclusive and

process-based educational processes could be included in the programme?

THANKS AND CLOSING [4 MINUTES]

MASIZIXHOBISA TOOL F: OBSERVATION GUIDE

This guide is intended for use when conducting observations of sexuality education programme/s. This guide includes recommendations for best practices when collecting observational data. The guide is divided into 7 sections and consists of 42 questions in total.

SECTION 1: CITIZENSHIP AS STATUS

1. List the sexual and reproductive rights referred to in the programme.

2. Does the programme 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?

3. How is participates' capacity to take up these rights dealt with in the programme?

4. List the international, regional and national frameworks, laws or policies that are referred to in the programme.

5. List the conduct-based rights that are referred to in the programme.

6. Does the programme refer to:
   a) Rights related to what one can and cannot do in intimate relationships?
   b) The right to sexual participation or expression?
   c) The right to enjoy sex acts or the right to sexual pleasure?
   d) The right to bodily integrity?

7. List the identity-based rights that are referred to in the programme.

8. Does the programme refer to:
   a) The right to sexual self-definition?
   b) The right to public and social recognition of specific sexual identities?
   c) The right to the realisation of sexual diversity?

9. List the relationship-based rights that are referred to in the programme.

10. Does the programme refer to:
a) The right to consent to sexual behaviours in personal relationships?
b) The right to forms of regulation that specify with whom one can have as a consensual sexual partner?

c) The right to public validation of various forms of sexual relations within social institutions?

11. How is the role of local contexts in terms of facilitating inclusion and/or exclusion from sexual and reproductive citizenship referred to in the programme?

12. In terms of the role of local contexts in facilitating inclusion and/or exclusion, does the programme refer to:

a) Familial contexts?
b) Community contexts?
c) Educational contexts?
d) Social contexts?
e) Economic contexts?
f) Geographic contexts?

13. How is the role of individual contexts in terms of facilitating inclusion and/or exclusion from sexual and reproductive citizenship referred to in the programme?

14. In terms of the role of individual contexts in facilitating inclusion and/or exclusion, does the programme refer to contexts related to participants:

a) Race
b) Ethnicity
c) Socioeconomic status
d) Gender
e) Sexual orientation
f) Gender identity
g) Ability status
h) Age
i) Geographic location
j) Religious beliefs

SECTION 2: CITIZENSHIP AS PRACTICE

15. List the forms of political participation around sexual and reproductive rights and legislation that are spoken about in the programme.

16. List the forms of formal political action that are spoken about in the programme.

17. List the forms of informal political action that are spoken about in the programme.

SECTION 3: DIFFERENTIATED UNIVERSALISM

18. How are cross-cutting issues in relation to sexual and reproductive issues balanced with contextual nuances within the programme?

19. List which SRH principles are identified as cross-cutting in the programme (i.e. principles that apply across many contexts, not just those applicable to the participants).

20. List which contextual issues are raised in relation to SRH issues in the programme.

21. How are differences and similarities across and within groups affected by SRH issues under discussion dealt with?

SECTION 4: PRIVATE AND PUBLIC INTERSTICE

22. How does the programme deal with power relations in relation to individual decision-making and agency?

23. How does the programme deal with power relations and social challenges related to:
k) Race?
l) Ethnicity?
m) Socioeconomic status?
n) Gender?
o) Sexual orientation?
p) Gender identity?
q) Ability status?
r) Age?
s) Geographic location?
t) Religious beliefs?

24. How is individual decision-making and responsibility dealt with in relation to gendered power relations?

SECTION 5: CITIZENSHIP & SITUATED AGENCY

25. How is the agency of young people in taking up or advocating for sexual and reproductive rights dealt with in the programme?

26. List the agentic practices that are advocated to promote inclusion in sexual and reproductive health entitlements in the programme.

27. List the agentic practices that are advocated to overcome exclusion from sexual and reproductive health entitlements in the programme.

28. How actionable are these agentic practices within local contexts?

SECTION 6: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION

29. What personal identities are identified as important for the participants of the programme?

30. What sexual and reproductive identities are identified as important for the participants of the programme?

31. List the sexual identities recognised in the programme.

32. List the gender identities recognised in the programme.

33. List the reproductive identities recognised in the programme.

34. what obstacles are there to participants' identities being recognized? How are these dealt with in the programme?

35. How are these identities referred to in relation to access to sexual and reproductive health and rights?

36. What sexual and reproductive health resources are dealt with in the programme? How is the distribution of these resources dealt with in the programme?

37. Does the programme refer to the distribution of social resources in relation to sexual and reproductive entitlements?

38. What barriers to sexual and reproductive health resources are referred to in the programme? How are these barriers and social processes to overcome them dealt with in the programme?

39. Does the programme refer to entitlements to legal, health care and social reparations when harm has been caused through sexual violence and other forms of abuse?

40. For what sexual and reproductive issues are reparations seen as necessary?

SECTION 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES

41. List the educational processes that are used to facilitate understandings of sexual and reproductive citizenship in the programme.

42. How are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in the programme?

MASIZIXHOBISA 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 7 sections and consists of 39 questions in total.

SECTION 1: CITIZENSHIP AS STATUS

1. List the sexual and reproductive rights referred to in the text.

2. 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?

3. How is participants' capacity to take up these rights dealt with in your programme?

4. List the international, regional and national frameworks, laws or policies that are referred to in the text.

5. List the conduct-based rights that are referred to in the text.

6. Does the text refer to:
   a) Rights related to what one can and cannot do in intimate relationships?
   b) The right to sexual participation or expression?
   c) The right to enjoy sex acts or the right to sexual pleasure?
   d) The right to bodily integrity?

7. List the identity-based rights that are referred to in the text.

8. Does the text refer to:
   a) The right to sexual self-definition?
   b) The right to public and social recognition of specific sexual identities?
   c) The right to the realisation of sexual diversity?

9. List the relationship-based rights that are referred to in the text.

10. Does the text refer to:
   a) The right to consent to sexual behaviours in personal relationships?
   b) The right to forms of regulation that specify with whom one can have as a consensual sexual partner?
   c) The right to public validation of various forms of sexual relations within social institutions?

11. How is the role of local contexts in terms of facilitating inclusion and/or exclusion from sexual and reproductive citizenship referred to in the text?

12. In terms of the role of local contexts in facilitating inclusion and/or exclusion, does the text refer to:

a) Familial contexts?
b) Community contexts?
c) Educational contexts?
d) Social contexts?
e) Economic contexts?
f) Geographic contexts?

13. How is the role of individual contexts in terms of facilitating inclusion and/or exclusion from sexual and reproductive citizenship referred to in the text?

14. In terms of the role of individual contexts in facilitating inclusion and/or exclusion, does the text refer to contexts related to:

a) Race
b) Ethnicity
c) Socioeconomic status
d) Gender
e) Sexual orientation
f) Gender identity
g) Ability status
h) Age
i) Geographic location
j) Religious beliefs

SECTION 2: CITIZENSHIP AS PRACTICE

15. List the forms of political participation around sexual and reproductive rights and legislation that are spoken about in the text.

16. List the forms of formal political action that are spoken about in the text.

17. List the forms of informal political action that are spoken about in the text.

SECTION 3: DIFFERENTIATED UNIVERSALISM

18. How are cross-cutting issues in relation to sexual and reproductive issues balanced with contextual nuances within the text?

19. List which SRH principles are identified as cross-cutting in the text (i.e. principles that apply across many contexts, not just those applicable to the participants).

20. List which contextual issues are raised in relation to SRH issues in the text.

21. How are differences and similarities across and within groups affected by SRH issues under discussion dealt with?

SECTION 4: PRIVATE AND PUBLIC INTERSTICE

22. How does the text deal with power relations in relation to individual decision-making and agency?

23. How does the text deal with power relations and social challenges related to:
a) Race
b) Ethnicity
c) Socioeconomic status
d) Gender
e) Sexual orientation
f) Gender identity
g) Ability status
h) Age
i) Geographic location
j) Religious beliefs

24. How is individual decision-making and responsibility dealt with in relation to gendered power relations?

SECTION 5: CITIZENSHIP & SITUATED AGENCY

25. How is the agency of young people in taking up or advocating for sexual and reproductive rights dealt with in the text?

26. List the agentic practices that are advocated to promote inclusion in sexual and reproductive health entitlements in the text.

27. List the agentic practices that are advocated to overcome exclusion from sexual and reproductive health entitlements in the text.

28. How actionable are these agentic practices within local contexts?

SECTION 6: POLITICS OF RECOGNITION, REDISTRIBUTION AND REPARATION

29. What personal identities does the text identify as important for the programme participants?

30. What sexual and reproductive identities does the text identify as important for the programme participants?

31. List the sexual, gender and reproductive identities recognised in the text.

32. What obstacles to participants identities being recognized are identified in the text? How are these dealt with in the programme?

33. How does the text refer to these identities in relation to access to sexual and reproductive health and rights?

34. What sexual and reproductive health resources are detailed in the text? How is the distribution of these resources dealt with in the text?

35. What barriers to sexual and reproductive health resources are referred to in the text? How are these barriers, and the social processes to overcome them, dealt with in the text?

36. Does the text refer to entitlements to legal, health care and social reparations when harm has been caused through sexual violence and other forms of abuse?

37. Does the text discuss the need for reparations? What sexual and reproductive issues are identified are requiring reparations within the text?

SECTION 7: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES

38. List the educational processes that are used to facilitate understandings of sexual and reproductive citizenship as discussed in the text.

39. How are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in the text?

Appendix B: *A Priori* Themes: *Masizixhobise Toolkit* (Questions only)

PRINCIPLE 1: CITIZENSHIP AS STATUS AND PRACTICE

DESIGN/EVALUATION QUESTIONS

1. What sexual and reproductive rights[1] are referred to in the programme?
    - b. Access to affordable and appropriate healthcare services?
    - c. Access to affordable and appropriate social services?
    - d. Healthcare and social services free from discrimination and stigma?
    - e. Accurate information on sexual and reproductive issues?
2. What conduct-based rights[4] are referred to in the programme?
    - a. The right to sexual participation of expression
    - b. The right to sexual pleasure
    - c. The right to bodily integrity
3. What identity-based rights are referred to in the programme [the politics of recognition]?
    - a. The right to sexual, gender and reproductive self-definition (from a spectrum of sexual, gender and reproductive identities)
    - b. The right to public and social recognition of diverse sexual, gender and reproductive identities.
4. What relationship-based[6] rights are referred to in the programme?
    - a. The right to consent to (ethical) sexual behaviours in personal relationships
    - b. The right to public validation of various forms of sexual relations within social institutions
5. What international, regional or national frameworks, laws or policies are referred to in the programme?
6. How is belonging (capacity to take up these rights) dealt with in the programme?
7. What forms of formal political action are spoken about in the programme?
8. What forms of informal political action is spoken about in the programme?

PRINCIPLE 2: DIFFERENTIATED UNIVERSALISM

DESIGN/EVALUATION QUESTIONS

1. What contextual issues are raised in relation to SRH issues in the programme?

a. Familial context

b. Community context

c. Educational context

d. Economic context

e. Geographic context.

2. How is the role of these contexts in facilitating inclusion and/or exclusion from sexual and reproductive rights dealt with in the programme [the politics of redistribution]?

PRINCIPLE 3: PUBLIC & PRIVATE INTERSTICE

DESIGN/EVALUATION QUESTIONS

1. What power relations are referred to in the programme: race/ethnicity, socioeconomic status, gender, sexual orientation, gender identity, ability status, age, geographic location, and/or religious beliefs?
2. How is the role of these power relations dealt with in relation to facilitating inclusion and/or exclusion from sexual and reproductive rights?

PRINCIPLE 4: CITIZENSHIP & SITUATED AGENCY

DESIGN/EVALUATION QUESTIONS

1. What decision-making processes are spoken to: sexual intercourse; contraception; conception; pregnancy outcome; healthcare' relationships?
2. What desires or pleasures are referred to: sexual diversity; physiological; sexual acts?
3. How are decision-making and desires spoken to?
4. How are agentic practices that promote inclusion in sexual and reproductive health entitlements spoken to?

PRINCIPLE 5: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES

DESIGN/EVALUATION QUESTIONS

1. What educational philosophy is taken up in the programme and/or demonstrated in the text, and how are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in the programme?

Appendix C: The *Masizixhobise* Toolkit (Developed by Macleod & Moore, 2022)

INTRODUCTION TO THE TOOLKIT

The aim of the *Masizixhobise* toolkit is to aid in the development of new, and the improvement of existing, youth empowerment comprehensive sexuality programmes. It is based on the critical sexual and reproductive citizenship framework (CSRC) conceptualised by Macleod and Vincent (2014) (see also Macleod and Moore, 2022). The goal is to assist empowerment programme(s) in promoting inclusive and process-based understandings of sexual and reproductive citizenship. The strategic use of feminist and queer re-workings of citizenship (and within this the notion of rights) operate as a frame for incorporating sexual and reproductive citizenship into sexuality education and to overcome some of the pitfalls associated with public health approaches that concentrate on individual behaviour change and responsibility or draw uncritically on a human rights framework.

The following sections briefly outline the seven key principles of the CSRC, along with *Masizixhobise* guiding questions that have been conceptualised for each principle. Each principle has a set closed-ended and open-ended questions. The former can be answered using straight content analysis (present or absent), while the latter requires more in-depth engagement with the material.

The guiding questions under each principle may be used to design youth empowerment sexuality programmes from scratch or to refine or formatively evaluate existing programmes (using a range of tools, depending on the context, e.g., interview, focus group discussions, observations, manual and textual analysis.

PRINCIPLE 1: CITIZENSHIP AS STATUS AND PRACTICE

Citizenship as status refers to belonging and inclusion, or exclusion, from the entitlements inherent in belonging. Including discussions on citizenship as status in youth empowerment sexuality programmes involves exploring youth entitlement to sexual and reproductive rights. At a basic level, this requires access to information about entitlements and rights. Citizenship as status is paired with citizenship as practice, in which people may engage in various forms of political participation, both formal and informal.

[Note: Within nation-states, citizenship status is conferred through birth or naturalisation. However, because sexual and reproductive rights are seen as human rights by international organisations such as the World Health Organization, the question of nation-state belonging falls away. This is because human rights, as outlined in various international agreements, are seen as universal and as taking precedence over local or regional laws. In other words, CSRC status (or inclusion in entitlements to sexual and reproductive care and rights) should not, in an ideal world, be attached to national citizen status.]

DESIGN/EVALUATION QUESTIONS

2. What sexual and reproductive rights[1] are referred to in the programme?
    a. Access to affordable and appropriate healthcare services?
    b. Access to affordable and appropriate social services?
    c. Healthcare and social services free from discrimination and stigma?
    d. Accurate information on sexual and reproductive issues?
2. What conduct-based rights[4] are referred to in the programme?
    b. The right to sexual participation of expression
    c. The right to sexual pleasure
    d. The right to bodily integrity
3. What identity-based rights are referred to in the programme [the politics of recognition]?
    a. The right to sexual, gender and reproductive self-definition (from a spectrum of sexual, gender and reproductive identities)
    b. The right to public and social recognition of diverse sexual, gender and reproductive identities.
4. What relationship-based[6] rights are referred to in the programme?
    a. The right to consent to (ethical) sexual behaviours in personal relationships
    b. The right to public validation of various forms of sexual relations within social institutions
5. What international, regional or national frameworks, laws or policies are referred to in the programme?
6. How is belonging (capacity to take up these rights) dealt with in the programme?
7. What forms of formal political action are spoken about in the programme?
8. What forms of informal political action is spoken about in the programme?

PRINCIPLE 2: DIFFERENTIATED UNIVERSALISM

Differentiated universalism speaks to the pairing of the universal or transversal centrality of sexuality and reproduction in people's lives with a differentiated understanding of the pivotal role of localised gendered, (neo)colonialist, heteronormative and ableist power relations in shaping people's sexual and reproductive lives. The rights referred to above are seen as universal or transversal (sexual and reproductive citizenship as status), while the questions below refer to the localised contextual issues.

DESIGN/EVALUATION QUESTIONS

1. What contextual issues are raised in relation to SRH issues in the programme, and how is the role of these contexts in facilitating inclusion and/or exclusion from sexual and reproductive rights dealt with in the programme [the politics of redistribution]?

   a. Familial context

   b. Community context

   c. Educational context

   d. Economic context

   e. Geographic context.

PRINCIPLE 3: PUBLIC & PRIVATE INTERSTICE

CSRC means rearticulating the gendered separation of the public and private spheres: the public representing masculinist notions of universalism, justice and independence; and the private representing feminised notions of particularity, care and dependence on the other. This re-articulation requires: recognising how the private/public binary is socially and politically constructed; highlighting how each interweaves and impacts on the other; and acknowledging how the interaction of the private and public differentially impacts the citizenship of various groups of people.

DESIGN/EVALUATION QUESTIONS

1. What power relations are referred to in the programme: race/ethnicity, socioeconomic status, gender, sexual orientation, gender identity, ability status, age, geographic location, and/or religious beliefs?

   a. Race/ethnicity
   b. Socioeconomic status
   c. Gender
   d. Sexual orientation
   e. Gender identity
   f. Ability status
   g. Age
   h. Geographic location
   i. Religious beliefs

2. How is the role of these power relations dealt with in relation to facilitating inclusion and/or exclusion from sexual and reproductive rights?

PRINCIPLE 4: CITIZENSHIP & SITUATED AGENCY

Citizenship as practice can be seen as an expression of agency. However, agency needs to be understood as operating within particular social contexts and constraints. In other words, agency is not autonomous but situated (i.e. agency occurs within social contexts that influence it).

DESIGN/EVALUATION QUESTIONS

1. What decision-making processes are spoken to: sexual intercourse; contraception; conception; pregnancy outcome; healthcare' relationships?
2. What and how are desires or pleasures referred to: sexual diversity; physiological desire/pleasure; sexual acts?
    b. Sexual diversity
    c. Physiological pleasure and sexual acts?
3. How are agentic practices that promote inclusion in sexual and reproductive health entitlements spoken to?

PRINCIPLE 5: INCLUSIVE AND PROCESS-BASED EDUCATIONAL PROCESSES

It is important for sexuality education programmes to examine the educational processes that are used to facilitate understandings of sexual and reproductive citizenship and agentic processes. The underlying aim of the sexual and reproductive citizenship framework is to promote process-based understandings of sexual and reproductive citizenship, as such it is important for educational processes to reflect this aim. Participatory educational methodologies that focus on dialogue, critical questioning, and critical engagement should be favoured.

DESIGN/EVALUATION QUESTIONS

1. What educational philosophy is taken up in the programme and/or demonstrated in the text, and how are the strengths and challenges of these educational processes able to foster inclusive and process-based understandings of sexual and reproductive citizenship in the programme?

References

Macleod, C., & Vincent, L. (2014). Introducing a critical pedagogy of sexual and reproductive citizenship: extending the 'framework of thick desire'. In K.Quinlivan, M. Rasmussen & L. Allen (Eds.), *Interrogating the Politics of Pleasure in Sexuality Education: Pleasure Bound* (pp. 199-236). London: Routledge.

Appendix D: List of International, Regional, and National Frameworks, Laws, and Policies (referred to in the course manuals and the website SHRH resources)

a) The Declaration of Human Rights of 1948

b) The Constitution of South Africa of 1996

c) The Bill of Rights

d) The Commission on Gender Equality Act, No. 39 of 1996

e) National Youth Commission Act (1996)

f) National Youth Development Policy Framework (2002)

g) Victims Empowerment Charter 2004

h) The Child Care Act of 2005

i) Sexual Offences and Related Matters Amendment Act, No. 32 of 2007

j) Domestic Violence Amendment Act 31 of 2008

k) Choice of Termination of Pregnancy Amendment Act of 2008

l) Commission for Gender Equality

m) World Health Organization

n) International Planned Parenthood Federation

o) International Lesbian and Gay Alliance

p) World Association for Sexual Health

q) International HIV/AIDS Alliance

r) Integrated Development Planning

s) United Nations Population Fund

t) United Nations Children’s Fund

u) Association for Responsible Alcohol Use

v) National Youth Policy

w) CCMA

x) UN Commission on Human Rights

Appendix E: 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

Appendix F: Ethics Approval of the Research Project

Human Ethics subcommittee
Rhodes University Ethical Standards Committee
PO Box 94, Grahamstown, 6140, South Africa
t: +27 (0) 46 603 8055
f: +27 (0) 46 603 8822
e: ethics-committee@ru.ac.za

www.ru.ac.za/research/research/ethics
NHREC Registration no. REC-241114-045

4 November 2019

Sarah-Ann Moore

Review Reference: 2019-0772-965

Email: g13M6221@(campus.ru.ac.za

Dear Sarah-Ann Moore

Re: Developing a sexual and reproductive citizenship intervention refinement instrument for youth sexuality education interventions: A participatory research project

Principal Investigator: Distinguished Professor Catriona Macleod

Collaborators: Ms. Thobile Mthethwa, Ms. Patsy de Lora, Ms. Sarah-Ann Moore

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Ethical Standards Committee (RUESC) -— Human Ethics (HE) sub-committee.

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloging number allocated.

Sincerely

Prof Joanna Dames

Chair: Human Ethics sub-committee, RUESC- HE

Appendix G: Email Correspondence for Ethics Extension for Additional Researcher

Sarah Moore <sarah.moore@ru.ac.za>

Ethics extension

3 messages

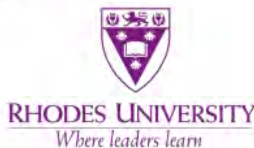
Catriona Macleod <c.macleod@ru.ac.za> 30 January 2020 at 16:22
To: Roman Tandlich <r.tandlich@ru.ac.za>, Siyanda Manqele <s.manqele@ru.ac.za>, Sarah Moore <Sarah.Moore@ru.ac.za>, Chanelle Descroizilles <cocodescroizilles@gmail.com>, Thobile Mthethwa <thobilemthethwa95@gmail.com>, ulandi du plessis <ulandidup@gmail.com>

Dear Roman

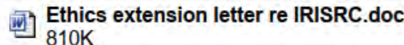
Attached please find a letter outlining a request for an ethics extension.

We look forward to hearing from you.

Best wishes
Catriona



Catriona Ida Macleod
SARChI Chair: Critical Studies in Sexualities and Reproduction
Distinguished Professor: Department of Psychology
t: +27 (0) 46 603 7328
CSSR Building, Lucas Avenue, Makhanda, 6139
PO Box 94, Makhanda, 6140, South Africa
https://www.ru.ac.za/criticalstudies/



Ethics extension letter re IRISRC.doc
810K

Roman Tandlich <roman.tandlich@gmail.com> 30 January 2020 at 16:45
To: Catriona Macleod <c.macleod@ru.ac.za>
Cc: Roman Tandlich <r.tandlich@ru.ac.za>, Siyanda Manqele <s.manqele@ru.ac.za>, Sarah Moore <Sarah.Moore@ru.ac.za>, Chanelle Descroizilles <cocodescroizilles@gmail.com>, Thobile Mthethwa <thobilemthethwa95@gmail.com>, ulandi du plessis <ulandidup@gmail.com>

Dear Professor MacLeod,

Thank you for your email! Receipt of your extension request is hereby acknowledged.

There will be a communication with regards to the outcome of the consideration of your extension request after the RUESC meeting on 7th February 2020.

Yours sincerely,

Roman Tandlich

št 30. 1. 2020 o 16:23 Catriona Macleod <c.macleod@ru.ac.za> napísal(a):
[Quoted text hidden]

--
Roman Tandlich, PhD
Associate Professor
Division of Pharmaceutical Chemistry
Faculty of Pharmacy
Rhodes University
P.O. Box 94
Grahamstown 6140
South Africa
tel 00-27-46-603-8825
fax 00-27-46-603-7506
e-mail: r.tandlich@ru.ac.za or roman.tandlich@gmail.com

Roman Tandlich <roman.tandlich@gmail.com> 9 February 2020 at 13:40
To: Catriona Macleod <c.macleod@ru.ac.za>
Cc: Roman Tandlich <r.tandlich@ru.ac.za>, Siyanda Manqele <s.manqele@ru.ac.za>, Sarah Moore <Sarah.Moore@ru.ac.za>, Chanelle Descroizilles <cocodescroizilles@gmail.com>, Thobile Mthethwa <thobilemthethwa95@gmail.com>, ulandi du plessis <ulandidup@gmail.com>

Dear Professor MacLeod,

Based on your request for extension and amendment of the ethical clearance on application with original tracking number 2019-0772-965, the Chair of RUESC hereby grants the requested amendment, which includes the name of an additional researcher to be added to be sub-project 2. The extension of the ethical clearance falls away as the 12 month period of the original ethical clearance has not expired, i.e. the ethical clearance for your study is still valid until November 2020. The new researcher, namely Chanelle Descroizilles (Master's), can start participating the relevant project activities. This is based on the deliberations of RUESC which took place during the RUESC-HE review meeting on 7th February 2020. Please keep RUESC informed about any changes to the conditions of your ethical clearance.

Good luck with your study!

Regards,

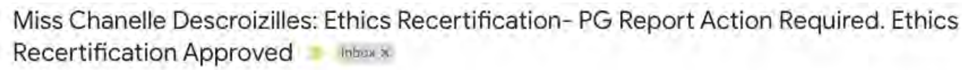
Roman Tandlich

št 30. 1. 2020 o 16:23 Catriona Macleod <c.macleod@ru.ac.za> napísal(a):

> Dear Roman
> [Quoted text hidden]

[Quoted text hidden]

Appendix H: Confirmation of Ethics Recertification (via email)



Miss Chanelle Descroizilles: Ethics Recertification- PG Report Action Required. Ethics Recertification Approved Inbox x

noreply@ru.ac.za
to g16A0865, U DuPlessis, ethics-committee

Tue, Apr 6, 7:03 AM

Dear Miss Chanelle Descroizilles

RUESC Chair hereby grants extension to Miss Chanelle Descroizilles (16A0865) under the supervision of Dr Ulandi Du Plessis to continue the research project titled Implementing a Sexual and Reproductive Citizenship Intervention Refinement Instrument for Youth Sexuality Education: A Formative Evaluation which has been granted ethical clearance approval under the tracking number 2019-0772-965, for 1 Jan 2021 - 31 December 2021. This extension implies that there have been no significant changes to the conditions/term of the original application.

Kind Regards

Chair: RUESC