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**ORIGINAL RESEARCH**

# Sexual and reproductive health challenges confronting high school-going adolescents in low resource communities of Kwazulu-Natal, South Africa: Perspectives of teachers and school health nurses

Londiwe Mbatha[1], Patrick Nyamaruze[2], Netsai Bianca Gwelo[2], Olagoke Akintola[2*]

[1]Discipline of Psychology, School of Applied Human Sciences, University of KwaZulu-Natal, Durban, South Africa
[2]School of Public Health, Faculty of Community and Health Sciences, University of the Western Cape, South Africa

***Corresponding author:** oakintola@uwc.ac.za

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**ABSTRACT**

**Introduction:** To address the unmet sexual and reproductive health (SRH) needs of adolescents, the South African government introduced various policies and programs, including the recent Integrated School Health Policy (ISHP). This policy provides students with comprehensive health services, including screenings for pregnancy, STIs, and HIV, as well as education on menstruation, safe sex, and contraception. School health practitioners are responsible for implementation of the ISHP, yet little is known about their perspectives regarding the SRH issues faced by learners. This study aimed to explore the SRH challenges that secondary school learners' face, the contributing factors for these challenges and possible solutions to deal with these challenges from the perspective of school health practitioners.

**Methods:** We used an exploratory and descriptive qualitative research design to provide an in-depth understanding of the SRH challenges that secondary school learners encounter. In-depth interviews were used to collect data from school health practitioners comprising eleven Life Orientation (LO) teachers and four school health nurses. All the interviews were analysed using thematic analysis.

**Results:** School health practitioners perceive high unplanned teen age pregnancy, sexual abuse and lack of adequate knowledge of the symptoms of STIs as key SRH issues requiring attention among learners. Inadequate human resources hinder school health nurses from meeting the demands of screening and providing quality SRH services to learners. Perspectives of LO teachers suggested that they were insufficiently equipped to deliver the LO content. They pointed out a need for adequate training and provision of adequate teaching resources. Parents were highlighted as important stakeholders to be actively involved in the implementation of the ISHP.

**Conclusions:** The perspectives of school health practitioners are important in the delivery of the ISHP as they identify the implementation challenges they encounter daily as well as the SRH challenges affecting learners. Addressing these challenges can contribute to the effective implementation of the Integrated School Health Policy.

**Keywords:** Adolescents; learners; low resource communities; school health practitioners; sexual and reproductive health

**Abstract in Español at the end of the article**

# INTRODUCTION

Adolescents and young people face several sexual and reproductive health (SRH) challenges from an early age. In South Africa the proportion of young people (15-24) who had an early sexual debut increased from 8.5% in 2008 to 13.6% in 2017 [1]. Early sexual debut is associated with higher rates of condomless sex in subsequent sexual encounters [2] and multiple sexual partnerships [2, 3]. Unprotected sex and multiple sexual partnerships increase young people's risk for adverse SRH outcomes such as teenage pregnancy, unsafe abortion, HIV and other sexually transmitted infections (STIs) [1, 4]. Adolescents and young people in South Africa have the highest rates of new HIV infections globally [5]. High teenage pregnancy rates are reported in the country with evidence indicating that 9% of women aged 15-17 and 16% of young women aged 15-19 have begun childbearing [4]. An analysis of data from the District Health Information System, from 2017 to 2021 indicated that the number of births to young teenagers aged 10-14 years increased by 48.7% while in the older teenagers aged 15-19, the number of deliveries increased by 17.4% [6].

To overcome the SRH challenges among young people in South Africa, the government has been rolling-out several policies and programmes to enhance the quality of SRH for adolescents and young people. The South African government has ensured through various school based SRH programmes that learners have access to a range of SRH services, including contraceptives, termination of pregnancies, HIV testing, as well as information and counselling around healthy sexuality and safer sex [7]. The government also made efforts to bring services close to young people by offering SRH services in schools. The Life Orientation (LO) curriculum was introduced to schools by the South African Department of Basic Education (DoBE) to educate learners about topics such as sexual and physical education, future career options and a range of topics designed to prepare them to live healthy and productive adult lives [8].

In 2003 the South African government launched the first National School Health Policy (NSHP) that emphasised the integration of school health services with other district health services albeit with a poor coverage of school health services because of implementation challenges [9, 10]. Due to the poor implementation of the NSHP, the Department of Health (DoH) and the DoBE carried out a revision and improvement of the NSHP. This led the launching of a new policy known as the Integrated School Health Policy (ISHP) [11]. The aim of the ISHP was to extend the coverage of school health services to all leaners in primary (Grade 1 to Grade 7) and secondary schools (Grade 8 to Grade 12) through offering a comprehensive and integrated package of services, including SRH services for older learners. Older learners are classified as those enrolling from grade 10-12 and usually fall within the 16-18 age range. The SRH services offered for older learners include education on contraception use, medical male circumcision, abuse (sexual, physical and emotional abuse including bullying, violence), preventing STIs and pregnancy, screening for STIs, and voluntary HIV counselling and testing. The ISHP enables adolescents to access these SRH services and information in the school context [11].

Structures were put in place at the national, provincial, district, health facility and school levels to support the management, co-ordination, and implementation of the ISHP. At service provision level, a school-based support team comprising school health nurses and LO teachers are responsible for implementation. These two practitioners, school health nurses and LO teachers, together will hereafter be referred to as school health practitioners. Front-line providers like teachers and healthcare personnel have been described as 'street-level bureaucrats' as they regularly interact directly with citizens in discharging their policy implementation duties [12]. These front-line workers develop their own day-to-day processes and have some discretion over which services are offered and how services are offered especially in under-resourced settings [12, 13]. Teachers are responsible for meeting learners' spiritual, cultural, moral, mental and physical development needs, and for preparing them for the opportunities, responsibilities and experiences of adult life [14]. Learners spend most of their time in the school premises with their teachers, making teachers better informed about the SRH challenges that learners face. The school health nurses are trained and qualified to perform individual health screening, health education, providing basic treatment, counselling and offer SRH services. Because of the knowledge, expertise and established relationship with learners, teachers and school health nurses are suitable for delivering the ISHP programme.

Previous studies have focussed on assessing stakeholders' perception of the ISHP performance and challenges in implementation [15, 16]. Other studies have sought to understand caregivers' perceptions of factors influencing the access and utilisation of ISHP services for their school-going children [17]. Our literature review did not yield any studies that have been conducted among school health practitioners to understand their perspective regarding the SRH issues faced by learners. Teachers and school health nurses can provide valuable insight regarding these issues as they interact with learners frequently on topics relating to SRH. However, little is known about the perspectives of teachers and school health nurses regarding the SRH challenges that secondary school learners are facing and the possible measures to address these challenges. We sought to explore the SRH challenges that secondary school learners' face, the contributing factors for these challenges and possible solutions to deal with these challenges from the perspective of school health practitioners. Findings from this study can help policy makers and stakeholders to strengthen the implementation of ISHP and align the policy with the needs of learners.

# METHODS

## Study Setting and Context

The study was part of a larger research project which aims to assess the process of implementing the ISHP in South Africa. This component of the larger project was carried out in 11 schools of the low resource communities in KwaZulu-Natal province namely Zwelibomvu, Kwandengezi, and Itsh'elimnyama. Participants were also selected from the SRH service providers based at St Mary's Mission Hospital, a government-aided private hospital situated in Pinetown, KwaZulu Natal. The selected communities in the study are located within the eThekwini and Harry Gwala health districts and are characterised by high unemployment and poverty rates [18]. The schools in these communities fall within the quintile 1-3 categories, where learners do not pay school fees because they are believed to be staying in the most economically disadvantaged communities [19].

## Study Design

We used an exploratory and descriptive qualitative research design to provide an in-depth understanding of the SRH challenges that secondary school learners face [20, 21]. The design allowed the authors to capture a deeper understanding of the participants' perceived SRH challenges facing secondary school learners in the resource constrained peri-urban communities of KwaZulu–Natal, South Africa.

### *Study population and sampling*

Purposive sampling was used to recruit participants for this study [22]. We selected LO teachers and school health nurses based on their knowledge on SRH education in secondary schools. LO teachers are responsible for delivering SRH education in schools through the LO curriculum and school health nurses are part of the ISHP initiative responsible for health screening, health education, providing basic treatment and responsible for referring learners for further assessment or treatment if needed. We purposefully selected 1 LO teacher from 11 schools in the communities of Zwelibomvu, Kwandengezi, Itsh'elimnyama that were participating in the ISHP initiative. Four school health nurses were selected from St Mary's Mission Hospital, a partner in the implementation of the ISHP in these communities. The hospital provided school health services through trained school health nurses.

### *Data Collection*

We collected data using in-depth interviews guided by an interview schedule developed by the first author (LM) in English and translated into isiZulu. In-depth interviews are an effective qualitative method to obtain detailed information on a topic and to thoroughly understand participants' lived experience [23]. The interview schedule was reviewed and approved by the fourth author (OA) who was the research project supervisor. The interview schedule comprised open-ended questions on demographic information, LO teachers' and school health nurses' understanding of the roles that they play in the delivery of SRH education under the ISHP, the perceived SRH challenges faced by secondary school learners and the measures to deal with these challenges.

All the interviews were conducted in the participants' preferred language which was isiZulu. Before contacting the LO teachers, the first author contacted the principal of the participating schools to seek permission to interview the teachers. Thereafter, the teachers were contacted and asked to participate in the study, whom upon agreeing and granting informed consent and permission to audio-record the interviews were interviewed in their respective classrooms after classes. Permission to interview school health nurses was initially sought from the director of the hospital and from the four participating school health nurses. Once the participants agreed to the interviews, the first author set an appointment for interviews to be conducted at the Hospital staff room. On the day of the interviews, informed consent and permission to audio-record the interviews were sought and granted. All the interviews lasted approximately 35 to 40 minutes long.

## Data Analysis

All the interviews were transcribed verbatim and translated back into English by the first author (LM). To ensure rigour and establish the credibility of the data, all the transcripts were thoroughly reviewed by the third author (NBG) who was proficient in both isiZulu and English. We used the six steps of thematic analysis recommended by Braun and Clark [24] to analyse the data. LM repeatedly read the transcripts to become familiar with the data, coded the data set and developed themes around the perceptions of LO teachers and school health nurses until saturation was reached and no new themes emerged from any of the transcripts. The credibility of the findings was confirmed by sharing the data and the findings with the second author (PN) and fourth author (OA) who both ensured that the appropriate steps was followed in analysing the data and in turn reviewed the themes to improve rigour. All researchers reached an agreement after iterative and extensive discussions on the themes.

## Ethics

Ethical approval for the study was obtained from Social Science and Humanities Ethics Committee of the University of KwaZulu-Natal (HSS/0065/018M). School health practitioners gave written informed consent to participate in the study

# RESULTS

In total fifteen participants were included in the study (Table 1). Eleven participants were LO teachers, and the other four participants were school health nurses. Most of the participants were female (80%).

**Table 1.** Socio-demographic details of participants (n = 15).

| Participant type | Name of school | Location of school/hospital | Gender of participant | Number of participants interviewed |
|---|---|---|---|---|
| *Life Orientation teachers* | | | | |
| | Secondary School A | Township (peri-urban area) | Male | 1 |
| | Secondary School B | Township (peri-urban area) | Female | 1 |
| | Secondary School C | Township (peri-urban area) | Female | 1 |
| | Secondary School D | Township (peri-urban area) | Female | 1 |
| | Secondary School E | Township (peri-urban area) | Male | 1 |
| | Secondary School F | Township (peri-urban area) | Female | 1 |
| | Secondary School G | Township (peri-urban area) | Female | 1 |
| | Secondary School H | Township (peri-urban area) | Female | 1 |
| | Secondary School I | Township (peri-urban area) | Male | 1 |
| | Secondary School J | Township (peri-urban area) | Female | 1 |
| | Secondary School K | Township (peri-urban area) | Female | 1 |
| *School health nurses* | | | | |
| | Hospital A | Township (peri-urban area | Female | 4 |

The findings are organized into four main themes: Roles played in the ISHP- professional and parental role; perceived SRH challenges faced by secondary school learners; perceived factors that contribute to SRH challenges among learners; and suggested ways to address SRH challenges among secondary school learners.

**Table 2.** Emergent themes and sub-themes base.

| Themes | Sub-themes |
|---|---|
| Roles played in the ISHP- professional and parental role | |
| Perceived SRH challenges faced by secondary school learners | • High rates of early unintended pregnancy and sexual transmitted infections<br>• Frequent cases of sexual abuse |
| Perceived factors that contribute to SRH challenges among secondary school learners | • The negative influence of low socio-economic status and poverty<br>• Fear of being judged<br>• Negative effects of peer influence |
| Suggested ways to address SRH challenges among secondary school learners | • Community mobilisation for parents'/guardians' involvement in SRH education<br>• Skills and resource enhancement for LO teachers<br>• Increase numbers of school health nurses |

### Roles played in the ISHP- professional and parental role

The participants were asked about the different roles they play under the ISHP programme. The role of school health nurses encompasses delivering health talks as well as conducting health screening and referrals. One of the school health nurses explained that:

> "*So here as a project nurse we do health talks. We teach about menstruation, circumcision, and cleanliness. We also go out to the schools and do health screening, check for health vitals then we refer the child. So, we basically do the basic health checks and then refer children with health issues to the clinic*" (School health nurse 3)

The LO teachers explained that their role was to deliver SRH content to the learners. This role was perceived to be broad, covering all aspects of well-being but with a focus on SRH. As one of the LO teachers explained it:

> "*Well, I think it [role] has everything to do with the well-being of the learners in the school setting. We use different materials to educate our learners on the dangers of unprotected sex, what to do to protect themselves from getting sick and everything. It's all about awareness to teach precautions they need to take so that they won't get pregnant…over and above we also focus on the boys as well with the topic of circumcision and about the issue of impregnating girls' and safe sex*" (LO teacher 7)

In delivering their duties, both the LO teachers and school health nurses indicated that they had to take an additional responsibility and caring role as a parent to accommodate the learners. Thus, in addition to teaching the subject, LO teachers also had to take a parental role as they addressed problems that learners were experiencing at home. One of the LO teachers explained that:

> "*I teach the subject but at times I find myself having to deal with issues that the children have from home because I also play a role of a parent as well to these kids*" (LO teacher 8)

In their role as teachers who delivered a relatively sensitive subject, the LO teachers believed that they had to create a safe and comfortable environment for learners to participate. They mentioned various characteristics that teachers had to possess to make the learning environment favourable for learners. It was explained that LO teachers have:

> "*To be friendly, easy to talk to, be welcoming to the learners so that they will feel free to talk to me and to just give parental care. If we as teachers are not friendly enough our learners find it difficult talking to us*" (LO teacher 2)

When teachers take on a parental role, they create a nurturing environment that fosters trust, and learners are more likely to engage when they feel cared for and understood. The school health nurses also explained the importance of taking a parental role when communicating with the learners. They also added other topics that they discussed with the learners:

> "*So as a project nurse, I am a professional nurse but when we go to the community or to the schools I go as a parent so that it can be easy for the learners to reach out to me. So, we firstly give them health education, both girls and boys …we talk about things like pregnancy and make sure that they understand, and they even become comfortable with talking about these things and asking questions. So, we encourage them to use protection, prevent and that they should take care of themselves when they are menstruating*" (School health nurse 2)

### Perceived SRH challenges faced by secondary school learners

#### *Early unintended pregnancy and sexual transmitted infections*

Secondary school adolescents face several SRH challenges that tend to affect their learning. Teenage pregnancy was one of the most common SRH conditions that most of adolescents encountered. The LO teachers explained that they had limited knowledge of other reproductive health issues as they were private, and they could only know if confided in. Some LO teachers mentioned that they were aware of teenage pregnancy as an issue more than STIs because pregnancy was visible:

> "*I cannot be sure with regards to HIV or STI, but pregnancy I am sure because we can easily see it, after some months pregnancy starts to show …so it's easy to see it*" (LO teacher 3)

> "*For them [learners] it's not that it [STI] doesn't exist but it's mostly teenage pregnancy more than STI's or HIV. I'm saying this because I've never seen or heard of any child who has HIV or an STI …. but only know of one child who was born with HIV, and I don't know of anyone who has actually contracted the disease, but we can't go around asking*" (LO teacher 4)

While STI's were common among the learners, they had little knowledge about the symptoms. The learners understood the symptoms of STI's from a traditional perspective and as such applied traditional solutions which were not appropriate:

> "*STI's are very common, and our learners do not understand them. There was one incident where there was a learner who had a bad odour in her private part, and I asked the female teachers to help her …only to find that she thought it was witchcraft and she applied traditional medication.*

*STI's are among other issues that we are facing in this school*" (LO teacher 7)

### *Sexual abuse*

It was noted from the interviews with LO teachers and school health nurses that sexual abuse among learners was common. Sexual abuse is a criminal act with sexual, reproductive, social and mental implications for learners. It seemed LO teachers and teachers in general were better positioned to notice and behaviour changes in learners that might signal signs of sexual behaviour. It was their responsibility to talk with the learners and help them confide in them:

> "*Most important challenge is that we have children that are sexually abused but they do not know that it is not supposed to happen to them. We then notice the child's behaviour in class, it has changed, and they act funny. Sometimes when you notice the child you bring them closer to you and try to understand their situation you do not just talk to them in public*" (LO teacher 1)

However, it was not always the case that LO teachers would pick up signs of sexual abuse among learners. It was explained that in some cases they must wait for the learners to come to them and only then they can help with contacting the learner's family and referring the learner for help:

> "*You find that the learners are abused but they are afraid of saying, sometimes you can't even tell as a teacher that this child is abused until they come up to you and talk to you. From there you can contact the parents and also involve the social workers. It's quite difficult though to intervene in such issues*" (LO teacher 2)

The school health nurses also explained the challenges of communicating sexual abuse of a learner to their parents. School health nurses are legally required to report incidents of rape or sexual abuse. However, fulfilling this obligation is challenging due to the reluctance of victims to come forward and share their experiences. In terms of their responsibilities, they further referred learners who were victims of sexual abuse to social workers for help:

> "*Yes, we do come across children who are sexually abused. It's not even easy to take the case to the parents as well. So, we have that issue of children that are raped but they are so scared to speak up, but we try by all means to ask the social workers who would assist those children*" (School health nurse 2)

## Perceived factors that contribute to SRH challenges among learners

### *Socio-economic status and poverty*

The LO teachers and school health nurses explained various reasons that potentially influenced SRH choices of learners. It was suggested that the socio-economic background of learners influenced their SRH decisions. It was believed that some of the learners fell pregnant to benefit from "the social grant from the government which will end up supporting the entire family" (School health nurse 4). The participants believed that the learners background, particularly, one characterised by poverty pushed learners to engage in sexual activities at an early age. Parents encouraged learners to get pregnant or to be married at an early age as explained below:

> "*I want to believe that we are fighting a losing battle because as much as there are awareness programs that we are running at a school level but at a community level you find that parents encourage children to be involved in relationships. Because there is Lobola [bride price] and because of poverty, parents send their children to get married or be pregnant with that person's child so that they can get the money. So, as we a school we need to integrate with the community as well and not only the children because parents have an impact because they work in opposite direction with us*" ( LO teacher 7)

### *Fear of being judged*

Several SRH services are offered and are made available by the Department of Health in the communities. Some of the LO teachers believed that learners were not comfortable seeking SRH services from health providers from their respective communities. Since the next health facility may be far, learners end up not seeking services at all. Learners were hesitant to be assisted by known health personnel who may disclose the reasons for visiting the health facility to significant others:

> "*Another thing is that our clinic nurses they are local people therefore you find that when the learner has a problem, they turn to shy out from going to the clinic*" ( LO teacher 6)

### *Peer influence*

Peer influence was identified as another cause of SRH challenges faced by learners. Some learners are tempted to engage in unsafe sexual activities for fear of being left out and labelled as backward. One of the nurses stated that:

> "*Hmmmmm many challenges are that they do not understand …peer pressure that they want to experiment things like their peers only to find that they will get pregnant forgetting that they are from different families*" (School health nurse 4)

### Suggested ways to address SRH challenges among learners

To address the challenges faced by learners, the participants highlighted the need to include parents in programmes aimed at improving the SRH of learners.

#### *Community mobilisation for parents'/guardians' involvement in SRH education*

It was suggested that parents should be actively involved in the SRH education of their children to ensure that they receive accurate, consistent, and supportive guidance. The stakeholders proposed that parental involvement could be achieved through conducting community meetings where parents are educated about SRH issues and ways for them to communicate with their children regarding this culturally sensitive issue. Parental involvement can complement the efforts of LO teachers and school health nurses to equip the learners with comprehensive and age appropriate SRH education. Two of the participants explained that:

> "*What the government can do is to teach the parents, so they are aware of all the things that there children go through, the challenges they are facing as well the way they should deal with those things. It will help the parents to be aware of their responsibilities as parents*" (LO teacher 2)

> "*Hmmm I don't know maybe call community meetings and speak to the parents about these issues [SRH education] like I said*" (School health nurse 4)

The participants argued that parents should be more present in the learners' lives. Parent-child communication was highlighted as key for the overall performance of the learner:

> "*I think if the parents can talk to their children and be friendly to them so that they can find it easy to open up to them. This will help them be aware of the things that are happening to their kids because some of these things really affect the child, and they end up not performing very well even in school*" (LO teacher 1)

#### *Skills and resource enhancement for LO teachers*

Teachers need to be properly trained to deliver the LO subject in a comfortable manner. The teachers also mentioned that they required adequate teaching resources for them to be able to deliver the LO subject to learners:

> "*The first thing that is important is that we as teachers need to be provided with adequate teaching resources as well as support in any way because sometimes in a classroom you wish to do certain things but only to find that you do not have enough resources*" (LO teacher 3)

The teachers did not know how to handle the sensitive issue of sexuality as well as the learners' reactions during classes. Because of their lack of adequate skills and resources some of the LO teachers suggested that SRH education would be better delivered by people who are trained in this field:

> "*I think if maybe people who specialize in these things can come and educate the children it would be better because they are more experienced, and they have the right information. Sometimes I find somethings difficult to teach because I'm not trained enough to talk about these. Some topics are just difficult …topics like sex for example you find that when you talk about them in class the kids laugh*" (LO teacher 5)

#### *Increase numbers of school health nurses*

The school health nurses indicated that they were overwhelmed with work within the school settings. The learner/nurse ratio under the ISHP was uneven, with each school health nurse required to screen many learners within a short period. It was suggested that the Department of Health needs to employ more school health nurses to be based in these schools so that the workload would not be on a limited number of school health nurses. The school health nurses explained that:

> "*They must hire …they must hire more staff. Sometimes I have an overload of work and you find that I am supposed to assess 1500 learners at the same time …with only 3 months being given to me …I won't be able to finish the work in time. If the government can intervene in terms of hiring more staff, it would be better*" ( School health nurse 1)

> "*The Department of Health … must hire more staff …we are short with staff …so you find that sometimes you are pressed with work, and you trying to push work and end up not being able to do everything. There are so many children, so we need enough staff*" ( School health nurse 2)

## DISCUSSION

School health nurses and LO teachers are key members in the delivery of the ISHP and are knowledgeable of the SRH challenges faced by secondary school learners and the possible measures to address these challenges. The narratives from the school health nurses show that some of the learners were engaging in risky sexual behaviour which led to infection with STIs. The school health nurses felt that the learners lacked adequate knowledge regarding the types of STIs and the symptoms of STIs. As a result, they felt that their understanding of the symptoms of STIs was informed by a cultural lens that ascribed the symptoms of STIs to witchcraft. It is not uncommon in African settings for

people to attribute a superior force to unknown causes of an illness or less understood diseases [25]. Previous studies have explored the concept of diseases and witchcraft in Africa and suggest that certain illnesses that are deemed unexplainable and defy known locally understood causes are attributed to the supernatural [26]. Our findings indicate that cultural understandings of the causes of STIs might have informed the health-seeking behaviour of participants which entailed use of traditional medicine, which often may not be effective. Symptom interpretation of STIs based on flawed and incorrect beliefs can delay or stop learners from seeking timely treatment in healthcare facilities, causing serious public health implications including risk of avoidable onward transmission and reproductive health complications like infertility. A study by Meyer-Weitz and colleagues [27] among 1482 patients attending dedicated STD clinics in South Africa found that patients who delayed seeking healthcare were female, held misconceptions regarding the cause of STDs and perceived STDs not to be serious among other reasons. Learners should be equipped with comprehensive knowledge of the symptoms of STIs including HIV and various treatment options available. The content of the material presented by LO teachers should aim to present accurate information and correct misconceptions held by learners regarding STIs.

Our study found that the school health practitioners perceived sexual abuse and teenage pregnancy as social and health challenges affecting many female learners. An analysis of data from 2017 to 2021 available in the public sector database, shows that the number of births to young teenagers aged 10-14 years increased by 48.7% [6]. Pregnancy in very young adolescents aged below 16 years is evidence of statutory rape, which may be characterised by sexual violence. Sexual abuse is widespread among both girls and boys in South Africa with one study suggesting that 36.8% of boys and 33.9% of girls reported some form of sexual abuse [28]. While sexual abuse is legally recognized as a criminal act, the perspectives of school health practitioners indicate that nonreporting of the crime was prevalent, which may mask the prevalence of this crime among learners. Some survivors did not report because they did not understand what constitutes sexual violation and for those who understood their sexual rights, they were afraid to report this crime because of fear of further victimisation. A retrospective analysis of 534 medical records of victims at a sexual assault service centre in Newcastle, South Africa found that 21.5% of the victims presented at the hospital late because of fear of possible reprisal from the perpetrators if they disclosed the incidents [29]. Sexual abuse is associated with serious physical, psychological and behavioural health problems including pain disorders, post-traumatic disorder, depression, substance use, and risky sexual behaviors [30]. Evidence suggests that sexual abuse and the resulting problems negatively affect academic functioning and educational attainment [31, 32]. Because of their daily contact with learners, teachers are better positioned to identify and help victims of sexual abuse by following the appropriate channels of reporting. The South African government has guidelines outlined in the Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools. The protocol outlines procedures to be undertaken by teachers in reporting cases of sexual abuse and ensuring that learners receive appropriate medical and psychological services.

A study among learners from three public secondary schools in Gauteng suggest that nurses often communicate in a judgemental manner and older healthcare service providers often reprimanded learners seeking health services for being sexually active at a young age [33]. In our study, LO teachers perceived fear of being judged as a potential barrier that hindered leaners' willingness to seek healthcare services. School health nurses who provided SRH services were members of the community and known to the learners. Presenting at healthcare facilities and seeking SRH services signalled that one was sexually active, a behaviour that is condemned especially among unmarried learners in most communities. It was perceived that learners fear that healthcare providers would disclose information to their parents or other community members. A narrative review among adolescents and young adults found that poor privacy and confidentiality practices represent significant barriers for young people seeking SRH services across diverse geographic and sociocultural contexts [34]. Learners value confidentiality, particularly when seeking SRH services and are inclined to provide truthful information when confidentiality is guaranteed. School health nurses currently providing healthcare services to learners need appropriate training and sensitization to provide confidential, non-judgemental and friendly SRH services.

The findings seem to suggest that most of the SRH challenges identified by the school health practitioners were commonly experienced by female learners. Male learners may be less comfortable reporting sexual and reproductive health issues than female learners due to social and cultural norms that associate masculinity with self-reliance, fear of being judged and embarrassment [35, 36]. The reported cases of STIs may suggest that female learners were sexually involved with older men who were not enrolled in school. Age-disparate sex make female learners hyper vulnerable to STIs with evidence indicating that adolescent girls and young women in southern Africa are uniquely vulnerable to HIV and have up to eight times more infection than their male peers [37]. In terms of pregnancy, female learners may have been sexually involved with other learners but may have to bear the responsibility of pregnancy alone as they are generally considered to be responsible for prevention of pregnancy [38]. This presents an opportunity for school health practitioners to educate learners on shared responsibilities for contraceptive use among female and male learners, and in the case of parenthood,

advocate for active involvement of young fathers. SRH education should address hegemonic ideas of masculinity that lead to gendered expectations of contraceptive use behaviour and improve young men's contraceptive knowledge and use.

Parental involvement in SRH education was reported to be important to augment the work being done by LO teachers and school health nurses. Parents are a primary source of socialization for learners and have a major influence on many aspects of the sexuality of their children including the social, cultural and religious values regarding intimate and sexual relationships [39]. Parents should be the learners' primary reference in obtaining information related to sexuality and sexual safety. For instance, in cases of sexual abuse involving learners, parents who are familiar with the perpetrators can facilitate timely access to appropriate SRH services for the affected learners by prioritizing reporting over protecting the offenders, thereby also supporting the pursuit of justice. There is evidence suggesting that parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa tend to be authoritarian and characterized by vague warnings rather than direct, open discussion [40]. Contrary to this general perspective, one study in Zambia found that adolescents who feel connected to and perceived their parents to be comfortable in communicating about sex are more likely to speak to their parents about sexual issues [41]. The ISHP should include parents as important stakeholders in the delivery of the programme and should conduct awareness workshops to equip and empower parents with comprehensive SRH information and effective communication strategies to enhance cordial and supportive communication with their children.

The LO teachers indicated that they needed additionally training to be able to deliver content effectively. At the time of the study, they felt inadequately equipped and trained to deliver 'sensitive' sexuality topics to learners. A study among LO teachers from five schools in Mpumalanga Province showed that teachers did not have sufficient knowledge and skills to implement the LO curriculum effectively [42]. Similarly, another study indicated that LO teachers required formal training, content knowledge development and resources [43]. School health nurses indicated that there were insufficient human resources to conduct the necessary screening and providing healthcare services to learners. A previous study among healthcare facility managers in the Gauteng Province revealed lack of skilled and experienced individual nurses [16]. South Africa continues to face profound health workforce challenges characterised by maldistribution along rural and urban, and public and private sector lines [44]. The 2030 Human Resources for Health policy represents an opportunity to improve equity in the distribution of health care providers [45]. The study underscores the need for targeted additional investments in human resources for health particularly in low resource communities to improve access to equity and quality health service.

### Conclusion

Adolescents and youth in South Africa experience a high unmet need for SRH information and services. To mitigate this challenge, the South African government has rolled-out several programmes to improve the SRH of school-going adolescents and prepare them to live healthy and productive adult lives. One of these programmes is the ISHP which seeks to enable learners to access SRH services and information in the school context. School health practitioners are key personnel in the implementation of the ISHP and better positioned to identify SRH challenges confronting learners. School health practitioners perceive high unplanned teen age pregnancy, sexual abuse and lack of adequate knowledge of the symptoms of STIs as key issues requiring attention. To improve on the delivery of their roles and responsibilities, the school health nurses suggested an increase in human resources to meet the demands of screening and providing SRH services to learners. LO teachers pointed out a need for adequate training to improve competency and skills required to deliver the LO content as well as provision of adequate teaching resources. The perspectives of school health practitioners are important in the delivery of the ISHP as they identify the implementation challenges they encounter daily as well as the SRH challenges affecting learners. Addressing these challenges can make delivery of the ISHP manageable for both LO teachers and school health nurses, thus ensuring that learners receive quality, comprehensive and timeous health services.

## DECLARATIONS

### Publication Consent

Not applicable.

### Competing interests

The authors report no conflicts of interest.

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### Author contributions

Study and concept design: LM, OA, NBG. Data analysis and interpretation: LM, OA, PN. Drafting of the manuscript: LM, OA, PN. Review and revision of the manuscript: LM, OA, PN, NBG. Supervisor: OA, NBG. All authors read and approved the final manuscript.

**Data availability**
The raw data generated and/or analysed during the current study are not publicly available, but they could be from the corresponding author on reasonable request.

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**ORCIDs**
Patrick Nyamaruze 0000-0003-2390-5307
Netsai Bianca Gwelo 0000-0003-2910-6629
Olagoke Akintola 0000-0002-2137-1906

**Problemas de salud sexual y reproductiva a los que se enfrentan los adolescentes escolarizados en comunidades de bajos recursos de Kwazulu-Natal, Sudáfrica: Perspectivas de profesores y enfermeras escolares**

**RESUMEN**

**Introducción:** Para abordar las necesidades insatisfechas en salud sexual y reproductiva (SSR) de los adolescentes, el gobierno de Sudáfrica ha implementado diversas políticas y programas, incluyendo la reciente Política Integrada de Salud Escolar (PISE). Esta política ofrece a los estudiantes acceso a servicios sanitarios integrales, incluyendo pruebas de embarazo, detección de infecciones de transmisión sexual (ITS) y VIH, así como educación sobre menstruación, sexo seguro y anticoncepción. Aunque los profesionales de la salud escolar son fundamentales para la implementación de la PISE, existe un conocimiento limitado sobre sus perspectivas respecto a los problemas de SSR enfrentados por los estudiantes. Este estudio exploró los problemas de SSR en estudiantes de secundaria, los factores contribuyentes y las soluciones potenciales desde la perspectiva de profesores y enfermeras.
**Métodos:** Se empleó un enfoque cualitativo, exploratorio y descriptivo para profundizar en los problemas de SSR de los alumnos de secundaria. Mediante entrevistas en profundidad se recopilaron datos de once profesores de Orientación para la Vida (OV) y cuatro enfermeras escolares. Las entrevistas fueron analizadas utilizando análisis temático.
**Resultados:** Los entrevistados identificaron como principales problemas de SSR el alto número de embarazos no planificados, los abusos sexuales y la insuficiencia de conocimientos sobre los síntomas de las ITS. La falta de recursos humanos adecuados limita la capacidad de las enfermeras escolares para ofrecer servicios de SSR eficaces. Los profesores de OV señalaron una deficiencia en la capacitación y en recursos didácticos para impartir educación eficazmente. Además, se destacó la importancia de la participación activa de los padres en la implementación de la PISE.
**Conclusiones:** Las percepciones de los profesionales de la salud escolar son cruciales para la aplicación de la PISE, pues señalan tanto los desafíos cotidianos de su implementación como los problemas específicos de SSR que afectan a los estudiantes. Resolver estos desafíos podría mejorar significativamente la implementación de la Política Integrada de Salud Escolar.

**Palabras clave:** Adolescentes; estudiantes; comunidades de bajos recursos; profesionales de la salud escolar; salud sexual y reproductiva

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