Cape Peninsula
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VIEWS OF PROFESSIONAL NURSES WORKING AT A PRIMARY HEALTH CARE FACILITY ON THEIR ROLE IN DISTRIBUTION OF CONDOMS TO YOUNG ADOLESCENTS IN SECONDARY SCHOOLS IN A DISTRICT IN CAPE TOWN

by

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DECLARATION

I, Sherilee Jessica Maregele, declare that the contents of this dissertation/thesis represent my own unaided work, and that the dissertation/thesis has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the Cape Peninsula University of Technology.

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ABSTRACT

The National Department of Education made provision in the new Youth and Adolescent policy for the distribution of condoms at schools. Professional nurses (PN) do not feel comfortable and are reluctant to distribute condoms to young adolescents. This is due to the fact that they face challenges with reaching out to schools, as the governing bodies refuses sexual reproductive health services (SRH) through distribution of condoms at schools. It was unclear how a policy on a district level could assist them to distribute condoms at secondary schools.

The study investigated the views of the PN working in a Primary Health Care (PHC) facility on their role to distribute condoms amongst young adolescents at secondary schools. This led to the development of a health care policy on district level to support PN's in a PHC facility in distributing condoms to young adolescents at secondary schools.

An exploratory, descriptive, and contextual qualitative design was used, Data was collected through nine semi-structured individual interviews and who were purposively collected. Data was analysed through open coding. Trustworthiness was obtained through credibility of member checking throughout the research analysis process where data seem to be unclear. Ethical principles of, confidentiality, written informed consent, withdrawal, privacy, and beneficence was applied.

Six themes transpired from the data analysis. The results indicated that participants agreed that they have a pivotal role in health education when distributing condoms. The participants verbalised that they were willing to distribute condoms at secondary schools, but experience resistance from stakeholders. The stakeholders, which is the parents, teachers, principals, and community members, where who should be informed to understand and gain knowledge the reasons for condom distribution to young adolescents. The internal environment is the school environment and the external environment the community environment, and both of their roles should be evaluated as they posed a possible limitation to access condoms for young adolescents. The conclusion was that a policy was needed to support nurses to distribute condoms at secondary schools. The policy should focus on the role of the PN to provide

preventative care to young adolescents, which include provision of condoms to prevent unwanted pregnancies, STIs and human immunodeficiency virus (HIV) transmission. Support should be offered to the PN at a PHC facility to fulfil their duty to the diverse society.

Key concepts: condoms, secondary school, Primary Health Care, policy

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GLOSSARY

Acronyms/Abbreviations	Definition/Explanation
AYFS	Adolescent and Youth Friendly Services
EELC	Equity Education Law Centre
HIV/AIDS	Human Immuno-deficiency Virus
NDoH	National Department of Health
NSP	National Strategic Plan
PHC	Primary Health Care
SANC	South African Nursing Council
SANAC	South African National Aids Council
SDG	Sustainable Development Goals
SRH	Sexually Reproductive Health
STATSSA	Statistics of South Africa
STI	Sexually Transmitted Infection
WHO	World Health Organisation

Terms	Explanation
Contraception	A method used to prevent pregnancy (WHO, 2017).
Female Condoms	This is a barrier method consisting of a sheath that fit in the vagina (South Africa. Department of Health, 2017:22).
Male Condoms	This a barrier method which consists of a sheath or a covering, made from latex that fit over a erected penis (South Africa. Department of Health, 2017:22).
Primary Health Care	First Level of Care, which concentrates on preventative care. For this study the preventative care is the distribution of condoms, it incorporates prevention of STIs, which includes HIV, and prevention of unwanted pregnancies, to young adolescents at secondary schools.
Professional Nurse	A professional nurse in terms of Section 31 (1) of the Nursing Act, 2005 (Act No. 33 of 2005 as amended) The scope of the professional nurse, according R2598 of November 1984, Section 2(d), includes prevention of disease and promoting health and family planning. For the purpose of the study, the professional nurse working in the PHC setting distributing condoms to young adolescents.
Secondary Schools	Provides secondary education from grade 8 to 12 and focuses on the age group 13 to 19 years old (South Africa. Department of Education, 2012:14). The research concentrates on the views of professional nurses distributing condoms to adolescents at secondary schools, the focal point being the age group at secondary schools thirteen to eighteen years old.

Young adolescent	Young adolescent is described as the period of life between childhood and adulthood, where they reach maturity but are not yet matured. In this study it will refer to a person between the ages of 10 to 19 years old (WHO, 2017:1). This definition is also accepted for this study.

CHAPTER 1
ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The role of the District Health System is to organise, manage and deliver Primary Health Care (PHC) through a combination of skilled key health professionals and adequate resources, enabling the district to function optimally (Rasesemola, Matshoge & Ramukumba, 2019:55). The Adolescent and Youth Friendly Service (AYFS) in PHC settings has become an integral part of the South African health care system and the South African National Department of Health (South Africa. Department of Health, 2017:8). AYFS was developed to address adolescents' health needs by providing accessible facilities and non-judgemental staff in the public health system for the benefit of adolescents (James, Pisa, Imrie, Beery, Martin, Skosana & Delany-Moretiwe, 2018:2). The primary focus of this service is supporting and promoting the wellbeing of the adolescent (South Africa. Department of Health, 2017:8) through a variety of services, including the distribution of condoms.

Sexual and reproductive health services offered at PHC facilities usually focus on adult women in their reproductive phase and frequently overlook adolescents who may be in risky relationships (South Africa. Department of Health, 2017:16). Such relationships frequently contribute to the health challenges of adolescent girls, who have a greater biological susceptibility to Human Immuno-deficiency Virus (HIV) than men do. Stigma, discrimination and poor access to HIV information and services fuel the HIV epidemic among young women in South Africa. They often have an inadequate understanding of what constitutes transactional sex and in such relationships are rarely able to negotiate safe sex. Globally, restrictive laws and policies, including the age of consent laws, discourage reproductive health service uptake by women (WHO, 2019:81).

Adolescence is described as the period of life between childhood and adulthood, where individuals are beginning to reach physical maturity but are not yet fully mature (Oxford, 2017). An adolescent is a person between the ages of 10 and 24 years, according to a publication by UNESCO, UNAIDS, UNFPA, UNICEF UNWomen and WHO (2018:30). The National Department of Health also defines adolescents and youth as

persons aged 10 to 24, which is the transition period from childhood to adulthood (South Africa. Department of Health, 2017:8).

The World Health Organisation (WHO) also defines the adolescent as a person aged 10 to 19 years old. People in this age group have specific health and developmental needs and rights. In this phase of life, young people are rapidly developing, obtaining new knowledge and skills, learning to manage emotions and relationships, and forming attributes and abilities that will be important in shaping their lives as young adults (WHO, 2017). It is a phase of high risk-taking, in which behaviours engaged in, often with little forethought, may have serious consequences, such as when unprotected sex leads to pregnancy or sexually transmitted infections (STIs) and HIV (WHO, 2017). Sexual maturity occurs during this phase. Puberty in young girls takes place when they start menstruation and in boys is marked by the onset of sexual desire, often manifesting through erections and 'wet dreams' (UNESCO et al., 2018:22)

A condom is an effective method to prevent STIs and unwanted pregnancies (Western Cape. Department of Health, 2016:2). The male condom is a barrier made of latex worn over the penis (Stacey, 2019). The female condom is a polyurethane sheath with a flexible ring at either end, inserted into the vagina (Avert, 2018). In this study, the subject of interest is the views and attitudes of professional nurses working at PHC facilities who are tasked with distributing condoms to adolescents at secondary schools. Condom distribution at schools is a human right, according to Draga (2016), an attorney at the Equal Education Law Centre (EELC). She further comments that it is the responsibility of all South Africans to ensure that learners have access to condoms. She points out that there is on the one hand, no evidence to suggest that condoms promote sexual engagement; on the other hand, condom availability at schools could increase condom usage among those who are already sexually active. According to Motau (2017), the Department of Education has stated that parents have accepted the distribution of condoms at schools.

In the US, schools-based condom availability programmes (CAPs) began in the early 1990s as one possible way to reduce teen pregnancies and the transmission of HIV and other STIs. By 1995, CAPs existed in more than 50 school districts across 21

states, including high schools in large, urban school districts (Center for Disease Control and Prevention, 2019).

1.2 BACKGROUND ON THE DISTRIBUTION OF CONDOMS IN SCHOOLS IN THE SOUTH AFRICAN CONTEXT

In the last two decades there has been a significant increase in the prevalence of HIV infections in South Africa. Infections rose from approximately 3.8 million in 2002 to approximately 7.8 million in 2020, of which one fifth are women aged 15 to 49 years, the childbearing years (StatsSA, 2020). In 2018, an estimated 10% of births registered were to mothers aged 10 to 19 years (StatsSA, 2018).

Health is a basic need, and access to health services for the adolescent is a constitutional right (South Africa. Department of Health, 2012:6). Young people aged 10–24 years are a vulnerable group with poor health service access relative to other populations. Recently, three South African initiatives – the 'She Conquers' campaign, the Integrated School Health Policy and the Adolescent and Youth Health Policy – have focused on improving the breadth and quality of youth-friendly health service delivery in South Africa (Doyle, Mchunu, Koole, Mthembu, Dlamini, Ngwenya, Ferguson & Seeley, 2019:2). However, these programmes do not include the widespread distribution of condoms to schools.

The South African Medical Research Council (SAMRC, 2018) indicates that studies have shown that condom availability at schools increases condom use among sexually active adolescents. It is likely that had condoms been made available freely in schools in the last two decades there would have been a decline, or at least a slowing of the rate of increase, in the incidence of HIV and STI infections among adolescents, as well as a decrease in the numbers of unwanted pregnancies among this age group (SAMRC, 2018). An integrated School Health Policy was developed in 2012 to provide sexual reproductive health services at schools, including the distribution of condoms, to positively impact the health status of adolescents (South Africa. Department of Health, 2017:1). This policy is still not implemented due to various challenges such as in the community and school, and nurses play a role to implement a nursing guideline such as in a health policy to comply to legislation.

1.3 LITERATURE REVIEW

Evidence shows that globally, 40 million young people are infected with a sexually transmitted disease, with four million infected with HIV (Humphries, Osman, Knight & Karim, 2019:2). In South Africa, 37% of new infections are young women between the ages of 15 and 24 years old (Avert, 2018). The pregnancy rate among adolescents in South Africa remains high, at 30%, of which 71% are unplanned (Odimegwu, Amoo & De Wet, 2018). Condom use among males in the age group 15 to 24 years decreased from 85% in 2008 to 65% in 2012 (Avert, 2018). The adolescent is in a phase of continuous change physically, emotionally, and socially. It is the period of life in which new relationships and sexual exploration takes place, frequently resulting in sexually transmitted infections and pregnancies, as presented above (UNESCO, 2018:22).

Infant mortality or morbidity is also a risk for adolescents, specifically related to factors such as poor access to contraception, health care workers' attitudes and behaviour, and poor sexual and reproductive health information (Jonas, Crutzen, Van den Borne, Sewpaul & Reddy, 2016:2).

In a study conducted in Nigeria, 57.3% of health care workers remarks that by issuing contraception to young unmarried adolescents, they are promoting sexual promiscuity, and therefore they discouraged the use of contraceptives (Ahanonu, 2014:35, 39). Since condom use has been shown to reduce sexually transmitted infections and pregnancies, this active discouragement of their use seems counterproductive to the one of the aims of adolescent health care.

The sexual behaviour of adolescents poses a risk to their health, a fact which the Michigan Organization on Adolescent Sexual Health (MOASH) recognises, stating that it is the right of young people to have all the apparatus necessary in order to make informed decisions on their sexual and reproductive health (Michigan Organization on Adolescent Sexual Health, 2017:2). This includes condom distribution in the school environment, which allows opportunities for interventions such as health education on the consistent use of contraception However, a 2017 study shows that 78 of 110 countries have laws requiring people under the age 18 to obtain parental consent in order to access HIV/AIDS services; 68 of 108 had laws requiring parental consent to

access sexual and reproductive health services (World Health Organisation, 2019:70).It is evident that many countries prohibit condom promotion and distribution in schools, and have laws requiring parental consent to access reproductive health services (World Health Organisation, 2019:70).

In a study conducted in Cape Town, it was found that the distribution of condoms in schools had a positive influence on adolescents enrolled in schools, and that they were more likely to use condoms consistently when they were made available in schools (Muchiri, Odimegwu & De Wet, 2017:107).

A study by Jonas et al. (2016:2) in South Africa also indicates the need for contraceptive distribution among adolescents. They mention that there is an increasingly high rate of pregnancies among adolescent girls, as well as of HIV and other STIs. Recommendations by Jonas et al. (2016:1) include the need to address the sexual and reproductive health of adolescents. Horwood, Butler, Haskins, Phakathi and Rollins (2013:7) concur that more adolescent-friendly services for sexual and reproductive health should be provided. They refer specifically to the role of professional nurses in providing sexual health services to young people, giving impetus to the focus of this study – nurses' views on their role in distributing condoms to adolescents at secondary schools.

According to Jonas, Crutzen, Krutmeich, Roman, Van den Borne & Reddy (2018:4), professional nurses have the responsibility to provide sexual and reproductive health (SRH) services to adolescents, including the distribution of condoms, irrespective of their personal beliefs.

The Youth and Adolescent Policy (South Africa. Department of Health, 2017:4) states that a friendly adolescent and youth service must be implemented that will offer a comprehensive, integrated sexual and reproductive service. This is an essential responsibility of the PHC professional nurse. The PHC nurse is a professional nurse as defined by the Nursing Act No. 33 of 2005 (as amended), Section (1) (South African Nursing Council, 2005:1). The scope of work of the professional nurse, according to Regulation 2598 of November 1984, Section 2(d), includes the prevention of disease and the promotion of sexual and reproductive health and family planning. Sexual and

reproductive health includes different methods of contraception that are discussed in the health care facility. Various methods of contraception are offered in Primary Health Care facilities, including injectable methods, oral contraception, male and female condoms, the intra-uterine device, the implant, and emergency contraception (South Africa. Department of Health, 2012b:30). Providing contraception in PHC settings, empowers women to make their own decisions on fertility and to improve their quality of life, and does not exclude men, who are encouraged to share the responsibility as partners (South Africa. Department of Health, 2012b:2).

In 2011, the Medical Research Council (MRC) conducted a study on the prevalence of sexual behaviour risk among children in Grades 8 to 10 in the Western Cape. The Council found that 31.6% of learners had already had a sexual encounter. Nearly two-thirds, at 60%, said that at least one of their sexual encounters had been unprotected. Half (54.2%) of these learners had their first sexual encounter before 15 years of age. Of those who stated that they were sexually active, 20% had had sex with multiple partners in three months. Furthermore, from the learners who participated in this study, 17.3% identified the need for family planning, including the need for condoms (Morojele, Myers, Townsend, Lombard, Plüddemann, Carney, Petersen Williams, Padayachee, Nel & Nkosi, 2013:63-69).

Schools play a vital role in the distribution of condoms, since adolescents spend the majority of their time during the week at school, making it the most appropriate place to promote SRH services, including condom distribution (Tabong, Maya, Adda-Balinia, Kusi-Appouh, Birungi, Tabsoba & Adongo, 2018:5).

Evidence shows that there are challenges in providing SRH services, including condom distribution, to adolescents, hence the increase of STIs and unwanted pregnancies (Algur, Wang, Friedman & Deperthes, 2018:293). A study by Jonas et al. (2018) on nurses' perceptions of SRH services to adolescents indicates that nurses are happy and positive about providing the service and acknowledge that adolescents need to be informed regarding SRH services and condom use. At the same time, Jonas et al. (2018:14) found that there was a deficiency in SRH information, including condom use, among adolescents. Their findings lend further support to the need for this study,

investigating nurses' views regarding their role in distributing condoms amongst secondary schools.

1.4 BACKGROUND OF THE STUDY

Statistics on pregnancies, STIs and HIV/AIDS and various legal documents such as the Children's Act 2005 as amended, the National Youth and Adolescent Health Policy (Department of Health, 2017), the National Integrated School Health Policy (Department of Education, 2012a) and the Contraception and Fertility Planning Policy and Guidelines (Department of Health, 2012b) indicate the importance of contraceptives for youth in South Africa. These documents highlight the impact that health care workers such as nurses have on the delivery of SRH services to adolescents, which includes condom distribution at schools (South Africa. Department of Education, 2012a:12).

1.4.1 Statistics

In 2012, it was estimated that globally 2.1 million youth aged 10 to 19 years old had acquired HIV, many of them through unprotected sex (Idele, Gillespie, Porth, Suzuki, Mahy, Kasedde & Luo, 2014:145). It has become evident that the age of many people's first sexual encounter is younger than 15 years; the specific figures for sub-Saharan Africa are 13% for girls and 9% for boys; in West and Central Africa, 16% of girls and 7% boys had had a sexual encounter before the of 15, while in South Asia the figures were 8% for girls and 3% for boys (Idele et al., 2014:148).

In 2014, it was reported that 1 194 636 males and females were treated for STIs in South Africa, and 338 838 males were treated for male urethritis syndrome (South Africa. Department of Health, 2015:1).

In 2017, UNAIDS reported to WHO that 130 000 males and 220 000 females aged 10 to 19 were living with HIV in South Africa, and that the incidence of newly diagnosed HIV infections among adolescents was 9 200 for males and 41 000 for females (World Health Organisation, 2019). In 2018 the number of male and female adolescents living with HIV decreased to 20 000 cases, while the number of new infections also decreased, with 5000 new infections amongst adolescent males and 7000 new

infections for adolescent girls (World Health Organisation, 2020). The reduction could be due to the successive HIV programmes and policies that have been implemented (World Health Organisation, 2020), but more can be done. The prevalence of HIV among adolescents is still high, while, as Table 1.1 shows, the percentage of condom distribution in all provinces of South Africa mostly remains well below 50% (SAHR, 2018:185).

Table 1.1: Condom distribution in South Africa (SAHR, 2018:185)

Indicator	Period	EC	FS	GP	KZN	LP	NP	NC	NW	WC	SA
Male condom distribution coverage	2015/16	52.9	53.8	39.8	55.9	51.4	33.5	20.3	24.3	50.3	45.6
	2016/17	55.9	42.2	38.7	55.3	68.8	52.9	21.2	37.5	49.2	48.6
	2017/18	28.3	41.0	36.8	22.2	49.9	41.9	30.8	32.9	48.6	36.1

In South Africa, 16% of women aged 15 to 19 years were pregnant in 2016 (South Africa. Statistics South Africa, 2018). In 2020, 68 per 1000 births recorded were to females aged 15 to 19 (World Health Organisation, 2020). Apart from preventing pregnancy, condoms also prevent the transmission of HIV. In 2017, about two million adolescents were living with HIV globally (World Health Organisation, 2017). In the same year, the leading cause of death globally for adolescents aged 15 to 19 years was complications from pregnancy and childbirth, with 11% of all deaths in middle- to low-income countries being associated with pregnancy and childbirth (World Health Organisation, 2017). One of the recommendations from the WHO is that better access to contraceptive services for adolescents be implemented by 2030, as per the WHO's Sustainable Development Goal 3 (World Health Organisation, 2017).

Evidence also indicates that sexual encounters takes place in children as young as 10 years old in South Africa (Chandra-Mouli, Parameshwar, Parry, Lane, Hainsworth, Wong, Menard-Freeman, Sullivan, Kemplay & Say, 2017:1). From 2012 to 2017, evidence shows that there was no significant change in the sexual behaviour of adolescents. However, the sexual debut has dropped below 15 years old and teenage pregnancies are on the increase. Unprotected sex is evident among these adolescents (-Mouli et al., 2017:1).

The average female Grade 10 learner in South Africa is reluctant to attend a clinic, relying instead on someone in their social group to collect contraception and distribute it to peers among the group (Lebese, Sonto, Maputle, Ramathuba & Khoza, 2013:4). It is therefore important that SRH services, including condom distribution, are offered on premises such as schools that are easily accessible to adolescents.

1.4.2 Legal frameworks for support of nurses

Various global and national legal policies have been developed that acknowledge the importance of contraception usage among adolescents, presented in documents such as the Millennium Development Goals 2000 (MDGs) (Inter-Agency and Expert Group on Sustainable Development Goals, 2016:2), the WHO's Sustainable Development Goals 2030 (SDGs) (Inter-Agency and Expert Group on Sustainable Development Goals, 2016:5), the National Strategic Plan 2017-2022 (South Africa. South African National Aids Council, 2017) and the amended Children Act of 2005 (South Africa, 2017).

Eight Millennium Development Goals (MDG) were established in 2000 to address global development challenges and to give direction to enable states to reach these goals by 2015. In the health sector, the focus is on reducing child mortality (MDG 4), improving maternal health (MDG 5) and combatting HIV/AIDS (MDG 6). By 2015, these MDGs had not been reached, and the SDGs were established to be reached by 2030. SDG 3.3 (World Health Organisation, 2016) focuses on ending the epidemic of HIV/AIDS and SDG 3.7 addresses universal access to sexual and reproductive health care services. Amongst other aspects, SRH services include family planning, information and education, and integrative reproductive health programmes and strategies. To reach SDGs 3.3 and 3.7, it was recommended that a collective intervention with nurses should be implemented to reduce the adolescent birth rate amongst 10-19 years old and reduce the incidence of HIV infection among adolescents (Inter-Agency and Expert Group on Sustainable Development Goals, 2016:5). For the latter, it is thus important that contraceptives such as condoms are distributed by health professionals.

According to the National Strategy Plan of the Department of Health in South Africa, developed by the South African National Aids Council (South Africa. South African National Aids Council, 2017-2022) the focus is on prevention of HIV among adolescents, due to the high rate of infection among this population (South Africa. Department of Health, 2017:2). Adolescents, particularly young women, are among the most vulnerable sectors of society for the contraction of HIV and STIs. The National Strategy Plan comprises of a set goals for preventing and reducing HIV infection by 2022. Eradicating HIV is in line with the WHO's SDGs. The objectives of the National Strategy Plan are to provide information, education, and communication programmes in schools, health care facilities, workplaces, and community settings and to offer age-appropriate sexual and reproductive health services and comprehensive sexuality education (South Africa. South African National Aids Council, 2017:5).

Legislation in the form of the Children's Act 2005 38 in Section 13 (1) (South Africa, 2017:42), as amended, stipulates that every child has a right of access to information on health promotion, the prevention and treatment of ill-health, and sexuality and reproductive health care. In the school environment, PHC nurses can provide information on sexual and reproductive health with the focus on dual protection to prevent both unwanted pregnancy and STIs. They can also provide a contraceptive method on site, which includes the provision of condoms for dual protection, as stated in the Integrated School Health Policy (South Africa. Department of Education, 2012a:14-16).

A WHO study indicates that of 100 countries that reported a national plan or strategy related to condoms in 2017, only a quarter of them included the promotion of condom use in secondary schools (World Health Organisation, 2019:81). The National Department of Education (NDoE) released a policy on STIs and Tuberculosis (TB) in August 2017. Schools are now obliged to educate learners on sexual and reproductive health, with a more in-depth approach regarding the use of condoms to prevent HIV and STIs (South Africa. Department of Education, 2017:10-14). This policy is still in the early phase of implementation and, once fully implemented, could assist in improving the quality of life of adolescents by preventing possible STI and HIV infections and decreasing teenage pregnancies. The role of the PHC nurse in the roll-out of condom distribution is evident at operational level in clinics, but not visible in schools.

At operational levels in clinics in a district of Cape Town, there is no policy guiding professional nurses in their distribution of condoms to schools. A well-formulated policy could assist professional nurses to distribute condoms to adolescents at schools.

Legislation relates to access to condoms. It is the right of the child to have access to contraception, which includes access to condoms as stated in the Children's Act No 38 of 2005 as amended (South Africa, 2017:42).

1.4.3 Covid-19: What lockdown meant for sexual and reproductive health services

In March 2020, the President of South Africa announced a national lockdown aimed at curbing an increase in Covid-19 infections. Lockdown negatively affected the provision of SRH services at PHC facilities, where SRH was not considered an emergency service. As a result, access to free condom was severely limited (Mbatha & Mafuma, 2020). Covid-19 caused massive disruptions in many preventative services, including access to condoms, meaning that during these period adolescents had an even lower access to condoms than usual (PAI, 2020). It is speculated that the effects of such limited access to condoms and reproductive health services will drive up the incidence of HIV prevalence and unwanted pregnancies among adolescents (Avert, 2020). Jewell, Mudimu, Stover, Brink, Phillips, Smith, Martin-Hughes, Yu Teng, Glaubius, Mahiane, Bansi-Matharu, Taramusi, Chagoma, Morrison, Doherty, Marsh, Bershteyn, Hallett and Kelly (2020:10) debate the reduction of condom distribution to 50% of the population could result in an increase in new HIV infections. According to the WHO's five-year model, projections are that the incidence of HIV will increase from by 10% to 28% due to the six-month interruption of condom distribution (Cairns, 2020).

Although these projections are not evidence, there is a widespread agreement that lockdowns have affected adolescents negatively because of a restriction in condom accessibility. The situation lends support to an assumption that increased condom distribution at secondary schools by PHC nurses, could assist in preventing possible new sexual-related infections among adolescents, due to condom availability and health promotion information given to adolescent by nurses.

1.5 STATEMENT OF THE RESEARCH PROBLEM

The spokesperson of the National Department of Education in South Africa has acknowledged that pupils are sexually active, that learners fall pregnant and that the situation needs to be addressed (Mkhize, 2018). The importance of the professional nurse's distribution of contraception in PHC settings and schools are therefore vital.

Professional nurses working in PHC settings in the Western Cape need to manage sexual and reproductive health matters of adolescents. Nurses are aware that the first sexual encounter frequently takes place before the age of 15 years and that this young age poses a major challenge for the future of young women, especially in terms of progressing in studies and careers. Only one third of pregnant adolescents returns to secondary school after giving birth, which has an impact on the future of both the adolescent girl and her child (Eggers, Aaro, Bos, Matthews, Kaaya, Onya & De Vries, 2016:354). This situation could be addressed via the distribution of condoms in schools (South Africa. Department of Health, 2017:16).

In a district of Cape Town situated in the northern suburbs, professional nurses of PHC clinics visit schools in the absence of established posts, on the organogram of the Department of health in the Western Cape, for school health nurses, for promoting sexual and reproductive health. The researcher, a professional nurse, has become aware that although the distribution of condoms is essential, there are challenges that hamper this distribution. Parents visiting PHC clinics with pregnant teenagers complain that the governing bodies' distribution of condoms at certain schools gives young people the impression that they may engage in sexual intercourse from an early age. During meetings of PHC nurses at the clinics, many nurses express that similar attitudes greet them in some secondary schools from some teachers, parents, and officials at district level.

At the same time, from the researcher's own experience, many adolescents are reluctant to attend clinics. This reluctance, coupled with some of the objections raised by parents and education officials, posed a real difficulty to PHC providers, who were tasked with preventing long-term health problems amongst young people and

enhancing their quality of life. It is unclear how professional nurses working at PHC facilities view their role in the distribution of condoms to adolescents.

The following research questions are derived from the problem statement:

1. What are the views of Primary Health Care professional nurses regarding their role in the distribution of condoms to adolescents in secondary schools?
2. How should the health care policy at district level support Primary Health Care professional nurses to distribute condoms to adolescents at secondary schools?

In the past, condoms were accessible only at health care facilities. In 2017 the National Department of Education made provision in the new Youth and Adolescent policy for distribution of condoms at schools (South Africa. Department of Health, 2017:16). This is supposed to make condoms easily accessible to adolescents.

1.6 THE PURPOSE OF THE STUDY

A policy will be described to assist professional nurses to distribute condoms to adolescents, the views of professional nurses working at PHC facility will be helpful. Such information will contribute to the development of a health care policy that applies at district level and guides professional nurses working at PHC facility in their distribution of condoms to adolescents at secondary schools.

1.7 RESEARCH OBJECTIVES

The research objectives were to:

- Explore and describe the views of Primary Health Care nurses regarding their role in distributing condoms to adolescents at secondary schools.
- Describe a plan for nurses to distribute condoms to adolescents at secondary schools.
- Describe he development of a policy to support Primary Health Care nurses in distributing condoms to adolescents at secondary schools.

1.8 RESEARCH PARADIGM

In order to accomplish the purpose of the study, the researcher focused on a particular research paradigm. A research paradigm describes the assumptions and significance of the research to the research initiative (Kivunja & Kuyini, 2017:1). A paradigm is a worldview that colours the researcher's understanding of a certain phenomenon and includes theoretical assumptions that will give guidance to the research approach (Polit & Beck, 2018:14).

Constructivism is associated with qualitative research, in which the researcher comes to understand how the individual constructs reality within their context (Polit & Beck, 2018:12). Constructivism was the departure of the researcher, as it is different from positivism, which argues that knowledge is generated from scientific investigation; constructivism maintains that knowledge is constructed. It emerges from the cultural transformation known as postmodernism, which reformulates old ideas and thought structures as new ideas (Polit & Beck, 2018:12). Constructivism acknowledges that reality is a creation of human intelligence interacting with experiences in the real world (Abdulazim, 2016:2).

In this study the following assumptions are made around the individual, environment, health, and nursing.

The individual is a holistic being with physical, social, and psychological needs. The individual has a need for love and belonging, having intimate relationships and friends according to level three of Maslow's hierarchy (McLeod, 2018:1). In this study, the individual is referred to as 'the adolescent'.

The environment includes both internal and external factors that influence the individual, including the family, community, teachers, principals, and the physical environment, which includes schools and clinics, as investigated in this study (Wayne, 2020).

This study addresses the environment in which condoms are distributed to adolescents at secondary schools. Secondary education takes place at secondary schools, to

which learners' transition after passing Grade 7. The transition requires quite an adaptation process for the adolescent and may cause anxiety as young people establish new friendships and seek a sense of social belonging (Hyndman, 2019:2). Harper (2018:2) states that the school environment, which offers varying levels of acceptance, respect, and connection, has an effect on learners' mental health and academic achievement. Therefore, it is important to create a positive, holistic school environment. UNESCO (2018:22) states that a health clinic is one of the additional support facilities that ought to be considered for secondary schools, and that the distribution of condoms should form part of this health support.

Health is a state of complete physical, mental, and social wellbeing, which is achieved by health promotion and protection and includes the use of condoms where necessary (World Health Organisation, 2020).

Nursing, as described by Wayne (2020), includes all the qualities and activities that nurses provide to clients in support of optimal health. The responsibilities of nurses working in PHC facilities, include health promotion and the provision of SRH services, including condom distribution (Australia. Department of Health, 2016:1). PHC is the first level of care (Australia. Department of Health, 2016:1). Therefore, the assumption may be made that the nurse plays a pivotal role in distributing condoms to the adolescent at secondary schools, making condom availability, accessible to adolescent.

Meta-theoretical assumptions are the views that the researcher holds about a theory or a phenomenon about which the researcher wants to gain more knowledge (Lor, 2017:3). Meta-theoretical assumptions acknowledge that reality is a creation of human intelligence interacting with experiences in the real world (Abdulazim, 2016:2). Polit and Beck (2018:12) describe assumptions as a basic theory that is believed to be true without evidence. Methodological assumptions consist of the researcher's views regarding the methods used in the process of qualitative research (Bradshaw, Atkinson & Doody, 2017:3).

1.9 METHODOLOGY

Methodology refers to the methods, design, style, and instruments that were used to investigate the problem (Kivunja & Kuyini, 2017:3), as outlined in Chapter 3.

1.9.1 Design

The researcher used an exploratory, descriptive, and contextual qualitative design to describe the views of professional nurses regarding the distribution of condoms to adolescents at secondary schools, by doing interviews with professional nurses in Primary Health Care facilities. A qualitative design was followed, as it allowed for the collaboration with the participants being studied in their own language and in their own environment. Qualitative research explores meaning and insights about a specific problem, mainly gained through inductive and interactive reasoning, and yielding detailed information on lived experiences (Mohajan, 2018:2) Inductive reasoning is a logical process that enables the individual to interpret and draw conclusions from specific facts and cases, usually true, because they are based on a person's experiences (Sauce & Matzel, 2017). A quantitative research design, on the other hand, entails a numerical reflection of data based on variables, and was not appropriate for this study.

An exploratory design improves knowledge on an area of study. It cannot be used to make a statement about a large population, but the data can be used to outline the insight of a population into a phenomenon (Burns & Grove, 2017:359-360).

The researcher also used a typical descriptive design in this study. A descriptive design provides a description of the individual or group's characteristics or situations (Kim, Sefcik & Boyd, 2017: 23). There is currently little evidence on the views of nurses regarding condom distribution to adolescents. The descriptive design enabled the researcher to examine this phenomenon. Descriptive design is used in studies, as this study, where there is little evidence about a phenomenon (Burns & Grove, 2017:26).

A contextual design allows for an understanding of why and how people do things in their context. It is dependent upon three principles; focus, context, and partnership

(Malpass, 2018). In this study, the three principles were applied, the focus was the PHC nurses and what they view as their role in distributing condoms to young adolescents in the context of secondary schools and working in collaboration with the health department and education department of the Western Cape.

1.9.2 Population

The target population was nurses working in Primary Health Care facilities in a health district in Cape Town. The accessible population is that portion of the target population which the researcher has access to (Burns & Grove, 2017:351). The accessible population was 11 professional nurses at all (11) PHC clinics (in a health district in Cape Town, with their specific role of promoting reproductive health.

1.9.3 Sampling and sample

Sampling involves a selection of individuals or groups or behaviours representing the target population (Gray, Grove & Sutherland, 2017:351). Purposive sampling was used, as the researcher had a specific purpose in mind, and needed to select participants who would have the knowledge and experiences to assist in answering the research questions. The sample should provide rich information from a variety of cases that align with the purpose of the study (Burns & Grove, 2017:365). In this study the accessible population served as the sample of 11 professional nurses working at 11 PHC clinics in a health district in Cape Town, who were allocated to the role of reproductive health.

There are different approaches to purposive sampling. The researcher used the homogenous purposive sampling approach, focussing on a specific subgroup as defined by their occupational role **(**Alvi, 2016:10).

The inclusion criteria for participation in this study were:

- Participants had to be permanently appointed professional nurses, who had worked in a Primary Health Care facility in the northern suburbs of Cape Town.

- The professional nurse had to have experience in playing a role in the area of sexual and reproductive health, where she/he would have gained the necessary knowledge and experience in Sexual Reproductive Health
- The professional nurse had to have managed sexual and reproductive health-related matters of adolescents.

The exclusion criterion for this study was:
Agency or part-time staff members, as agency staff would not be used to do school visits.

Data saturation is the point at which the researcher has decided that the research questions have been answered and that no new relevant information is emerging (Polit & Beck, 2018: 62). Data saturation determined the number of individual interviews.

1.10 METHOD

1.10.1 Individual interviews

Two types of interviews are used in research; focus groups and individual interviews. The researcher opted to conduct individual semi-structured interviews rather than to use focus groups.

In individual interviews, participants can express their views more clearly and honestly than in focus groups where they may feel too uncomfortable to speak freely. Individual interviews have other advantages, too; the interview date and time is easier to arrange, since it involves only the researcher and participant; a sense of individuality can be gained, independence is retained, and bias is limited (King, Horrocks & Brooks, 2017). Nine individual semi-structured interviews were conducted until data saturation was reached. Two more interviews were held to complete the sample.

Evidence shows that individual interviewees are susceptible to reflective thinking and more likely to generate more data and more topics than interviewees in a focus group, although participants are more likely to express themselves on sensitive and personal topics in a focus group (Guest, Namey, Taylor, Eley & McKenna, 2017b:706).

Individual interviews have been shown to cultivate a more positive 'interpersonal climate' than focus groups do (Kruger, Rodgers, Long & Lowy, 2019:1). A focus group consists of a group of four to fifteen individuals whose understandings and views are asked for concurrently (Nyumba, Wilson, Derrick & Mukherjee, 2017:23). This structure can be ineffective when the sample size is too small. Focus groups are not recommended if participants feel uneasy or social stigmatisation might result from the discussion, as in such cases participants will not express their feelings and opinions freely (Nyumba et al., 2017:28). Other disadvantages include the risk of a single participant dominating the group discussion, the possibility that shy participants withhold their opinions, the difficulty of managing the group interview, and difficulties associated with analysing data from many sources in one setting (Miller, 2020).

The researcher opted for individual semi-structured interviews to obtain more in-depth insight on how nurses viewed their role in distributing condoms to adolescents, and to investigate the nature of a possible policy at district level that would assist carry out this task.

Individual, semi-structured, face-to-face interviews were conducted. Individual interviews best suited both the researcher and the participants and were conducted in a safe environment where the researcher could ensure the privacy of the individual (Brink, Van der Walt & Van Rensburg 2018:158).

1.10.2 Data gathering

In preparation of the field, permission was requested from the relevant authorities. After receiving the approval for research, the researcher approached the Department of Health in the City of Cape Town and the Head of Personal Primary Health Care to request permission to conduct the interviews (see Annexure C). Permission was granted by the City of Cape Town to conduct research within the selected seven PHC facilities (see Annexure D). Permission was requested, via email and telephonically, from the facility managers of the selected clinics for nurses who fit the inclusion criteria to participate in the study. An information sheet was emailed to the facility managers prior to the interviews and was also given to the participants and explained verbally to each participant on the date that had been was agreed on for each individual interview.

Times and dates were arranged that suited both the participant and the clinic (see Annexures E and F).

A pilot interview was conducted, using the semi-structured interview guide to ensure that participants understood the questions and yield the kind of data needed. The final interviews were held in a private room in each facility on the days that best accommodated the participant and the facility. Each interview lasted from 25 to 30 minutes. The interview had a time frame and interviews were conducted in English. The room for conducting interviews was selected by the participants and arranged with the clinic manager to ensure that the environment was safe, and that privacy was maintained for the participant. The room was selected by keeping in mind, that participants felt comfortable and that outside noise was kept to a minimum.
An interview guide was used, comprising two questions, to ensure that the interview covered the topic of the research (Bird, 2016). The researcher used probing to obtain clarity and depth on the points raised by participant. Probing is a technique used to encourage the participant to provide more information, and to explore a participant's way of thinking (Marken & Klutch, 2017). An example of a probing question is, 'Can you elaborate on what you have said?'

A digital recording was made of each interview for data collection, and field notes were taken in which reflections and observations were written down (see Annexure F). A moderator attended all interviews to keep field notes. The field notes were used by the researcher during the data analysis and recorded things such as facial expressions and tone of voice (Polit & Beck, 2018:548). Polit and Beck (2018) describe field notes as descriptive and reflective.

1.10.3 Data analysis

The researcher used open coding for analysing data. Transcripts were numbered. Coding establishes a fundamental link between data collection and data analysis and is a way of organising data to bring forth the underlying messages (Theron, 2015:4). Open coding comprised three steps; labelling concepts, defining categories and developing categories according to the themes that emerge. The data was broken down into units of data that bear similarities and dissimilarities, which are labelled for

further analysis. Data was arranged into categories to avoid confusion (Theron, 2015:4). Data analysis is discussed in Chapter 2.

1.11 TRUSTWORTHINESS

Trustworthiness is a principle that the researcher uses to verify that the study practices were visible (Korstjens & Moser, 2018:121). Trustworthiness is discussed in Chapter 2 with reference to credibility, transferability, dependability, confirmability and reflexibility (which is one's own beliefs to ensure fairness).

1.12 ETHICS

Permission was obtained from the university, the Research Ethics Committee of the Faculty of Health and Wellness Sciences (CPUT/HW-REC 2018/H14) and the Department of Health of the City of Cape Town (Acceptance no.89). After permission was granted, an information letter was distributed to the facility manager of the PHC facility. Aspects addressed were written informed consent, beneficence, withdrawal privacy, confidentiality, autonomy, deception, use of incentives, coercion and honesty and integrity addressed in Chapter 2.

1.13 LAYOUT OF THE REPORT

The study comprises four chapters, each dealing with the following aspects:

Chapter 1: Scope of the research

In this chapter the scope of the research is discussed, as it pertains to a specific research environment. The research problem is discussed in some detail, giving a foundation for the study and an overview of the context of the research problem. In addition, aspects of the study process are elaborated on, including the investigative questions, the research objectives, the research design and methodology, the research paradigm and assumptions, the significance of the research, and various ethical principles.

Chapter 2: Methodology

The methodology used to conduct this study is discussed in detail. The methodology includes all the steps used to gather and analyse the data.

Chapter 3: Data collection, analysis, and interpretation of results

From a qualitative perspective, this chapter presents the data uncovered during the investigation. It also presents an analysis and interpretation of the data.

Chapter 4: **Problem conclusions, policy and recommendations**

In the concluding chapter, key aspects pertaining to the research are revisited. Research findings are discussed in the light of the overall context of the research problem and final conclusions are drawn. In addition, the research problem is mitigated through the implementation of a problem-solving mechanism that includes specific recommendations.

1.14 CONCLUSION

The literature has shown that access to comprehensive sexual and reproductive health services enhances the health of a population, and that adolescents require this service. A comprehensive SRH service includes access to condoms, which have been shown to reduce sexually transmitted infections and pregnancies. The distribution of condoms at secondary schools by professional nurses has been identified as challenging in view of a lack of coherent policy and objections from some parties. This study aimed to investigate the views of nurses regarding their role in the distribution of condoms to young adolescents at secondary schools.

Chapter 1 has introduced the problem and given an overview of how the researcher intends to investigate it. Chapter 2 discusses the methodology in greater detail.

CHAPTER 2
METHODOLOGY

2.1 INTRODUCTION

The methodology is the design process of a study. The methods of the methodology are used to explain how the results were attained, for example the means of data collection (Igwenagu, 2016:9). The different research methodology steps followed in this study will be discussed in this chapter.

2.2 RESEARCH PARADIGM

The researcher used the Constructivism Theory, which assumes that reality is inter-subjectively constructed and reflects personal needs, habits, norms, beliefs and challenges of cultures and societies (Bada, 2015: 67). The world is revolving, and times have changed. Mindsets of communities should also change to improve the quality of life for individuals such as young adolescents. This would include being open-minded about the sexual reproductive health (SRH) services offered to young adolescents, which includes condom distribution. Social constructivism is about gaining knowledge for actions and different stages of adjustment to new trends, for nurses to have knowledge to distribute on condoms to young adolescents at secondary schools (Dagar & Yadav, 2016:2). From a constructivist perspective, the knowledge and experiences of nurses regarding condom distribution are part of the services that the nurse is rendering. This service extends to outreaches to schools and educating young adolescents at secondary schools about the use of condoms (Dagar & Yadav, 2016:3). The Constructivism Theory thus constructs the norms of condom use, meaning the nurse should assist in distributing condoms to young adolescents at secondary schools who can be involved in risky sexual behaviour (Kivunja & Kuyini, 2017:33).

2.3 RESEARCH DESIGN

The study followed an exploratory, descriptive, and contextual qualitative design. Qualitative research is used in social analysis that focuses on the people's experiences and how these experiences fit into society (Holloway & Gavin, 2016:3).

The researcher chose a qualitative design that is used to gain an understanding of the phenomenon through the experiences of individuals, creating a sense of the domain of human relationships (Brennen, 2017:7). In this study, nurses' views on their role in the distribution of condoms to young adolescents at secondary schools were investigated.

There is a substantial difference between qualitative and quantitative studies. They differ inter alia on data collection, analysis and reporting (Grove & Gray, 2019:62). In a quantitative study, the researcher investigates contributory explanations of the phenomenon and tested hypothesis and undertakes statistical analysis with the focus on the generalisation of the findings (Brennen, 2017:8). Quantitative research uses random sampling from a large population and the results can be generalised (Grove & Gray, 2019:62).

Qualitative research, used in this study, collected detailed information from participants and found apprehension why people are acting in a certain manner (Leavy, 2017:9). Qualitative research provides a holistically understanding of human experiences and studies individual cases (Rahman, 2017:104). The researcher in this study therefore decided to use a qualitative research design to describe nurses' views on their role in condom distribution and to investigate the understanding around the phenomenon that could be supportive in finding adequate interventions to assist young adolescent to have access to condoms, which could ultimately be beneficial to the quality of life of young adolescents.

Nieuwenhuis (2015:21) affirms that qualitative research has five axioms, namely (i) understanding human life, (ii) social life as a characteristic of a human being, (iii) the human mind as the foundation, of experiences, (iv) the social world that influences human behaviour and (v) the social world as independent from the realisation of

humans. SRH is part of the human life, which emerges in different phases. Some SRH practices are not easily accepted by society, as different aspects play a role in the approval from society, such as beliefs and cultural practices (Jonas et al., 2018:1).

Exploratory design addresses areas with diminutive information and identifies leading aspects that are applicable to the research (Van Wyk, 2016:8). Leavy (2017:5) states that an exploratory design is used to gain new knowledge about a research topic on which not much information is available, which is under researched and which encourages further studies, such as how nurses perceive their role in the distribution of condoms to young adolescents. This study explored the professional nurses' views on their role in the distribution of condoms at secondary schools.

A *descriptive design* describes a phenomenon in a certain area such as nurses' role in distributing condoms, which could contribute to the quality of life of the young adolescent. This design involves entities that are continuous, such as the condition of the environment, and existing views that already exists (Leavy, 2017:5). In this study, the nurses were in an environment of challenges, and found it difficult to gain access to secondary schools to distribute the condoms to young adolescents. With the use of a *descriptive design*, in this study an outline of the individual or group's characteristics or situation was made. New meanings were discovered and explored a phenomenon very little evidence about a phenomenon exists (Burns & Grove, 2017:26). According to Brink, van der Walt and van Rensburg (2018:112), the descriptive design can be used to identify problems, justify current practices, establish what other professionals are doing in comparable situations or to develop a theory from the data collected.

A *contextual design* takes the research to the natural environment – the experiences of people are explored, usually through interviews. This process is beneficial to putting the research into context and identifying the wider problem (Malpass, 2018). The study was in the context of professional nurses voiced their experiences about trying to offer SRH services, including condom distribution, to secondary schools, and indicated that they are experiencing challenges in fulfilling their role as expected by the Sustainable Development Goal 3 (2030) (Inter-Agency and Expert Group on Sustainable Development Goals, 2016:5).

The SDG was developed on a global level to eradicate poverty so that all humans can have live on a healthy planet and live-in peace, which would lead to life changing zeros, such as zero AIDS and discrimination against women and girls, SDG 3 (United Nations Development Programme, 2020). Globally, 400 million people have no access to basic health care, including SRH services, therefore, as set out by the United Nations, by 2030 there should be universal access to SRH services, including family planning and condom distribution (United Nations Development Programme, 2020).

The views of participant are explored around performing a task or service in the context of their environment, e.g., their workplace (Kivunja & Kuyini, 2017: 36). The focus of this study was on the understanding, of what professional nurses working at Primary Health Care (PHC) facility viewed as their role in the distribution of condoms to young adolescent, in the context of secondary schools.

2.4 RESEARCH SETTING

The health district is centrally situated in the metropolitan area of Cape Town and lies between the N1 to the north and the N2 to the south. Vanguard Drive is the western boundary of the district and the Kuils River Freeway (R300) is the eastern boundary (see Figure 2.1) (City of Cape Town, 2013). There are 11 PHC clinics, two satellite clinics, six community day care centres and two 24-hour community healthcare centres. The healthcare in this community is governed by both the City of Cape Town (CCT) and the Provincial Government of the Western Cape (PGWC). For this study, the focus was on the professional nurses of the PHC clinics, as their primary function was to ensure sexual and reproductive health.

This health district serves the population of 112 569 in the age group of 15 to 24 years old according to census 2011. This health district has a population of 597 731 people overall. More than a quarter of this population, 44.8%, has an income of less than R3 200 per month. Only 28.9% of the young adolescents have completed grade 12, although 43.4% had some secondary education (City of Cape Town, 2013).

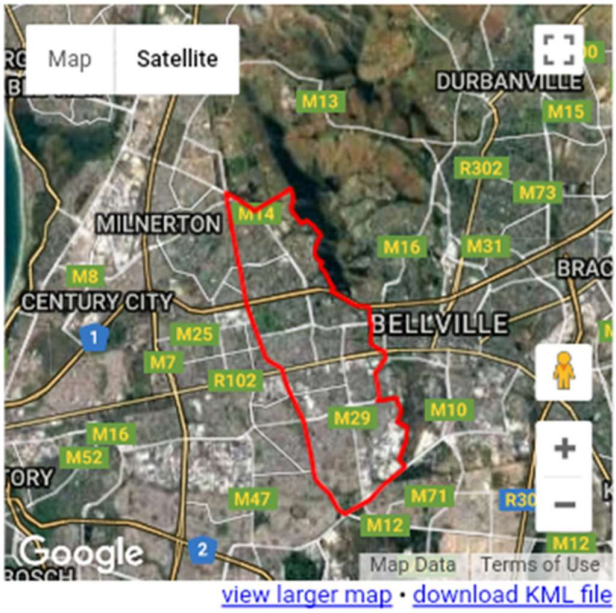

Figure 2.1: The map of the study area in Cape Town

2.4.1 Population

A population is a specific individual or element that is the focus of the study (Burns & Grove, 2017:351). The population is determined by the nature of the topic. In this study, professional nurses working in a PHC facility were the target population (Grove & Gray, 2019: 43). The target population, also called the population of interest, met the criteria set out by the researcher, which can be a group of people or objects (Murphy, Staffileno & Foreman, 2017:166).

For the purpose of this study, the researcher had access to an accessible population, i.e., a portion of the target population who the researcher had access to. The accessible population is a subcategory of the population that is accessible to the researcher (Murphy et al., 2017:166).

At some of the smaller clinics, only four professional nurses with various portfolios were allocated to the clinic, while the largest had 10 professional nurses. The accessible population was one professional nurses of each of the 11 PHC clinics in the Northern suburb a district in Cape Town. At each clinic, only one person was allocated to the sexual and reproductive health portfolio at a specific time. At each of these facilities,

professional nurses rotated to serve in the sexual and reproductive health and school visits portfolio for six months. The accessible population served as the sample.

2.4.2 Sampling and sample

A sample can be selected either through probability or non-probability sampling (Devi, 2017:23). Sampling in qualitative research involves the recruiting of participants who will provide fruitful and varied perspectives and maximise the research findings.

There are three most common types of sampling in qualitative research to choose from, namely, purposive, snowball and quota sampling (Family International Health, 2017: 5).

Purposive sampling is chosen when a population meets the criteria of the study (Vasileiou, Barnett, Thorpe & Young, 2018: 2), for example in this study, the sample was nurses working in a PHC facility who met certain inclusion criteria. In quota sampling, more specific guidelines would had to be followed on the size and proportion of the sample, for example when investigating the experiences of both genders, there would be an equal proportion of men and women in the sample size (Family International Health, 2017:5). Snowballing would have been considered as networking, where a participant would have referred the researcher to another person that might be able to partake in the study (Family International Health, 2017:6). The researcher decided to use purposive sampling, with inclusion criteria, because proportions were not a consideration in the study.

The researcher then focused on finding a specific type of purposive sampling. A heterogeneous purposive sampling approach focuses on a specific subgroup such as the nurses in the profession of nursing, as they differ in e.g., the category of registration and work experiences. The researcher decided to use homogenous purposive sampling, which indicates that the participants had similar characteristics in aspects that met the criteria of the investigation. Contrary, heterogeneous sampling would have involved a diverse group of participants (Alvi, 2016:10). In this study, professional nurses working in the PHC facility in the Tygerberg sub-district were sampled. They shared the same occupation, and their job level was similar in category (Dudovskiy, 2017).

The sample size is not dependent on the number of participants, but rather on the quality of the information received (Stacey, 2019: 99). A small sample size was recruited through purposive sampling in this study. In qualitative studies, the researcher wants to understand the research problem from the participants' perspective.

In this study, the researcher recruited professional nurses who were working in the PHC facility in a district in Cape Town. They shared the same occupation, and their job level was similar in category, as also stipulated by Dudovskiy (2017). The researcher selected professional nurses from each of the 11 PHC clinics (n-11) who had the portfolio of sexual and reproductive health and school nursing. Nine participants partook in the study.

Inclusion criteria were attributes that the individual should have to be included in the study (Garg, 2016: 643). The eligibility criteria are the list of characteristics of the accessible population. This could be defined by the inclusion sample, which describes the list of characteristics which the participants, from the accessible population, should possess to partake in the study.
The inclusion criteria for this study were:

- Participants had hold permanent positions as professional nurses who had worked in Primary Health Care facilities in the northern suburbs of Cape Town for at least six months.
- The professional nurse had to have worked in the area of sexual and reproductive health for at least six months, where she/he would have gained the necessary knowledge and experience in this field.
- The professional nurses had to have held a sexual and reproductive health portfolio in the last six months in a PHC clinic, thus managing sexual and reproductive health matters of adolescents. The exclusion sample criteria are the characteristics that the participants had that excluded them from the target population (Grove & Gray, 2019:230).

The exclusion criterion for this study was:

- Agency staff members were excluded as they would not be used to do school visits.

2.5 METHODS

Research methods outline the systematic processes, steps, and procedures to be used to conduct research, collect and analyse the data and draw a conclusion to the problem question (SAGE, 2020:2). Research methods are the techniques used to execute the research and can be classified into three groups: (i) methods used to collect data; (ii) analysing the data; and (iii) the trustworthiness of the data (Devi, 2017:18). The researcher used individual semi-structured face-to-face interviews as the method of data collection.

2.5.1 Preparation of the field

The environment

According to King, Horrocks and Brooks (2017:49), the place of the interview is usually negotiated so that it is easily accessible for the participant, anonymity of participant is ensured, and the safety of both the researcher and participant is considered.

The researcher is well-known to the area where the research was conducted and knew the dangers as some of the areas are gangster infested. At the time of data collection, none of the areas were volatile and the researcher and moderator could enter the areas. The participant and the facility manager felt that it would be safer for the participants if the interviews took place at the PHC facility. The manager identified the participants and referred them to the researcher.

However, the participants could also decide on the area where the interviews would take place, to ensure that they felt safe and privacy was maintained. They were all comfortable to take part in the research at the clinic during their rest periods/breaks.

The study was conducted in October 2018 to November 2018. The interviews were arranged at times in the afternoon that were suitable to both the participant and the moderator. All 11 clinics provided times in the afternoons as it was quieter than during the mornings. The interview room was comfortable in the workplace, with diminutive noise and a relaxed atmosphere. Participants who wanted to partake were informed about the purpose, method and benefits of the study.

2.5.2 Data collection method

In qualitative research, the data collection methods, such as an individual interview with an interview guide, plays a pivotal role. Its attributes are through open-ended questions, interactive interviews, triangulation to confirm authenticity and findings that are not generalised (Kabir, 2016:202). There are different types of data collection methods that a qualitative researcher can use, including interviews, observations, and documents (Merriam-Webster & Grenier, 2019:14). In this study, the researcher decided to conduct interviews as a data collection method, while making fieldnotes around gestures of the participants observed.

Interviews generate information about real experiences and understandings of life events (Harding, 2019:44). The data collection tool should collect all the data, in words and sentences (Kabir, 2016:203), i.e., what nurses viewed as their role in the distribution of condoms to young adolescents at secondary schools and how a policy on district level would assist the nurses to distribute these condoms at secondary schools. Data collection in qualitative research can either be through focus groups or individual interviews (Guest et al., 2017b:705). Focus groups emphasis the interaction within the group in order to gain information on the participants' opinions and perceptions of a phenomenon (Barbour & Morgan, 2017:6). Sometimes groups are more difficult to manage than individual interviews, for e.g., the participant that is shy may be more reluctant to interact because they might feel intimidated by the more assertive participant. This may also lead to one participant dominating the group and data that is difficult to analyse (Guest et al., 2017b: 705).

The researcher had to decide which data collection method would be the most appropriate for conducting the study. The researcher decided to conduct individual interviews. In an individual interview, the participant can express their view better than in focus group where he or she might feel uncomfortable to talk. There are some advantages to individual interviews, such as that the scheduling of interviews is flexible and all involved can be accommodated, individuality are easily approached, independency is retained and bias is limited (King et al., 2017:96).

King et al. (2017:96) also mention that focus groups are not the best choice when questions such as sexual practices are considered because people may be reluctant to share their personal experiences.

There are different ways to interviewing participants, namely structured, semi-structured, unstructured, one-to-one, group, focus groups and internet interviews (McGrath, Palmgrena & Liljedahla, 2019:2; Merriam & Grenier, 2019: 14).

Structured interviews are a set of questions that the interviewer may not deviate from (all participants are asked exactly the same questions), whereas semi-structured interviews allow the researcher to probe in order to get clarity on what the participant has said. It is also more relaxed than a structured interview (Canals, 2017:397). Unstructured interviews questions were not used, as usually only one open-ended question is posed and it is characterised by minimal control (McGrath et al., 2019:2).

Semi-structured interviews, on the other hand, are the best option if you know you will not receive another opportunity to interview the participant. The semi-structured interview consists of a list of questions that need to be covered in a specific order (Bernard, 2017:164). In a structured interview, the interviewer uses a set of instructions in order to ensure that participants receive almost an identical set of stimuli (Bernard, 2017:165). Semi-structured interviews are a scheduled activity (in comparison to unstructured interviews which can happen anywhere) with an interview guide/tool (Bernard, 2017:163). Patten and Newhart (2017:20) state that semi-structured interviews have a primary list of questions from which the interviewer may diverge when needed in order to get detailed information.

In focus groups, six to nine participants would have been in the group to explore their perceptions of the topic. The researcher then chose individual semi-structured interviews, as the accessible population was (N=11.

Individual interviews are one-to-one conversations between the researcher and the participant. Individual interviews are more valuable than focus groups in producing a more personal connection with the participant to collect an extensive range of in-depth data (Guest et al., 2017b:693). This study investigated the professional nurses' views on their role in distributing condoms to young adolescents at secondary schools, which is a sensitive topic as each participant had their own personal views on condoms and young adolescents. Women may feel more comfortable to discuss sensitive topics in an individual interview than in focus groups (Kruger et al., 2018: 245), and, by using

semi-structured interviews, the researcher could explore and clarify what the nurses viewed as their role in distributing condoms to young adolescents at schools.

Questions

Two questions were asked to all participants, and. These questions were:

- What is your view on your role in the distribution of condoms to young adolescents in secondary schools?
- How would a new health care policy at district level support you to distribute condoms to young adolescents at secondary schools?

The researcher asked probing questions in order to receive more clarity and detailed information on the experiences of participants.

2.5.3 Data gathering

The research was submitted to the Research Ethics Committee of the Faculty of Health and Wellness Sciences, CPUT/HW-REC 2018/H14, (Annexure A) and the Western Cape Department of Health in the City of Cape Town, Acceptance no. 89, (Annexure C).

Ethical clearance was granted from the University's Research Ethics Committee of the Faculty of Health and Wellness Sciences (Annexure B) and the Department of Health in the City of Cape Town (Annexure D). Information letters were distributed to the facility managers of the selected Primary Health Care facility (Annexure E). For each of the facilities, an interview date was determined (Annexure F) and a private room requested. The participants were interviewed in a private room at each of the facilities, where they worked, where they felt safe and comfortable.

2.5.3.1 Pilot interview

A pilot study is a smaller version of the anticipated study (Grove & Gray, 2019:43). Two individual pilot interviews were conducted to ensure that participants understood the questions and in order to obtain the needed data that addressed the purpose of the study. An interview guide had two semi-structured questions. Devi (2017:25) states that interviews are conducted in a semi-structured way with the use of predetermined questions. Each interview lasted between 25 to 30 minutes. The researcher asked probing questions in order to better understand what the participants were saying.

The interview schedule showed that the formulated questions, allowed the interviewer to explore the interviewee's answers (McGrath et al., 2019:2). Two pilot interviews was done to ensure that the questions asked would answer the objectives set out by the researcher.

2.5.3.2 Conducting the interviews

Before the interview, the researcher gave a brief to participants regarding what the research was about and the aim of the research. Participants should have a good understanding of the how the research would be used, and the qualitative research (King et al., 2017:33). During the collection of the data, the researcher needed to ensure that the participants were protected at all times as the subject under investigation was of a sensitive nature and each participant had their own views on the distribution of condoms to the young adolescent. The participants were thus reassured that there is no right or wrong answer to the questions (Sutton & Auston, 2015:227).

The researcher build report with the participants while exploring the phenomenon. The interview had a time frame of 25 to 30 minutes and was conducted in English.

Digital recordings were made of the interviews, and the researcher made reflection notes directly after the interviews. Digital recording is a method of encapsulating qualitative data and can ensure validity of the findings. It also gave the researcher the opportunity to replay the interview again and again (Isaac, 2019). Reflective notes is the thoughts, ideas and concerns the researcher noted during an observation (Deggs & Hernendez, 2018: 2554), but in this study notes were taken during the interview.

McGrath et al. (2019:3) indicate that the interviewer needs to listen more and talk less and see silence as an opportunity for continuous reflection.

A moderator was chosen from another institution to accompany the researcher to the pilot interview and to make field notes. She was an expert in research and could follow the process of conducting the interviews correctly. The field notes were written by the moderator during the interviews to record e.g., facial expressions by participants during the interviews (Polit & Beck, 2018:548). The role of the moderator was to monitor the research process and questions posed. A moderator needed to be unbiased and had

to remain neutral while observing and making notes on the interaction and discussions (Nyumba et al., 2017:24).

There are different types of field notes, namely jotting, a diary, a log and field notes (Bernard, 2017:309). Jotting entails making notes on the spot and it is used in both formal and informal interviews. A diary is characterised by the researcher's recording of the emotions felt during the field work and is useful in making one aware of your personal bias (Bernard, 2017:310-311).

Field notes are defined as descriptive or reflective. Reflective notes (Annexure G) included a record of the researcher's personal experiences, reflections and progress directly after interviews and during the study (Polit & Beck, 2018:548). Both the researcher and the moderator jotted down notes during the interview. After the interview, the researcher and the moderator reflected on the interview. Descriptive notes by the moderator, contained the description of the event, the dialogue of the interview, the actions observed and the context (Polit & Beck, 2018:548).

2.5.4 Research techniques followed

2.5.4.1 Probing

King et al. (2017:69) state that probing are questions asked to support the participant to elaborate on their primary response and to give more detailed correspondence, but this must be undertaken with caution to avoid leading the participant to get a specific answer. The researcher acknowledges that, while transcribing the interview, she observed that some questions appeared to be leading, even though this was unintentional, and excluded from the data analysis. Due to minimal language constraints, the participants did not find it easy to express themselves in English, as Afrikaans was their first language, and therefore the researcher probed to receive clarity on their initial answer.

2.5.4.2 Bracketing

Assumptions, preliminary concepts, and prejudgements were set aside during the research process. This process is called bracketing (Gibbs, 2018:54). Polit and Beck (2018: 268) state that bracketing is the method with which to reserve own beliefs and opinions during the research study. The researcher used her reflective notes to journal

on her own experiences in the field of the study, to ensure bracketing. The researcher of this study is a clinic manager in the district where the study was conducted, however did not know most of the managers of the clinics. During each interview, the researcher introduced herself as a student (not a nurse manager) and stated that nothing mentioned by the participants would be used against them. The researcher was accompanied by a moderator to all interviews, to ensure that bias does not take place and the researcher's views are not forced onto the participants.

A summary was given at the end of every interview by the researcher, to ensure that the participant and the researcher had a mutual understanding of what was said in the interview.

2.5.4.3 Obtaining data saturation

According to Grove and Gray (2019: 63), data saturation occurs when no new information emerges from the interviews, meaning that all common themes in interviews has been uncovered. The participants had similar experiences while distributing condoms to young adolescents at schools, therefore common themes were identified. Data saturation can only be reached during or after data has been analysed (Guest, Namey & McKenna, 2017a: 5). Data saturation was reached at interview six, however the researcher decided to continue to conduct interviews with more participants, as it would not cause any harm.

2.5.5 Reasoning

Logical reasoning is thinking rationally and drawing valid conclusions, which can be split into inductive or deductive reasoning (Surbhi, 2018).

Inductive and deductive reasoning

Inductive reasoning is a general idea made after exploring a phenomenon (Alase, 2017: 12). Conclusions are drawn from behaviour or particular flow (Sauce & Matzel, 2017:1). Deductive approach, on the other hand, is used to proof a hypothesis, as done in quantitative research, whereas inductive approach is used in qualitative research because it involves people's experiences (Patten & Newhart, 2017:8-9).

An inductive approach was used to explore the view of the professional nurses on their role in distributing condoms to young adolescents at secondary schools. Each individual had different thoughts on the phenomena of the distribution of condoms to young adolescents and sexual behaviour.

2.5.6 Data analysis thematic coding/open coding

Data analysis was done through open coding. Data analysis was done by transcribing the interviews, where after codes were identified, categorised, and classified into themes. The researcher used open coding to categorise the data. Open coding is the analysis of all transcripts and the creation of themes that summarise the categories which form the basis of analysis (Editors, 2017: 170).

Transcription

According to King et al. (2017a: 43), transcription is time consuming. Someone is often hired to transcribe, but confidentiality should be maintained throughout. The researcher transcribed the interviews herself, and this gave the researcher the opportunity to listen to the interviews repeatedly and recognise the finer detail in the interviews, taking the researcher back to when the interview was conducted.

Coding

Coding can be defined as dissecting your data (Gibbs, 2018:54). Gibbs (2018:54), describes it as categorising the data to create a framework of thematic ideas from the text and separating it into themes and categories. There are two approaches to coding namely inductive and deductive coding. Inductive coding refers to the codes that are taken from the data collected, also known as open coding, and it is best applied to exploratory research (Gibbs, 2018:54). Deductive coding is based on the research question, it is known as a top-down approach, a codebook is developed with pre-set

codes, this type of coding is best used for evaluation studies (Gibbs, 2018:55). Therefore, the researcher decided to do inductive coding to explore what the nurses viewed as their role to distribute condoms to young adolescents at secondary schools. Coding consists of labelling the phenomena, discovering categories, naming the categories, and developing the categories in terms of their properties and dimensions (De Vos, Strydom, Fouché & Delport, 2018:411). In the first step of open coding (Lawless & Chen, 2017:7), the researcher and her supervisors identified the phrases that were reoccurring in all interviews. In this step, coding is labelling the phenomena. The researcher broke down each paragraph of the transcripts and labelled it with a concept. In the second step, a consensus was reached (Shen, Freeman, Karpiak, Brennan-Ing, Seidel & Siegler, 2018: 4) regarding the codes that were categorised, and which codes would be used. The researcher created categories from these concepts, meaning that concepts were grouped together. In step three, the researcher named the categories and identified subcategories, while step four involved the identification of the attributes of each category. The researcher, with the assistance of the supervisors, identified six themes, 11 categories and nine subcategories. The researcher went back and forth between the transcripts until distinct themes and categories transpired.

2.5.7 Policy development

For the purpose of this study, an adapted framework of Alberta Health Services (2016) was used to describe the policy. A policy framework consists of governance, principles, and the process steps (Alberta Health Services, 2016:1). The Department of Education and the Health District Office of Tygerberg are the governance of this policy. The principles of the policy are outlined in the drafted policy in Chapter 4.

The process of formulating a policy is initiated by identifying a need, which is driven either by the vision, mission, business plan or health plan (Alberta Health Services, 2016 :4). The researcher identified a need for formulating a policy to support nurses to render SRH services to young adolescents as stated by the Sustainable Development Goal 3, giving the young adolescent access to condoms. The second step is to develop a plan to successfully complete the policy by creating timelines and identifying the resources needed for the policy (Alberta Health Services, 2016:4). The resources used in the policy are the regulations, guidelines and policies that are in place at a national level. Step three justifies the draft policy which included the operational needs and

reflection on the position of the organisation, their principles, standards and their process on key issues (Alberta Health Services, 2016:5). The researcher presented a drafted policy in Chapter 4 on district level to support the professional nurses working at a PHC to distribute condoms to young adolescents at secondary schools.

A policy can be defined as a set of rules guiding actions (Blank, Burau & Kuhlmann, 2018:3) A policy plays an integral part in the development of the organisation by standardising operations (Wright, 2017:4). Leahy states that a health care policy clarifies each one's roles and responsibilities and sets the foundation for safe and cost-effective quality care (Leahy, 2019).

The first five steps of a policy process are to (i) identify the problem; (ii) develop a plan; (iii) draft the policy; (iv) consult with stakeholders; and (v) finalise the policy (Alberta Health Services, 2016: 4 - 7). The researcher developed a preliminary proposed policy to assist nurses to distribute condoms to young adolescents at secondary schools. From the findings and the plan, the following components were explored and described in the policy:

- Scope and context of the policy
- Role-players with responsibilities in implementing the policy
- Purpose and objectives of the policy
- Processes and actions to be implemented in the distribution of condoms
- The envisaged end-result
- Essential characteristics and dynamics needed for implementing the policy effectively (Jooste, 2020).

2.6 TRUSTWORTHINESS

Rigour in research is associated with reliability, replication and validity reflected more in quantitative research due to emphasis on measurements, whereas qualitative research is associated with trustworthiness (Maher, Hadfield, Hutchings & De Eyto, 2018:3). According to Gunawan (2015:4), a qualitative study is trustworthy when the research is auditable. It is divided into credibility, dependability, transferability, confirmability.

2.6.1 Credibility

According to Nowell, Norris, White and Moules (2017:3), credibility reports on the match between the participants' views and the researcher's interpretation of it. This can be done through member checking, which is parallel to validating the data (Candela, 2019:619). The researcher went back to two participants to clarify some answers. Credibility of the study is the truth-value of the study were warranted by prolonged engagement, in the field at all 11 clinics, persistent observation by having a moderator present, triangulation of data and fieldnotes (Korstjens & Moser, 2018:121) The researcher used purposive sampling, assembled detailed data collection methods, and made field notes. Credibility and clarity were ensured through member checking during data analysis where views were difficult to understand. Self-reflection of the researcher by making documented notes on the views of participants on the topic enhanced the credibility of the study (Maree, 2016:123). The researcher gave a summary of each interview, at the end of each session to validate that what was interpreted was correct.

2.6.2 Dependability

Dependability refers to consistent and repeatable research findings (Statistics Solutions, 2018). The researcher should be accountable for any conditions that are changed during the study, for the interaction with participants and for undertaking a developing research process (INTREC, 2015:2). The researcher aimed to be consistent in collecting raw data so that when other researchers study the data, they would understand the methodology followed (Statistics Solution, 2018).

The researcher of this study was consistent in data collection and posed the same questions to all participants in order to establish dependability during the study. Records will be kept for audit purposes for at least five years after the study has been published.

The researcher ensured that the research was sound, visible, and evidently documented, which relates to how reliable the study was (Gunawan, 2015:4). Dependability was established by applying the research design and methodology and ensuring that the raw data and details of the data collection were available, thereby

increasing transparency, which, according to Moon, Brewer, Januchowski-Hartley, Adams and Blackman (2016:2), increases dependability.

2.6.3 Transferability

Transferability relates to external validity (Gunuwan, 2015:5). Transferability examines the viability that the findings can be transferred to other groups or settings (INTREC, 2015). The use of thick descriptions strengthened transferability, meaning that the reader is provided with evidence that the research study's findings could be usable in other contexts, situations, times, and populations (Statistics Solutions, 2018). These findings might be useful for PHC settings in other districts, validated by external experts (Gunawan, 2015:4). The researcher will ensure that a detailed description with all documentation will be provided to whoever pursues to transfer the findings to their own setting and will then confirm transferability (Nowell et al., 2017:4).

2.6.4 Confirmability

Conformability refers to the neutrality of the data, i.e., if the research is confirmable, the conclusions will be found in the data (INTREC, 2015: 2). This is further explained through the extent of the personal interest of the researcher (Mandal, 2018: 592). Written field notes and the digital recordings serve as reference and supported the data from the semi-structured individual interviews.

The researcher explains throughout the research how the methodology has been used to interpret the data and reach the conclusion. Credibility, dependability and transferability are thus evident. An in-dependent coder and the researcher reached consensus on the data analysis.

2.7 RESEARCH ETHICS

Ethics in research relates to the researcher's honest planning, responsibility, and selections of participants during the research process (King et al., 2017:28). Flick (2018:13) states that ethics includes the following: the formulation of general codes of ethics; the control of the institution; and accountability in the field and the research process. Research ethics is considered when the research involves human beings or

when ethical, legal, or social issues are raised, and the following objectives are considered before permission is granted:

- Protecting human life
- Ensuring that the interest of the people, groups and society is represented.
- Observing the research activities focussing on the ethical reliability, management of risk, privacy protection and the process of informed consent (Alok & Mishra, 2017:60).

The introduction to the research and the objective of the study were explained to the participants so that voluntary informed consent could be given. All data collected was kept in a safe place and only the researcher and supervisors had access to the information.

Beneficence – avoiding harm to the participants – should be maintained throughout the research process (Flick, 2018:13). This study considered the risks it might have had on the participants, and psychiatric assistance was offered if needed. The researcher reflected on the welfare of the participants throughout the collection of data.

As stated by King et al. (2017a:33), there are essential ethical considerations, namely written informed consent, confidentiality, the right to withdraw, assessing risk of harm, deception, the use of incentives, limitations to the researcher's role and honesty and integrity in the research process.

Written informed consent

The participants were fully informed about the research before data was collected (Arifin, 2018:30). The researcher emailed the research approval letter from the City of Cape Town, which outlined the permission granted to conduct research within the selected PHC facility, to the facility manager. The facility manager informed the participants about the research and the researcher arranged a suitable time with the participants. The participants had time before the interview to read through the consent and signed the consent if they agreed. Written informed consent to participate in the study was therefore obtained from each participant. Informed consent was essential, as this confirmed that the participant was aware of the nature of the research that he

or she was about to participate in. The researcher informed the participants of the details of the research, any potential risks and benefits, and the measures taken to

reduce risk and maintain privacy and confidentiality (Beck, 2013:363). All participants participated voluntarily in this study and gave their written consent for interviews, notes and recordings. With regards to the digital recordings, participants were given the opportunity to listen to the interview afterwards if they wanted to. In this way, the autonomy of participants was maintained. It was also explained to the individuals that they had the right to withdraw from the study at any time, without detrimental effects (Brink et al., 2018: 35).

Confidentiality

The researcher should maintain the privacy of the participants throughout the research, unless there is significant harm to the participant. The participant has the right to privacy, confidentiality, and anonymity during the study (Arifin, 2018:30). The interviews were recorded as Pilot Interview 1,2, Interview 3, etc., but reported as Participant 1, Participant 2, etc. to ensure that the participants' information was kept confidential. The researcher requested that the participants do not mention any names while the recording was made.

Justice

Justice is defined as the right to fair treatment and the right to privacy (Polit & Beck, 2018:155). No names were written down or stated on the audio recordings. All interviews were kept confidential, no names were used, and the content of each conversation was known only by researcher, moderator and participant (Brink et al., 2018:35).

The right to withdraw

Autonomy is defined as self-determination. Observing this principle means that the participant has the right to withdraw from the study at any time without the risk of detrimental action. This principle was made clear to participants. It was also made clear that participants had the right to ask questions and refuse to give information (Polit & Beck, 2018:154). The participants were informed that they had the right to withdraw from the study at any time without being negatively impacted at work.

Assessing risk of harm during the research

The researcher should be aware of potential harm that might be caused during the research to the participant, others, or themselves (King et al., 2017a:33). Beneficence was ensured, which means that the welfare of the participants was a priority during the research process. The researcher therefore ensured that the environment was safe and comfortable for the participants (Brink et al., 2018:37). Interviews took place at each facility in a room selected by the participants where they would feel safe and comfortable and where privacy was ensured. Minimal risks were foresee, and none observed.

Deception

The researcher s avoided deceiving the participants. The researcher did not use any form of deception to answer the research question.

Use of incentives

Incentives should be used with caution. Even though it is acceptable in certain research conditions, it should not be used in such a way that it suggests that people do things that they would not normally do (King et al., 2017a:34). The researcher did not used any incentives for the participants.

Coercion

The participants might have been confused with regards to the role of the researcher, for example, the participants might be a colleague of the researcher and it might influence the confidentiality of the research after the interview (Arifin, 2018:30). The researcher of this study was previously working in a clinic in this area where the research was conducted, however most participants knew the researcher from a far distant when she was a clinic manager. The researcher informed the participants that she was acting in the capacity of a master's student and not in the capacity of a previous nurse manager. All participants were very comfortable in answering the questions.

Honesty and integrity

The researcher aimed to conduct the study in an ethically sound environment by maintaining the honesty and integrity of the research. Ethical breaches were avoided

such as falsification of results, non-declaration of interest on stated (King et al., 2017a:34). A declaration was signed in the report that the research was done in an honest manner and the supervisors were acknowledged in the research.

2.8 ROLE OF THE RESEARCHER

The researcher played a leading role in the different phases of the study, such as monitoring and reducing bias, becoming competent in applying research methods, collecting, and analysing data and presenting the research finding (Sutton &Austin, 2015: 226).

The researcher ensured that bias was reduced during the study (Sutton &Austin, 2015: 226) by distancing herself from previous knowledge, being receptive to what the participants were saying in the interview and asking probing open-ended questions to clarify what the participants were saying rather than making her own assumptions to fit her understanding.

The researcher's role was to investigate the participants' experience and uncover how they felt and thought about distributing condoms to young adolescent at secondary schools.

2.9 SUMMARY

Although many studies have been conducted on the SRH to adolescents and nurses' attitudes towards rendering the service to adolescents, little information is available on the nurses' attitudes towards the distribution of condoms to adolescents. This topic was thus researched with the use of a qualitative research approach.

A sound methodology was used, by selecting a qualitative study with individual interviews. An appropriate assessable population was selected, and an appropriate interview schedule used with semi-structured questions. The data collecting was thoroughly conducted with the assistance of a moderator and open coding followed, confirmed by an independent coder.

A rich description was given of ethical principles and it can be concluded that trustworthiness was obtained in conducting the study.

CHAPTER 3
FINDINGS

3.1 INTRODUCTION

In this chapter, the findings of the data collection process in a qualitative study will be outlined and discussed. The purpose of this study was to explore and describe the nurses' views about their role in distributing condoms to young adolescents at secondary schools. Research is necessary to gain knowledge about diseases, prevent or manage diseases, reduce the cost of illness and improve the health status of the individual (Ahmed, 2015:2). In this study, recommendations are made to improve the quality of life of adolescents.

3.2 THE PARTICIPANTS

Data was collected during the month of October 2018. Nine participants participated in the study from the different PHC facilities. All the participants were permanent staff of the organisation. They were all females and held the portfolio of sexual reproductive health (SRH) for at least two years prior to the study.

Table 3.1: Demographics of participants

Interview	Participant identification	Age group	Experience in PHC
Pilot 1	01	35 to 45 years	3 years
Pilot 2	02	35 to 45 years	4 years
Interview 1	03	35 to 45 years	2 years
Interview 2	04	45 to 55 years	4 years
Interview 3	05	25 to 35 years	4 years
Interview 4	06	55 to 65 years	32 years
Interview 5	07	45 to 55 years	11 years
Interview 6	08	35 to 45 years	4 years
Interview 7	09	45 to 55 years	11 years

The study consisted of two pilot studies and seven participants. The pilot interviews were not used in the data analysis but was used to evaluate the interview guide. All participants were professional nurses who had community health as part of their

qualification. Their work experience ranged between 2 to 32 years. The age of the participants ranged between 35 and 65 years old.

3.3 FINDINGS

Six themes and 11 categories emerged from the data analysis. The first theme that transpired was condom distribution and use among the young adolescent. The second theme was challenges – those obstacles that the professional nurse experience when distributing condoms to the young adolescents. Education was another theme as it is especially important that the young adolescent is given health education about the condom when being issued a condom. The fourth theme was focused on the premises where the condoms should be made available to all young adolescents, while the fifth theme focused on an absence of humiliation when condoms are collected by the young adolescent. Policy was highlighted as the sixth theme, as legislation sets out the parameters in which the professional nurse needs to render a service.

Table 3.2: Themes that emerged from the semi-structured interviews

Theme	Category	Subcategory
The context of the new generation using condoms	Need to focus on basic values in educating young adolescents to become educated about condoms at the correct age	
A team approach in promoting the use of condoms	Resistance of different stakeholders to combat sexual activity	Parents' role in encumbering the distribution of condoms
		The community's role in the acquisition of condoms by young adolescents
		The controversy between the professional nurse and the principals, teachers and friends in the distribution of condoms to young adolescents

		Ignorance among young adolescents
	Impact of risky behaviour	
	Participation of community in condom distribution	
Education to reinforce condom use and move towards leading a healthy lifestyle	The role of the nurse in the distribution of condoms	Different methods in educating the young adolescent on condoms when distributing condoms
	Assistance from stakeholders in condom distribution due to shortage of nursing staff	
An ethically sound premise for service delivery	Ethics of accessibility of condoms at secondary schools	
	Confidentiality and privacy when condoms are accessed by young adolescents at clinics	
	Acceptance of condom distribution at secondary schools	
Moving towards a knowledgeable community who has a positive connotation to condom distribution	Addressing stigma through breaking the silence of negativity and stigma	
Impact of policy implementation to support professional nurses in distributing condoms	Sensitisation about the implementation of the policy on condom use	Expectations about the comprehensiveness of the policy content

3.3.1 Theme 1: The context of the new generation who uses condoms

A study indicated that young adolescents are inconsistent in using a condom with their sexual partners, as it was reported that they do not use condoms all the time, even though there is a focus on decreasing the human immunodeficiency virus (HIV) risk among the young adolescents (Muchiri et al., 2017: 107). There are numerous factors contributing to condom use among the new generation aged 15 to 24 years, including factors such as transactional sexual intercourse, gender-based violence and age disparate sexual intercourse, which puts young woman at a higher risk for contracting HIV (Ranganathan, MacPhail, Pettifor, Kahn, Khoza, Twine, Watts & Heise, 2017: 2).

In this study, it was indicated that the new generation does not want to talk openly about the use of condoms. A participant reported that she would offer condoms to the young adolescent, but they are hesitant due to being shy:

> *"… so but offering condoms … they will take it, but it's like … sister, I'm really not going to use it … so they're very shy of even asking us the condoms, that's why we give them the condoms … they will take it but … its … its … we so sceptic in that sense they're using it." (P5)*

Evidence shows that if the young adolescent feels uncomfortable to speak about sexuality it debilitates the use of contraception, which includes condom use (Essiben, Meka, Foumane, Mpacko, Ojong & Mboudou, 2018: 3).

Even if condoms were correctly distributed, participants in this study reported that the young adolescent would tell a lie to their friends, and say that they use the condoms for cleaning their shoes, because they are shy about taking condoms:

> *" … well that is what they say when they come if you … uurrh … distribute a packet of condoms and ask them and tell them and then they would be shy they would say no they will be using it to clean their shoes and things." (P3)*

This confirmed the assumption in the study that participants wanted to belong to a group and not be excluded.

Efforts to promote condom use by young adolescents and to prevent STIs, HIV and unwanted pregnancies have been unsuccessful, and renewed ways should be used to promote condom by young adolescents (Avert, 2018).

> *"We have kids who take it easily, uhm, whether it's being used for the right purpose … some, uhm, people have this thing, because of the, uhm, lubricant that's in the condom they use as shoe cleaner." (P7)*

The lack of knowledge about the use of condoms leads to inconsistent condom use, resulting in sexual transmitted infections (STIs) and unwanted pregnancies. It is recommended that health care workers and social workers should do more intense work to increase knowledge about and support for HIV programmes (Haffejee, Koorbanally & Corona, 2018: 1287).

The use of condoms among the young adolescent has become a great concern, especially among the young women, where only 42% reported using a condom (Muchiri et al., 2017: 107).
Theme 1 addresses the need to educate young adolescents about the correct use of condoms.

3.3.1.1 Need to focus on basic values in educating young adolescent about condoms at an appropriate age

Condoms use (both male and female condoms) is a significant measure to reduce the spread of STIs, HIV and unwanted pregnancies (World Health Organisation, 2019). The Western Cape Department of Health has reported that, in 2015, they distributed 800 000 condoms, while the number for 2016 was increased to one billion condoms (Western Cape Government, 2016). Evidently, many condoms are distributed, but when looking at the infections and unwanted pregnancies, the question is if education on condoms take into consideration the basic values of young children.

A participant reported the concern about ways in which to address the indifference shown by participants in using condoms for the appropriate reasons:

"I think, uhm, their perception of a condom is not really for sexual use, I think that we need to reinforce and educate them that it's there to prevent, uhm, some young adolescents they do other things with condoms except for using it for … ." (P3)

According to Stacey (2019:1), education should focus on condoms being a method for the prevention of sexually transmitted infections as well as for family planning.

Uneasiness was raised about parents who give condoms to their children to play with, which contradicts appropriate condom education:

"Because the children when they're in the clinic the mothers would take it and give it to their child … it's because the little ones think its balloons, so they blow it up and even those loose condoms lying there … ." (P6)

One participant mentioned that very young adolescents steal condoms for playing purposes, making fun and actually not show respect for the importance of its intimate:

" … we have a lot of little boys running in after school coming to steal it, it's debatable whether it's actually for sexual use or balloons, so have them as early as ten and eleven." (P6)

It seemed that parents were not teaching their young adolescents to shy away from sexually related matters e.g., condoms at a young age in public; rather, the children were using the condoms as balloons in public spaces:

" … young, young kids will be playing with the condoms, so people or parents are not teaching them why the condoms are, it's been used as a balloon." (P7)

Previous studies suggest that knowledge about condoms usage is still limited, even though there are so many campaigns and programmes on condom usage (Haffejee et al., 2018: 1287). Incorrect usage of condoms due to for e.g., a as lack of respect, increases the incidence of STIs and HIV infections among young adolescents who are

sexually active, and therefore it is recommended that educational programmes on condom usage should be incorporated (Haffejee et al., 2018: 1280).

The little knowledge on the use of condoms leads to inconsistency in condoms use, resulting in STIs and unwanted pregnancies. It is recommended that health care workers and social workers create programmes to boost the education and support on HIV programmes (Haffejee et al., 2018: 1287).

3.3.2 Theme 2: A team approach in promoting the use of condoms

According to Mendelsohn, Gill, Marcus, Robbertze, van de Venter, Mendel, Mzukwa, and Bekker (2018:1), the International acquired immunodeficiency syndrome (AIDS) Society indicates that approximately 70% of adolescents worldwide are living with HIV. Although there is a data gap between the young adolescent and young adult, there is evidence that condom use among the young adolescents remains low. Participants were concerned about the many challenges they experience in distributing condoms to young adolescents, which includes resistance from the principals, teachers, and parents.

As stated in a study done in Ghana by Kyilleh, Tabong and Konlaan. (2017: 4), parents, teachers and peers play a vital role in conveying information on reproductive health, such as condom use, to young adolescents. However, the young adolescents have reported on punitive measures by adults if they are seen at the sexual reproductive health (SRH) clinic (De Bruin & Panday-Soobrayan, 2017: 1530). This impacts on the health status among this group, resulting in enhanced of risky behaviour with an increase of STIs, HIV infections and unwanted pregnancies in youngsters (Muchiri et al., 2017: 105).

Theme 2 addresses the stakeholders' resistance to combatting sexual activity, the role of the parents, the community and the educators, and the ignorance of the young adolescent about condoms. It also addresses the impact of risky behaviour on young adolescents.

3.3.2.1 Resistance of different stakeholders to combat sexual activity

The teachers and principals assumed that nurses were promoting sexual activities when distributing condoms, rather than preventing these behaviours. It might be possible that the teachers and principals are misinformed, which could lead to resistance against condom distribution to young adolescents at schools:

> *"Yes, the friends play a big role, even … even … teachers, principals, because … their reasoning is basically … their reasons are … we at the clinics … are promoting sex, that's why we are contribute ... distributing condoms. That's their view we are promoting sex that's why we are giving to them, but … rather be safe than sorry … there's family planning, they're not coming for that, distributing the condoms, they're not gonna take it, so how are we gonna win." (P5)*

The assumption that friends had an influence on the adolescent was confirmed. A study by De Bruin and Panday-Soobrayan (2017: 1530) also confirms that young adolescents' perspective on accessing SRH services are determined by their social environment, which includes the conservative norms and values of parents, teachers, and other adults.

It seemed that the parents, the teachers, and the principals did not want nurses to distribute the condoms, because they were of the opinion that this promotes sexual activity. According to a participant, the parents followed by others should be informed about condom distributions to get their buy-in:

> *"Well, it will first be your parent, because look if you don't sell it to the parents and the principal and the teachers, you can stand on your head, you won't get it in." (P6)*

In 2017, a newspaper reporter raised concerns about the decrease of condom use among young adolescents. According to them, 41% of young people in SA aged 18 to 24 years have had unprotected sex. Peer pressure was one reasons for not using condoms (Mbude, 2017).

It seems that parents over time became less resistant and started to become mindful of distributing condoms at schools, giving a voice to the young adolescent:

> *"Like I said, its everybody else is a parent, so their own views they might be resistant, but once they understand the reason why we would like to give out … they might be open to having condoms on the secondary school." (P7)*

Female condoms should be available to give young women the power to protect themselves during sexual intercourse (Zikali, Makam, Abasi & Mojela, 2020).

It was noted that parents were in denial of their children being sexually active:

> *" … but some of the parents still have that mind setting of my child is not sexually active or if you promote these things, not say promote, but give these things my child will err eventually, uhm, become sexually active." (P4)*

Parents need to remember that it is normal for children to have questions about sexual behaviour and related topics, as sexual development begins in infancy (Louie, 2020).

The personal views of a parent could constrain condom distribution, but when parents have insight into the reasons for condom distribution, their attitude could change, which could assist in more condom accessibility at schools.

Parents have a role to play in delaying sexual debut and influencing the sexual behaviour of the young adolescent (Guilamo-Ramos, Lee & Jaccard, 2016: 2).

3.3.2.1.1 Subcategory: Parents' role in encumbering the distribution of condoms

Parents play a pivotal role in providing knowledge on sexual reproductive health to their young adolescents, and their own beliefs can have a significant impact on the choices the young adolescents make about their sexual health (Wanje, Masese, Avuvika, Baghazal, Omoni & McClelland, 2017: 2).

Some parents seemed to be in denial of their child being sexually active, and a participant indicated that parents were ignorant about the importance of young people's use of condoms:

> *"I would think maybe that a lot of parents would know the importance, but we always have that, my child will not have sex." (P7)*

Conversations regarding SRH and access to condoms at schools are unmentionable due to parents' rational that it will cause young adolescents to engage in sexual activities earlier and also to be promiscuous (Algur et al., 2018: 300). However, parents and adolescents should be equipped with an understanding of the current prevention programmes, since they interact on a day-to-day basis (Mudonhi, Nunu, Ndlovu, Khumalo & Dube, 2019: 485).

There seemed to be a generation gap and different perspectives between parents and their children with regard to religion and morals:

> *" … the parents, the ones which is so punitive at schools, the children want it … they are very anti, because their own husbands or boyfriends don't use it … because you not going to get the parents all to agree to have it freely there, you won't, because I have religious issues, you've got high morals, you've got health issues and so you always going have a parent that's going to say no, people are not that liberal yet." (P6)*

Some parents who belong to certain religious groups think that condom use of their children results in promiscuity, irresponsibility and should not be advocated by others (Mudonhi et al., 2019: 485).

An adolescent, hid condoms from the parents to avoid being questioned:

> *"…I ask them, but why don't you want it… sister I can't come with a packet of condoms home, my mother's gonna ask, my father's gonna ask… ." (P5)*

Adolescents are therefore reluctant to get condoms due to their parents finding out that they are sexually active (Kyilleh et al., 2017: 5).

Parents and young adolescents at schools could feel that distributing condoms at schools promote sexual activity (Algur et al., 2018: 297). However, there is no evidence to date to show that condom availability at schools enhances sexual activity; on the contrary, there are studies that show that availability causes a delay in sexual activity (Brakman, Borzutzky, Carey, Kang, Mullins, Peter, Shafii & Straub, 2017: 755).

It seemed as if open discussions were not taking place between parents and the adolescent. It is stated by Peçi (2017: 96) that parents cannot control the sexual behaviour of the young adolescents, therefore parents would rather keep their children under their supervision to prevent them from engaging in sexual activity (Peçi, 2017: 96). In view of the deepening crisis of early sexual engagement among adolescents and the accompanying risk of unplanned pregnancy and sexually transmitted infections, it is imperative to foster adolescent-friendly households where the parents/caregivers are empowered to support their adolescents (Anyanwu, Akinsola, Tugli & Obisie-Nmehielle, 2020).

3.3.2.1.2 Subcategory: The community's role in the acquisition of condoms among young adolescents

The community is fundamental to the health care system and contributes towards health programmes by engaging with different stakeholders and by building trust, respect and relationships, as well as continuously adapting and contextualising health services with regards to the community`s needs (World Health Organisation, 2019: 1). Some community groups such as the faith base organisations (FBOs) are focused on abstinence and faithfulness to prevent HIV infections, which contracts with the methods from other stakeholders (Ochillo, Van Teijlingen & Hind, 2017: 754).

The role of the community and FBOs also involves the distribution of condoms. According to the adolescent and youth friendly service (AYFS) policy (South Africa. Department of Health, 2017: 10), distribution of condoms, is important to combat sexual activity among young adolescents, since constant high rates of HIV

transmissions, STIs, unplanned and unwanted pregnancy lead to an increase in morbidity among this population.

The community seems not to be in favour of the adolescent acquiring condoms, even at the PHC facility. One participant said that she heard how a community member asked a young girl if her mother knows she is here:

> *"I am going to tell your mommy or your daddy you were standing here … so they must check you out or sort you out so that is actually what … put them off… ." (P4)*

The assumption in this study that the community influences the adolescent in using condoms, was thus confirmed.

The Center for Disease Control and Prevention states that if the young adolescent feels that there is a breach in confidentiality, they will refrain from accessing a health facility, afraid that their parents may find out (Leichliter, Copen & Dittus, 2017: 237). A young adolescent was reluctant to attend the clinic for SRH services, whose services include condom distribution, because she was afraid that her peers and community members in the facility might inform her parents why she was at the clinic:

> *"Attitudes of ... of their … people that they know. And there could be peers inside also that they know and so they would like ask them ... what you coming for? Why? Does your mother know you are here? Things like that, because they're also alone. I mean we try to be ... we try to accommodate them in the afternoon, so that there won't be too many eyes on them." (P6)*

Young adolescents seem to be reluctant to attend SRH services because they do not want the community to know. Although educational strategic programmes regarding correct and consistent use of condoms and negotiating condom use are offered, educational programmes should involve multi-sectoral approaches.

Firstly, the individual and community should be linked in structural level interventions to focus on behaviour change and the impact of it. Secondly, the use of social media

platforms should target the youth (Hooshyar, Karamouzian, Mirzazadeh, Haghdoost, Sharifi & Shokoohi, 2018: 1012).

3.3.2.1.3 Subcategory: The conflict between the professional nurses and the principals, teachers, and friends in the distribution of condoms to young adolescents

The Integrated School Health Policy (South Africa. Department of Education, 2012a: 5) indicates the need for collaboration with different stakeholders, which include the education department, health department, community, and parents to improve the health status of the school going children (Rasesemola, et al., 2019: 2). Thus, it is important to find ways to improve young adolescents' access to condoms.

There is a procedure to needs to be followed to obtain permission from schools to hand out condoms. The principal in the excerpt below seemed to understood the need to distribute condoms; however, he was hesitant to provide space directly on the premises of the school, due to the hierarchical structure of the governing body of the school:

> *"It needs to go to the, uhm, governing body and it needs to be discussed there and yah so ... they said that we can't be on the school premises, but in front if we now say for example have a gazebo and then we can come and distribute there." (P1)*

The principal is responsible for ensuring that the school provides a health service, including SRH and condom provision, to all pupils, and all information regarding the pupil will be kept in a file and kept confidential (South Africa, 2015: 9).

A contributing factor to the poor distribution of condoms to young adolescents at secondary schools was the resistance of principals to accept condoms on the premises, possibly due to their experiences of sexual activities in schools:

" … we don't get permission as such to go to schools. Principals doesn't allow us, because they feel that its uhm … we're promoting sexual activity to their kids … ." (P8)

According to a major review by the UN Population Fund (UNFPA), giving out condoms in secondary schools does not increase sexual activity, or encourage young people to have sex at an earlier age. It rather reduces STIs (The Guardian, 2019).

De Bruin and Panday-Soobrayan (2017:1531) state there is a great concern among the learners for being judged by their peers or gossiped about if they take condoms at schools. Condoms are seen as initiating sex rather than being a protective device, hence the blockade to distributing at schools (Algur et al., 2018: 293). The one participant said that the young adolescent is criticised by their friends if they are seen with condoms:

" … and my friends … they're gonna ask me are you using condoms? So it's … they're being criticised … it's a big challenge, especially with … the principals, the teachers, your friends, they're gonna criticise you… ." (P5)

Peer pressure can be a destructive phenomenon during the teenage years. Teens want to be popular among their peers and not seen as "easy" by their friends (Peçi, 2017: 97). On the other hand, peer pressure can be regarded as a catalyst for teens to make sound, reasonable and informed decisions about their sexuality and life in general (Peçi, 2017: 97).

Some teenagers did not want peers to know that they were sexually active:

"I don't want my friends to see that I'm using condoms, because they might not want their friends to know that they're sexually active, so that might also play a part in the distributing of condoms." (P7)

Young adolescents would refrain from accessing a SRH service if they cannot be seen alone with the health care provider as their privacy and confidentiality could be compromised (Center of Disease Control, 2017: 241).

De Bruin and Panday-Soobrayan (2017: 1530) state that the young adolescents at schools were generally negative towards condoms being accessible at schools as this might influence the school performance and increase sexual activity, but those who had a positive attitude towards condoms at schools acknowledged the need for SRH services which includes condom distribution due to risky behaviour of their peers.

A concern existed about condoms that are collected in a haste in order to remain unidentified and avoid criticism:

> *"No, they're not … school or clinic … no. Because, ok the schools on their own … they're a challenge, so … it's difficult from a clinic a nurse's perspective to … to give them these condoms to distribute it especially at schools, at the clinic its fine, because some of them will just come and fetch condoms without us even seeing or hiding it, that type of thing. That s at the clinic where they know nobody's gonna see me or nobody knows me at that clinic, but schools … it's a big challenge, especially with … the principals, the teachers, your friends, they're gonna criticise you." (P3)*

For anonymity to be maintained and to make it easier for the young adolescents to obtain condoms, it could be placed in areas such as bathrooms without any interaction with staff. As stated above, the young adolescent collected condoms when not seen. A study by Wang, Lurie, Govindasamy and Mathews. (2018: 311) indicated that high anonymity, meaning condoms obtained privately, was gained when condoms were placed for example in a basket in the bathroom at schools where no interaction with personnel or identification were required, which also points to easy access. According to the United Nations Population Fund (UNFPA), condom availability at schools could reduce the sexually transmitted infections and unwanted pregnancies, because studies have shown that when young adolescents have access to condoms, they use them and consequently improve their sexual health (Rodriguez, 2019).

Condoms should be distributed in schools, but they should be distributed with a message. It is important that all teenagers receive responsible education about sex and relationships, as they need to be aware of the risks they could encounter (Studymoose, 2020).

3.3.2.1.4 Subcategory: Ignorance among young adolescents

Ignorance is defined as the lack of knowledge, understanding or information about a subject (Cambridge Dictionary, 2019). It is reported that the reasons for ignorance about the use of condoms among young adolescents are due to trust in the relationship, long-term relationships as well as a lack of knowledge about the benefits of the use of condoms (Kanda & Mash, 2018: 1).

The young adolescent could be ignorant in believing they would not have unwanted pregnancies:

> *" … some children might think, no, I'm not going to use condoms, because I am not going to fall within that where I fall pregnant or I might have a sexually transmitted infection unless it really happens ... ." (P7)*

It was found that young adults were either ignorant or irresponsible in using condoms, as affirmed in a study in KwaZulu-Natal. Although the young adolescents had knowledge regarding the fact that condoms prevent STIs and unwanted pregnancies, they did not use condoms to prevent these risks (Ndinda, Ndhlovu & Khalema, 2017: 11).

A person could have a misconception and believe that, when falling pregnant, the partner would stay with them, *confirming an assumption of the study* that a person long for love:

> *"Sometimes it's just ignorance … ignorance not because of the fact that they don't know what is going on ,because they do, and as I've said we do promote, but now it's the effect of I'm in love and I so much want to give you a baby and then they forgot I must use that condom … not that they forgot to use the condom, but the fact that I just want you to stay with me, so the best way to keep you with me, is to have sex without a condom just so that I can get pregnant so its ignorance." (P4)*

A study in Botswana about youths being ill-informed about the use of condoms affirms the reasoning of the participants. Young adults knew the importance of condom use,

but believe that, by falling pregnant, they will strengthen their relationship. They also thought that if they use condoms it is a sign of distrust in the relationship (Kanda & Mash, 2018).

3.3.2.2 Category: Impact of the risky behaviour

Risky behaviour is defined as inconsistent condom use, which results in an increase in teenage pregnancies, which is a contributing factor to maternal and child morbidity and mortality (Jonas et al., 2016: 1). Another impacted result of inconsistent condom use is the increased incidence of STI cases among young adolescents, which include HIV infections (Kanda & Mash, 2018: 1). Evidence show that currently one out of four sexually active adolescent females have a STI due to inappropriate use of condoms (Strehlke, 2017).

A participant was concerned that they were treating young adolescents for STI's and every month at least one young woman was referred for termination of pregnancy (TOP):

> *" … because we see termination of pregnancies coming to the facility and that is what we want to prevent … it's one a month or so that comes with the mother to the facility and that time it's a little bit late we could have prevented that … ." (P8)*

A young adolescent received condoms from the nurse due to the increase in HIV in the community among the young adolescent, which suggests that the young adolescents are involved in risky sexual activity:

> *"I will give them. As I say, I am pro giving condoms, not only for the pregnancy, but because of the HIV that is so rough in our communities, our girls are getting younger and younger of being diagnosed. So, HIV prevention number 1, pregnancy they can come with, HIV they don't begin to understand." (P4)*

Brakman et al. (2017:755) confirm that condoms distributed to young adolescents would decrease the rate of STIs and HIV infections as well as unintended pregnancies.

Their study showed that, with consistent use of condoms, the HIV transmission rate could be decreased by 80%.

A participant provided the condoms to the young adolescents, because the young adolescents' exploring behaviour leads to risks:

> *" ... with distributing condoms be safe. Practice safe sex … because these days … children … have sex from a very, very early age … so if you contribute, if you don't contribute … they're young adolescents, they explore, they're going to have sexual intercourse." (P6)*

Social norms have an effect on the sexual behaviour practices of the young adolescents. Govender, Naidoo and Taylor (2020: 12) indicated that if an adolescent is pregnant, the risk is increased that her peers would also fall pregnant. It is about the social norms and therefore suggests that the health care facilities play an important role in educating and distributing condoms to the young adolescent.

The uncertainty about using a female condom was mentioned by one participant. She educates the young adolescent on both male and female condoms but find that they are hesitant to use the female condom, thinking that it will remain in them. She has reported that the females who have used it said that it makes a crackling sound during intercourse:

> *" … sister, isn't this going right up or whatever, or, sister, isn't this thing going to stay there or if the man is going to penetrate me, isn't this thing going into my womb?" (P4)*

Female condoms are mostly rejected due to its size as well as the perception on the complicated way of insertion into the vagina (Kanda & Mash, 2018: 1). It is stated that female condom use is more likely if the female is knowledgeable about the condom and that those who are not knowledgeable are reluctant to use them (Phiri, Rikhotso, Moagi, Bhana & Jiyane, 2015: 5).
There was a concern with regards to the condom fit for younger children:

" … so have them as early as ten and eleven … there is no way its's going to fit on that penis." (P6)

A study from Zimbabwe has reported that young adolescents engage in unprotected sex due to the condom being too big (Mudonhi et al., 2019: 492). Chandra-Mouli, Parameshwar, Parry, Lane, Hainsworth, Wong, Menard-Freeman, Scott, Sullivan, Kemplay and Say (2017: 4) report that we should move away from the one size fits all approach and take into consideration the needs of the various groups of adolescents, which includes those adolescents younger than 15 years old.

There are numerous explanations for high-risk sexual behaviour, which has vast implications on the health status of the adolescents, including a lack of knowledge, ill-beliefs of sexual performance, ignorance about high-risk sexual behaviour and the inability to refuse sexual demands (Alimoradi, Kariman, Simbar & Ahmadi, 2017: 2). The participants also indicated that the young adolescents need to be educated on condom use when the condoms are distributed to them. It is a great concern that the adults are also not educating the little ones that condoms are not a balloon.

3.3.2.3 Category: Participation of community in condom distribution

Participation means to get involved in something or to take part (Cambridge Dictionary, 2019). Participation of nurses and the community meant to partake in the distribution of condoms to young adolescents. In certain areas where CAPs have been implemented, it took place at the school health clinic where the school nurse distributed the condoms along with a pamphlet with information on the correct use of condoms (Algur et al., 2018: 293).

The participants stated that they wished to provide the service at the schools in order to reduce the prevalence of STIs, HIV infection and unwanted pregnancies. According to a study by The United Nations Population Fund (UNFPA, 2015: 12) on the successful implementation of ISHP, young adolescents at school were interested in receiving advice from a nurse that would assist in abstinence.

Participants in this study indicated that they felt helpless and frustrated and wanted to help prevent the incidence of teenage pregnancy:

"For me, at the moment, its … quite challenging, cause I really want to help… in the sense that we don't want them to fall pregnant at an early age, we don't want them, we want them to finish school … ." (P5)

A study in the United States shows that young adolescents who had access to condoms at schools presented with a decrease in STIs and unwanted pregnancies (Brakman et al., 2017: 755). Literature indicated that condoms should be placed in public buildings where high-risk sexual behaviour are prevalent (Haffejee et al., 2018: 1280). According to the National Department of Education (South Africa. Department of Education, 2017: 22), condom distribution should be facilitated by the school and subtle access to condoms should be available to all learners.

A participant expressed frustration about not being able to enter the schools to educate adolescents on the prevention of teenage pregnancies. It was stated:

" … these kids we need to preach prevention is better than cure, so if we are allowed on the school with everything, with all our information, uhm, we can combat like I said the unwanted teenage pregnancies and the spread of the diseases that is out there." (P3)

A global study indicated that the prevalence of STIs, HIV and unwanted pregnancies can be reduced if the Condom Availability Programmes (CAPs) are implemented at schools, resulting in healthier sexual practices due to access to condoms (Algur et al., 2018: 293).

Condom distribution is also done in the community, as one participant has stated, but due to gang violence in the area, they are prohibited to enter the area for the sake of their own safety:

" … one of the challenge is obviously our violence. We are not able to go into our area as frequently as we'd like to… ." (P7)

This is also a root cause of debilitating condom distribution to the young adolescent.

The nurse does have a role in distributing the condoms, but one participant mentioned that the young adolescent should get the information from their peers and not from someone they perceive as old-fashioned:

> *"I think our role is there, but I don't necessary feel our role is out there in the community to approach children with condoms; they need to be getting it from their peers, not what they would perceive as an older strict person… ." (P6)*

A study in Australia suggest that young adolescents are likely to always use condoms when they are influenced to do so by their pro-social peers (Hodder, Homer, Freund, Bowman, Lecathelinais, Colyvas, Campbell, Gillham, Dray & Wiggers, 2018: 232). This supports the statement by the participant that the adolescent should rather get the condom information from his or her peers, although she admitted that the nurse do have a role in the distribution of condoms to young adolescents.

3.3.3 Theme 3: Education to reinforce condom use and move towards leading a healthy lifestyle

There is a potential decrease in the rate of STIs and pregnancy when educating the young adolescent on the correct use of condoms, because the breakage of condoms or slippage of condoms are not caused by the device but by human error (Brakman et al., 2017: 755).

One participant had this to say regarding the provision of comprehensive advice about distributing condoms to the young adolescents:

> *"By distributing the condom is like handing the person the condom with educating them, to say if you are sexually active, protect yourself, use a condom … teach them to make a, uhm, difference and lead a healthy lifestyle … ." (P3)*

Comprehensive sexual education (CSE) school-based programmes in the United States have shown a decrease in risky behaviour amongst the young adults (Algur et al., 2018: 293).

Continuous education from a young age is important:

> *" … it's ongoing education and informing people, uhm, that might make it easy… and I believe that when we start from young, it will obviously just filter up to the next level… if we start young and obviously as young adults, it will just help, and you will then know the importance of using a condom … ." (P5)*

Handbooks were useful in order to appeal the young adolescent to practice safe sex:

> *"So, I will actually refer them to that, and I would say: Did you people read Whitney's first kiss? Yes Mam, yes … yes … yes, so please I said you have to make your choices around that … ." (P9)*

Clearly visible methods of carrying over the message could be considered:

> *"And as for these posters … they don't read it. It's too small, it's got too much on it or it's in a language that they don't understand … they don't read it, the children go pull it off … ." (P6)*

South Africa uses media messaging to improve SRH services, but there are diminutive evidence to indicate that this method improves the uptake of the SRH services (Denno, Hoopes & Chandra-Mouli, 2015: S37), as stated by the participant that the clients at clinic do not read the posters.

Information should be adequate to be successful in condom distribution:

> *"Distributing would be a good thing with the necessary, uhm, information going with it …. " (P7)*

Globally, CSE programmes consist of information on STIs, HIV, contraceptive methods and correct use of condoms (Brakman et al., 2017: 755). CSE is supported by the South African Department of Basic Education, and, as specified in the ISHP (2012a: 14), the children should be educated on sexual reproductive health from Grade 4,

hence the importance of continuous SRH education including the correct use of condoms amongst the young adolescents.

A parent also enquired about SRH services to be provided at schools:

> *"Actually, parents ask us also, about going to schools … don't they have school nurse that talks about prevention … ." (P8)*

In the United States, it was reported that school-based health centres are the most appropriate premises for young adolescents to receive sexual reproductive services, because it is evident that comprehensive school-based sexual orientation programmes reduce risky behaviours (Brakman et al., 2017: 755).

Although some participants said that the schools were the best place at which to distribute condoms to young adolescents, one participant expressed her disapproval of distributing condoms at schools:

> *" … they're not gonna be to just fetch a pack and go home and know that this is going to prevent me from falling pregnant, from having getting STIs, getting HIV." (P5)*

According to the ISHP (South Africa. Department of Education, 2012a: 14), the onsite services include the provision of SRH services focussing on dual protection. Dual protection includes a family planning method and a condom. Condoms are a method of protecting against STIs, HIV and unwanted pregnancies and they have prevented about 50 million HIV infections since the epidemic started, according to the AIDS Rights Alliance South Africa (Stacey, 2019: 1).

Theme 3 also addresses the role of the nurse and other stakeholders in the distribution of condoms to young adolescents.

3.3.3.1 Category: The role of the nurse in the distribution of condoms

Breuner and Mattson (2016: 2) declare that young adolescents should be educated on sexuality, and that health care providers are in a good position to provide the education to them as part of preventative health. According to the ISHP it is expected of the

school health nurse to render a SRH service, which include onsite condom distribution at schools (Khoza, Zulu & Shung-King, 2019: 2).

The focus of the educational role of the nurse in the distribution of condoms was on preventative measures:

> *" … we definitely have a role to play, because our, uhm, main aim would … our focus should be prevention … if the person has a foot in the system, where you can distribute before these children are active, it will actually also bring down the numbers of these children falling pregnant … ." (P7)*

A creative role was needed in that the advice had to focus on the young adolescent and had to encourage her to have a broader view of why it was important to protect herself:

> *" … so always think out of the box and protect yourself, so ask your partner to use a condom or use the female condom." (P4)*

Nurses feel they need to render a SRH service to young adolescents irrespective of their beliefs. They are motivated to improve the quality of life of the young adolescent by rendering the service which could lead to a decrease in unwanted pregnancies and HIV and STI prevalence (Jonas et al., 2018: 11).

The findings indicated that participants would rather have one-on-one sessions to discuss condoms.

> *" … especially with them, I like to spend time with them, not too much, but I like to talk to them, advise them, give them health education… ." (P5)*

One participant said that they need to change their role from being a professional to being a peer in providing advice:

"You chat to her as a nurse, then you chat to her as a woman … we chat about other things and condoms are part of it and you'll see the different response you get from that girl, if you're on a one-on-one basis… ." (P6)

A Cape Town study confirmed that a nurse-adolescent, one-to-one relationship can improve the utilisation of SRH services, including condom use. The nurse need to make a strong connection with the adolescent and spend enough time with them when they access the SRH services (Jonas et al., 2018: 11).

3.3.3.2 Category: Other stakeholders and settings in condom distribution due to shortage of nursing staff

The National department of basic education indicates that the professional nurse or another trained health professional would provide the SRH service at schools in a manner that would protect the privacy and confidentiality of the individual. If this could not be done, the young adolescent would need to seek this service from the clinic (South Africa. Department of Health, 2017: 11).

One participant said that it was a good idea to take the service to the client due to gang infestation:

"Which, like I said, we have a gang-infested area and obviously in the afternoon the distance for some of them might also be a little bit long … too far. So if we have it at schools … it will help a lot." (P7)

The library was considered as an alternative venue to provide this service:

"I think maybe if there were things like that happening at the libraries and then again I'm not saying you must put a nurse there … I'm saying, have one of your liberians who is a bit clued up … to give some counselling … on the use of condoms … because a lot of the kids spend a lot of time at the libraries… ." (P6)

According to the equal education law centre (EELC) (South Africa. Department of Education, 2015: 4), SRH services, including condom provision, will be conducted by

the professional nurse on a one-on-one basis, but the provision of the service will only be decided on if the parents are in an agreement about the provision of this service.

Participants voiced that there is a shortage of nurses, and that different stakeholders were providing health education on condom use. The reason for the lack of staff was noted:

> *"And also, due to staff shortage, it is rare that a PN can be spared to go to a school … ." (P6)*

Due to limited availability of staff, it was difficult for nurses to reach the adolescents at schools, leading to assistance from NGOs:

> *"I think with the whole short of staff and all the other, uhm, things that are being implemented in the clinics, it makes it difficult for staff to actually go out for one specific thing, but then use our NGOs that does these outreaches ... ." (P7)*

Staff shortages hinder service delivery to the young adolescent. This finding is echoed by another study done in Cape Town, where nurses have reported they are unable to render a quality SRH service (Jonas et al., 2018: 11).

Assistance from the teacher in the Guidance subject period of the class, which is also known as Life Orientation, in educating adolescents on the use and storage of condoms are thus necessary because the teachers should be viewed as collaborators of the nurses:

> *" … to go out to speak to the kids and the teachers especially … guidance teacher, because they are the people that are teaching our youth. So, if we can get them on our side and ask them just to keep the condoms available, that will actually be very good thing." (P4)*

A confident at school, was seen as important, to share personal problems as trust was important:

"So, if you have problems, beside schoolwork, but things you want to confide with, that was the person you would go to and I thought that worked very well ... ." (P6)

It is important to be straight forward about the facts and not sugar coat the use of condoms when giving it to the young adolescent:

"By distributing the condom is like handing the person the condom with educating them, to say if you are sexually active, protect yourself, use a condom, because you will stop the spread of HIV, stop the spread of sexually transmitted infections. You are sexually active, uhm, there is no use we ... urh ... sugar coat it or we don't want to talk about it, so rather give them the condom, give them the information, teach them to make a, uhm, difference and to lead a healthy lifestyle, uhm ... that's what I would say." (P3)

It was stated that the general worker at the PHC clinic gave health education at schools:

" … our previous counsellor that is now our general worker… our manager uses her to go to the schools, especially if they have health talks and that … ." (P6)

The scope of the HIV counsellor was to do to pre- and post-testing on the clients coming for HIV counselling and testing. This relieved the burden on the nurses and doctors, but, if it is important that the HIV counsellors go for extensive training to be able to provide this service (Mulaudzi, Dlamini, Coetzee, Sikkema, Gray & Dietrich, 2018: 7). Therefore, it is not ideal to send the general worker to give condom education to young adolescent at schools, as she needs training on adolescent SRH services.

Health Promotion Officers in the sub-district working in the health department of the City of Cape Town (CCT) were also sent to the schools to do health education:

" … anyway, the health educator, she comes, and she liaises with the HIV counsellors and then they go and they go to the schools ... ." (P6)

According to the WHO (2018:7), Comprehensive Sexual Education (CSE) has proven that the knowledge of the young adolescents has increased and attitudes towards sexual reproductive health have improved. This resulted in a reduction in risky sexual behaviour and an increase in condom use among the young adolescent. Different stakeholders are used by the professional nurses to educate young adolescents on the distribution of the condoms and to educate them on the correct use of condoms and the prevention of STIs and HIV infections.

Another participant stated that different settings could be used for the distribution of condoms:

> *" … I do have an adolescent … little club … at the library… we take condoms with us … we take dildos, so we teach them how to insert the condom, how to discard the condom … ." (P8)*

The group, as mentioned by the participant, focused on sexual and reproductive health. She took both male and female condoms with to her little club and demonstrated on the dildo how to correctly put on a condom. It is evident that having a youth club is a strategy to educate young adolescents on SRH. A study in Zambia has shown that having a youth club with participatory learning regarding SRH decreased the drop-out rate of young adolescents at the schools (Chirwa-Kambole, Svanemyr, Sandøy, Hangoma & Zulu, 2020: 6).

3.3.4 Theme 4: An ethically sound premises for service delivery

The ethically sound premises comprise the right of the young adolescent, as set out by the Children's Act No 38 of 2005 as amended and the Sustainable Development Goal 3 (2030), is the right to Sexual Reproductive Health and condoms (IAEG-SDG, 2016: 5). CSE is an approach that allows the young adolescent to exercise their SRH rights (DBE, 2017: vii); therefore, the DBE makes provision in the National Policy on HIV, STIs and TB to offer dual protection at schools (South Africa. Department of Education, 2017: 22). The adjustments in SRH services in the facility are echoed by Govender, Naidoo and Taylor (2019: 14) who state that the health sector needs to play a role in the SRH of the young adolescent and therefore recommended that friendly, ethically sound services (AYFS) should be rendered to the adolescent youth.

Theme 4 addresses ethical considerations, confidentiality, and privacy of condom distribution to young adolescents and accepting condoms at secondary schools.

3.3.4.1 Category: Ethics in accessibility of condoms to young adolescents at secondary schools

According to Wang et al. (2017: 317), it is evident that the school-based condom availability programme, in conjunction with the HIV programme in USA, have a greater impact on the attainment of condoms among scholars, than those schools who do not have the school-based condom availability programme.

A participant mentioned that one principal allowed condoms to be distributed at a school, because he was very concerned about the increase of teenage pregnancies and HIV at the school:

> *" … and then there was few girls that was also pregnant, and then I see that it's also in great interest of him … then he gives us two slots every month to come there, so we take our condoms with … ."* (P9)

Although it is stated that SRH services are to be rendered at schools (South Africa. Department of Education, 2012a:14), some participants indicated that they were not allowed to provide SRH services to the secondary schools. This policy denied the adolescent their human right to have access to condoms at their school:

> *" … they said that we can't be on the school premises … ." (P3)*

The right of choice of the adolescent to partake in health talks and demonstrations of condom application were essential. Granting them access to condoms had the connotation of promoting sexual activities among young adolescents:

> *" … even giving … health talks with … uhm … including this condom distribution, uhm, we can even do demonstrations, uhm, for them, but we were declined, because we promoting sex now… ." (P5)*

One participant said that it is an injustice to not distribute condoms to the young adolescent:

" … personally, I feel that it is an injustice that they are doing to our young adolescents, because children are sexually active from a very young age … ." (P3)

The Merriam-Webster and Grenier (2019) defines injustice as the violation of an individual's rights; therefore, if young adolescents do not have access to condoms, it is an injustice meaning that their right to SRH services – including access to condoms – is violated. According to the equal education law centre (EELC), there is a need for condoms at schools. The National department of basic education advise that condoms should not be placed at the principal's office as the adolescent would not come to collect there; rather, they should be placed in areas like the library. They should be free and given in a discreet manner to the young adolescent (South Africa. Department of Education, 2015: 5).

3.3.4.2 Category: Confidentiality and privacy when young adolescents collect condoms at clinics

Some principals and teachers encouraged the young adolescent to go to the clinic for condoms; however, the clinic was not viewed as youth and adolescent since it does not ensure privacy:

" … but the thing is, here, we don't have the privacy just for youth … ." (P4)

A professional nurse indicated that the young adolescents should have easier access to condoms to avoid feelings of embarrassment when collecting it at the PHC facility:

" … but the thing is here … (referring to the clinic) we don't have the privacy just for a youth. There's no … private section only the youth comes there … the adults don't see them. So, as you say, it's not like youth friendly, but isn't enough privacy for them … free to speak out and to … if you like offer maybe to come forward and take." (P4)

The Adolescent and Youth Friendly Services (AYFS) recommends that condoms should be given to the young adolescent at a convenient time and private place by

non-judgemental staff of e.g. universal SRH services through the process of inter-sectoral collaboration (Govender et al., 2019: 14).

In certain clinics, they tried to be flexible and accommodate the young adolescents' access to condoms by making the condoms available either in the morning before school or in the afternoon. However, in certain areas it became a challenge due to possible gangster activities in late afternoons:

> *"We have an evening clinic … from 16h00 till 18h00 … to accommodate even the school children, because some of them they don't want to come with school clothes … ." (P5)*

Another participant stated that their facility accommodated the young adolescents either before school or after school for SRH services, which includes condom distribution, to ensure privacy:

> *" … we will see them either early morning or we will make provision for them to obviously after school … ." (P9)*

Adjustments in SRH services in the facility is emphasised by Govender et al. (2019: 14), who state that the health sector needs to play a role in the SRH to serve the young adolescent through an AYFS.

Although various facilities are trying to ensure the confidentiality of scholars fetching condoms in the evening at the clinic, it still poses a challenge:

> *" … one girl said to me: Sister, one night I came to the evening clinic and there was a lot of older ladies and I was the only young one and I felt very shy and I was in my school clothes … ." (P5)*

> *"So, uhm, they don't want to be seen. They don't want to be asked what they are coming for in front of people … ." (P8)*The assumption in this study, that the external environment influenced the adolescent was confirmed. A study in Nepal echoes this statement that the young adolescent does not want to be

seen at the clinic due to the fact that the health care providers (HCP) in the facility also live within their community and the young adolescent would not want others to know of their sexual practices (Pandey, Seale & Razee, 2019: 12).

According to the Children's Act 38 of 2005, as amended, the child has a right to confidentiality when e.g., collecting condoms and may not be refused (South Africa, 2005: 63). The international technical guidance on sexuality education provides the standard guidelines for confidentiality by stating that, if the confidentiality of the adolescent seeking SRH services, including condoms, is breached, action should be taken against such an individual (UNESCO et al, 2018: 87).

3.3.4.3 Category: Acceptance of condom distribution at secondary schools

Acceptance of condom distribution at secondary schools is fundamentally done by nurses (Toska, Cluver, Boyes, Isaacsohn, Hodes & Sher, 2017: 10).

A study about the learner's perspective of condoms at schools indicated that condoms should be placed in the toilets where they are visible and easily accessible or be controlled via the school staff (De Bruin & Panday-Soobrayan, 2017: 1531).

> *"I think the, uhm, access should be more, the condoms should be more accessible. Uhm, like I said, it's with the necessary information and, uhm, so ... so .... so, I as a parent would like to know that, uhm, yes some of the children is not, they are not able to go to a facility, maybe ... but at least when it's at school its available and, uhm, that it will be easily accessible at schools. So, I would love for condoms to be distributed at schools, especially at secondary level." (P7)*

The professional nurses, on the other hand, expressed their concerns about the placement of condoms on the school premises as stated in the ISHP (South Africa. Department of Education, 2012a: 15), the storing of the condoms, as well as where the young adolescents will have access to them. Some have said that, if the condoms are stored at the secretary's office, the young adolescent will not be confident to collect it there.

"Obviously, you need to then make sure that these condoms don't just sit in a little room, but it actually being distributed to the pupils who should be using it." (P7)

"If we give it to the schools where are they gonna keep it point number one ... in the classrooms? At the principal's office, at the reception? How are these children going to have access to these condoms? Is it gonna be ... where they ... is it going to be easy access? Or how are they going to work their way around distributing these condoms, because we know by now, they're not gonna be, they're not gonna be to just fetch a pack and go home and know that this is going to prevent me from falling pregnant, from having getting STI's, getting HIV." (P5)

But, as stated previously, there was consensus among the professional nurses that condoms should be issued with health education.

Although participants said that condoms should be accessible to young adolescents at schools, some raised concerns regarding where on the school's premises these condoms should be made available. Suggestions made were thus visibility of condoms at the entrance or at reception of school for easy accessibility. A study in United States indicated that with the role of the CSE in providing condoms, adolescents were more likely to get condoms at schools rather than purchasing and using condoms for their sexual encounter, decreasing the number of STIs reported (Brakman et al., 2017: 755).

3.3.5 Theme 5: Moving towards a knowledgeable community with a positive connotation to condom distribution

A study by Ivanova, Rai and Kemigisha (2018: 9) confirms that communities have a negative connotation to young adolescents' condom use and the role of the SRH. This results in obstruction of the dissemination of health information from health services to young adolescents. A different approach to change the mindsets of the community is needed. Having a positive mindset about something means that one will accept a phenomenon (Ackerman, 2020).

Theme 5 addresses the stigma attached to condom distribution.

3.3.5.1 Category: Addressing stigma through breaking the silence of negativity and stigma

Consultation with stakeholders, which includes the community, and talking about the factors involved in condom access and sexually related infections play an integral part in reducing the stigma attached to condoms. Community-based promotion and condom distribution programmes should be done within the community, especially where there is a high prevalence of HIV infections (Stacey, 2019: 8).

The staff praised the assertiveness of the young adolescents to make the right decision to visit the clinic to collect condoms:

> *"I think there was still that stigma of I don't want to be seen at the clinic, but then I tell them its mos now net ... not for for … for somebody else that you are doing it, it's for yourself … So, then I just specify to them, if it was not that stigma that I'm going to be seen at the clinic. That's why they must make the right choices, then come and get your method or use your condom." (P9)*

According to the UNAIDS report (2016: 17), the focus should be on what is good about condoms and how they could ensure a safe sex life by preventing STI and HIV infections and unwanted pregnancies.

A participant mentioned parents' lack of insight into the importance of health education to their children:

> *"By promoting to them the qualities of child care and just to tell them of how important it is to condomise for your own future, just like, uhm ...the uhm ... how can I explain to you now ... uhm ... the values ... what can you give a child at a age of 16 of 15 ... what life can you give to that child at a age of 19 if you yourself are still a baby, if you yourself don't have an education, if you yourself don't have, uhm ... say ... uhm ... proper ... work experience or a job, so what can you offer your child. That is for me so important, because the child doesn't, not just need the care of the mom they get, the child also need financial care so that is actually the most important thing and then I think poverty will ... be a bit uplifted." (P4)*

A positive attitude of parents towards condoms could increase the condom usage among young adolescents (Haffejee et al., 2018: 1280).

Knowledge leads to understanding, and it was mentioned that information management on condom use could change the minds of the community:

> *"I think people just needs to have more information and obviously … uhm … their mindset needs to change in order for distribution to … uhm … go forward.". (P7)*

> *" … we go there it's a positive message that you spread … uhm … and you teaching them at the same time … ." (P3)*

A study done in Zimbabwe states that parents want the best for their children, therefore they accepted the initiative to distribute condoms at schools, as they understood that it prevents STIs and unwanted pregnancies that result in the disruptions of schooling (Mudonhi et al., 2019: 500).

3.3.6 Theme 6: Impact of policy implementation to support professional nurses in distributing condoms

A policy is an outline of ideas and plans, which are used when making decisions. Policies can be divided into three categories, namely health care regulation, health systems and redistributive health policies (Blank et al., 2018: 2). All professional nurses are bound to guidelines and policies of their professional body, the South African Nursing Council. The professional nurse is also responsible for implementing and abiding by policies set out by the South African National Department of Health (South Africa. South African Nursing Council, 2006).

The Children's Act 2005, as amended (2017), states that the child aged 12 years and older has a right to SRH services. The Integrated School Health Policy in 2012 states that schools should provide the children with education on SRH (South Africa. Department of Education, 2012a: 13). The South African national adolescent and youth-friendly service policy (South Africa. Department of Health, 2017: 6) makes provision for young adolescents to have access to condoms. The Department of Basic Education's national policy on HIV, STIs and TB (South Africa. Department of Education, 2017:15) affirms that condoms should be accessible at schools. With all of the above, the professional nurse still experiences resistance from schools in the Western Cape to deliver a SRH service which includes condom distribution.

Theme 6 addresses the awareness of stakeholders to policy on implementing the policy about condom use with reference to the expectations about the comprehensiveness of the content of the policy.

3.3.6.1 Category: Sensitisation on the implementation of the policy on condom use

According to Percy (2017: 2), the execution of a policy involves the distribution of a formal document to services, the provision of benefits and regulatory protection and the representation of the activities of change, such as the use of condoms by young adolescents not previously implemented.

Nursing staff were aware of the health policies that promote the distribution of condoms and support their effort of distributing condoms at secondary schools:

> *" … the policy is set … on black and white what is my role as a nurse, what is expected of me and that it governs and guides me as part of my job, part of health education, health promoting at the school … uhm … to say this is what we are structured or governed to do … to distribute the condoms to the schools." (P3)*

The advantage of knowing what the policy entails is that the nurses understand their constrictions in the distribution of condoms, since the policy would clearly state the nurses' responsibilities and provide a legal protection (Dickson, Parshall & Brindis, 2019: 94).

Having a policy will assist in condom distribution without having to convince the school about the legality:

> *" … the policy that will actually be a very good thing, so then at least we know we can distribute without having to go to … ." (P4)*

A partnership with the Departments of Health and Education in the Western Cape could be a step forward:

> *"I think health and education can sit together and look at this policy and I think that would give us more right or more access to enter the school with not only condoms but also prevention of pregnancy, so I think a policy would be beneficial for us as well as them … ." (P8)*

According to the World Health Organisation (World Health Organisation, 2019), inter-professional collaboration, respecting each other's perspective and working together as a team has a positive outcome for the individual, thus it is important that the policy, on district level, should have the buy-in from the education department.

It was mentioned that, if a policy was implemented on district level, it should be in collaboration with the National Department of Health in order for the schools to be more receptive:

> *"It will have to say that if so and so and so agrees, we will then put that in place … ." (P6)*

Another participant mentioned the role of the Department of Education:

> *"Any policy would help to distributing condoms, but, like I said, it would obviously be in conjunction with the Department of Education … ." (P7)*

Collaboration between the Department of Health and other stakeholders also plays a part in the distribution of condoms. The equal education law centre (South Africa. Equal Education Law Centre, 2019:9) outlines the roles of each stakeholder in the ISHP (2012a), which includes parents, the community, school principals, educators, and school health team, all of whom should support the implementation of health policies. Literature confirms that the community plays a role in the young adolescent's acquisition of condoms (World Health Organisation, 2019: 1).

However, one participant was negative about having a policy to change the current protocol of condom distribution:

> *"I don't think policies will change it … policies are not changing anything in our community … ." (P6)*

As stated by various participants, a policy should be developed on district level to support nurses, but with involvement from all stakeholders. A study done in New Mexico indicates that the successful implementation of a sexual health education (SHE) policy, including condom use, is greatly influenced by the acceptance of the teachers, principals, school nurses, parents and the community (Dickson, Parshall, Faan & Brindis, 2019: 94).

3.3.6.1.1 Subcategory: Expectations about the comprehensiveness of the content in the policy

The participants were of the opinion that the policy will give them professional protection to distribute the condoms, because it will guide them and contain the necessary information such as the nurses' role in the distribution of condoms, the importance of condom use, the age of the adolescent who may receive, where it should be stored, the number of condoms at the school, etc.

A participant had specific expectations about the content in the policy:

> *"First thing would just be, there should be a policy where it says that, uhm, condoms can be distributed at secondary level." (P7)*

It was suggested that the policy on district level should contain the reasons why condoms are distributed at schools by nurses:

> *"Why am I distributing the condoms and who the condoms need to be distributed to and that it should be opened up or that the school should be accepting of us distributing the condoms there at their schools." (P3)*

It is the right of the child of age 12 years and older to receive condoms without the permission of the parent, as stated in The Children's Act 38 of 2005 section134 (South Africa, 2017: 63). The policy should also include the reasons for distributing condoms to the young adolescent at the schools:

> *"That is for protection ... not just for the fact of protecting them against pregnancy, but also against HIV. It will at least bring our … numbers of HIV infected youngsters down and STIs, the STI number it will bring it down." (P4)*

The Centers for Disease Control and Prevention (2020) states that condom distribution programmes were proven to increase condom use and it served as a large part of the HIV prevention strategy, therefore it is important to include the reasons for condom distribution at secondary schools on district level in the policy.

Legislation about condom distribution do exist, but lack details such as the number of condoms to be distributed, who may have access to the condoms and safety methods in condom distribution:

> *"They can draw up a policy for us. Maybe ... say ... uhm ... the amount maybe of condoms ... the, uhm, male condoms .... the female condoms ... that we can distribute. Maybe including how to demonstrate it to them, how to use it, because they don't know, they can include that as well. … they can include the ages ... they can give us a specific age group where we can do these health talks and demonstrations with the young adolescents. They can also maybe, uhm, cover us with the regulation in terms of if anything goes wrong, they, uhm, use it maybe the wrong way, they didn't know how to put it on, the condom broke, and the lady maybe fell pregnant or she maybe became positive, that type of thing. A policy just to ... cover us in the sense that we've explained all these ... uhm ... uses, and, uhm, safety methods to them, how they can, uhm, use the condoms." (P5)*

Participants stated what their expectations were regarding the content in the policy on district level to support nurses to distribute condoms to young adolescents at secondary schools. A policy is written to strategically guide actions with which to address the requirements and not how the goal would be achieved, which could include planning, monitoring and reporting on the goal and promotion of the Constitutional Right of the individual (South Africa. Department of Education, 2018: 25).

3.4 SUMMARY

In summary it can be stated that the participants acknowledged that they do have a role to play in distributing condoms to young adolescents at secondary schools, but that they are faced with challenges from various stakeholders such as the parents and the principals. The participants said that they have tried to accommodate the young adolescent at the PHC facility, but that the young adolescent is reluctant to do so due to the stigma associated with attending the clinic. The participants have acknowledged that a policy at district level would assist them to gain access to and distribute condoms at the schools.

CHAPTER 4
CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 INTRODUCTION

In this chapter, conclusions regarding key aspects pertaining to the research are pointed out. The research findings are brought into the context of the overall research, and recommendations are made and conclusions drawn. More specifically, the research problem will be mitigated through a suggested problem-solving mechanism by a policy on district level, which will be to the benefit of both the organisation and the young adolescents. The second objective of the study was to create a policy on district level to support professional nurses in distributing condoms to young adolescents at secondary schools. For the purposes of this study, an adapted framework of Mushwana, Monareng, Richter & Muller (2015:20) was used to describe the policy. The policy was developed from the findings and literature that confirmed the findings.

4.1.1 Assumptions as departure of describing the policy

In this study, the following assumptions are made about the individual, environment, health, and nursing. The individual is seen as a holistic being with physical, social and psychological needs. In this study, the individual is referred to as 'the adolescent'.

The environment includes both internal and external factors that influence the individual, which in this study included the family, community, teachers, principals, and the physical environment (both schools and clinics).

This study addresses the environment in which condoms are distributed to adolescents at secondary schools. Secondary education takes place at secondary schools, to which learners' transition after passing Grade 7. The transition may cause anxiety as young people establish new friendships and seek a sense of social belonging. A health clinic is one of the additional support facilities that ought to be considered for secondary schools, and the distribution of condoms should form part of this health support.

It is assumed that condom availability and health promotion information given to adolescents by nurses at secondary schools would assist in preventing possible new

infections such as sexually transmitted infections (including HIV) and unwanted pregnancies among adolescents thus addressing the individual, the environment and health.

Health refers to the physical, mental and social wellbeing of individuals, which is achieved by health promotion and protection and includes the use of condoms where necessary.

Nursing includes all the qualities and activities that nurses provide to clients in support of optimal health. The responsibilities of nurses working in PHC facilities include health promotion and the provision of SRH services, including condom distribution. Therefore, the assumption may be made that the nurse plays a pivotal role in distributing and making condoms available and accessible to the adolescent at secondary schools.

4.2 CONCLUSIONS

The nine participants were all professional nurses who had a sexual reproductive health (SRH) portfolio in the last two years, in a Primary Health Care (PHC) facility. Amid the challenges identified by the nurses in the distribution of condoms to the young adolescent were that they felt that there is need for a policy on district level that would support them in their role of providing SRH services to the young adolescent, as stated by the Sustainable Development Goal (SDG) three and the Children's Act 2005, as amended, which includes condom distribution.

There were many aspects that played a role in the distribution of condoms to young adolescents throughout the themes, of which education on condom use among the young adolescent and challenges in condom distribution were apparent. The nurse and the adolescence both had a role essential in distributing condoms. There was a lack of support for nurses in their role of distributing condoms at secondary schools. On the other hand, the findings indicated a lack of self-ownership that adolescents took in obtaining and using condoms.

It seemed that the nurse was standing alone in her/his important health care role and that her/his efforts were hampered by the health care system policies, the school, community, and the adolescent.

4.2.1 The context of the new generation using condoms

The context of the new generation referred to the inappropriate use of condoms by young adolescents. Condoms are usually used to prevent unwanted pregnancies and sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV). From the results it, however, became apparent that there were inappropriate uses of condoms by the young adolescents, such as using the condoms as balloons. Furthermore, parents were not educating their children on the proper use of condoms. Due to diminutive knowledge of condom use, more should be done to educate the young adolescents on proper condom use. This could decrease the STI/HIV prevalence and incidence of unwanted teenage pregnancies (Haffejee et al., 2018:1287). The participants felt that they did have a role in distributing condoms to young adolescents at secondary schools, by educating the young adolescent in condom use when distributing the condoms, this may improve the knowledge on condom use among the young adolescent, resulting in possible decrease in STIs and unwanted pregnancies.

Condoms should be easily accessible to the young adolescent, and it should not be humiliating for them when they collect them. Secondary schools should be viewed as the most suitable place for educating the young adolescent on the appropriate use of condoms. Currently, condoms are distributed at PHC facilities and in places in the community such as shebeens, and the young adolescent do not have the courage to collect condoms at a setting attended mostly by adults.

4.2.2 A team approach in distributing condoms to young adolescents

Services at the PHC facilities are often not adolescent- and youth-friendly, which can contribute to the young adolescents being reluctant to attend the clinics, although condoms were distributed free of charge by the nurses at the PHC facilities, where the nurse also talk to the young adolescent about condom use. Oppositions to condom distribution at schools ascended from principals, teachers, parents and the community.

Parents, principals, teachers, peers and the community all play a pivotal part in the life of young adolescents and on their condom use. Unfortunately, not all these parties see the value of adequate condom distribution. parents' morals and beliefs have an influence on whether or not condoms were made available to adolescents at school Young adolescents were fearful that their parents might find out that they are sexually active, therefore they were reluctant to access condoms from public facilities such as the PHC facilities. Parents could delay the sexual activities of the young adolescent by having open discussions with their young adolescent. The myth that the distribution of condoms at schools would encourage the young adolescent to become sexual activity should be discussed with parents.

Secondary school kids find it risky to obtain condoms and fear complications if their parents find out. The young adolescent is reluctant to acquire the condoms from the PHC facility and fear that the people from the community who know their parents would inform their parents that they were sexually active.

Professional nurses are willing to distribute the condoms at secondary schools, but the other parties, such as teachers, principals and parents, are resistant to condoms being distributed at schools to the young adolescents. This could be due to being uninformed about the role that nurses play in the distribution of condoms to the young adolescents at secondary schools.

A lack of an implementation of legal protocols by staff of the education department and health department prevented the formation of a team to promote sexual reproductive health (SRH) of the young adolescent at secondary schools.

4.2.3 Education is needed to reinforce condom use and establish a healthy lifestyle

The ignorance of the young adolescents indicates that more innovative ways should be used to educate the young adolescent to use condoms with every sexual encounter. The young adolescents were ignorant and believed that they would not be affected by unwanted pregnancies or infected by a sexually transmitted disease. They furthermore felt that their peers would reject them if they used condoms. This all resulted in inconsistent use of condoms among this age group. The participants stated that the

young adolescent believed that, by falling pregnant, they would strengthen their relationship.

There is a need for functional comprehensive sexual education (CSE) school-based programmes, including condom distribution at schools, to decrease risky sexual behaviour.

The professional nurses have found different ways of educating the young adolescents. Having a one-on-one discussion with the young adolescent seems to be more effective to give health education to a group of adolescents, such as youth clubs and the use of a learner prescribed book to educate young adolescences on sexual reproductive health and condom use.

Different parties and settings could be involved in condom distribution due to a shortage of nursing staff. Due to dangerous situations, e.g., gang-infested areas, the young adolescent did not always have access to the PHC facility. It would be good to take the SRH service to the young adolescent at the school, e.g., in the library. Although the nurses felt that they had a role in condom distribution, it was stated that various parties, such as the Life Orientation educator and non-governmental organisations, should also come on board.

4.2.4 Hindrance of the delivery of SRH services to young adolescents

There are various policies that is set out by the Department of Health and the Children's Act 2005, as amended, that support young adolescents' access to SRH, which include access to condoms. Although there are these policies, it has become evident in this study that these policies are not implemented.

Young adolescents are reluctant to access the PHC facility to collect condoms, because they are afraid that their visit will violate their privacy and confidentiality. Evidently it shows that young adolescents who has access to condoms at schools decrease the STI incidence than those who had to purchase condoms (Brakman, et al., 2017: 755).

It must be easy for the young adolescent to access condoms at schools and privacy must be ensured when they collect the condoms at schools. The most appropriate place to put the condoms, according to the participants, would be in toilets, which is echoed by a study done by De Bruin and Panday-Soobrayan (2017: 1531).

Accepting condoms at schools would prevent the young adolescent from feeling embarrassed when collecting condoms. Currently, condoms are collected at the PHC facility, but the young adolescent waits until the clinic closes so that they would not be seen taking condoms. There should be clear guidelines on how condoms should be stored in order for the young adolescent to gain easy access to them.

4.2.5 A positive connotation to condom distribution hindered by stigma

It was acknowledged that there was a stigma around the young adolescents, SRH services and condom distribution. Breaking the silence and talking about negative perceptions were needed in addressing parents, teachers and principals and changing their perception on condom distribution to young adolescents. This may result in young adolescents becoming confident in collecting or accepting condoms, without feeling humiliated.

4.2.6 Impact of policy implementation to support professional nurses in distributing condoms

The findings indicated a lack of a policy supporting nurses to distribute condoms to young adolescents at secondary schools. The participants felt that a policy that is developed on a district level would give them the authority to render the SRH service at schools, which would improve the quality of the health status of the young adolescent. It was mentioned, however, that a policy would not necessary change the mind sets of the community that is served.

4.3 PROPOSED POLICY

The purpose of the study is to develop a policy that would assist Primary Health Care nurses to distribute condoms to young adolescents at secondary schools.

PROPOSED POLICY ON CONDOM DISTRIBUTION

Policy title	**Condom distribution to secondary schools by nurses working at a Primary Health Care facility**
Site	Tygerberg sub-district
Objective of the policy	The policy was developed to support nurses on a district level at Primary Health Care (PHC) facilities to distribute condoms young adolescents at secondary schools.
Number of the policy	01/20

1. Context of the policy

The Sustainable Development Goals (2030) 3 and 4 states that young adolescents should have access to sexual reproductive health (SRH) services, which includes access to condoms, to improve their quality life. The policy will be implemented after a pilot study. The policy must be read in conjunction with the following legal-ethical documents:

- Children's Act 2005, as amended, Act 86 focuses on the right of the child to receive sexual reproductive health services;
- South African Human Rights Commission Act 2013, as amended, with reference to own choice;
- National Health Act No 61 of 2003, as amended, with the focus on the scope of Primary Health Care;
- Nursing Act No. 33 of 2005, as amended, as the scope of a Primary Health Care (new wording Primary Nursing Care) specialist is outlined in Regulation 635 of 2020;
- Code of Ethics (2013) as spelled out by the South African Nursing Council;

- South African National Adolescent and Youth Friendly Service Policy (2017) on implementing health services to young adolescents;
- Integrated School Health Policy 2012, addressing the intersectoral collaboration;
- Department of Basic Education National Policy on HIV, STIs and TB (2017) focuses on the distribution of condoms;
- National Youth Policy 2015-2020, on delivering health services to young adolescents;
- Sustainable Developmental Goals 2016, with reference to Goal 3 on Sexual Reproductive Health services; and
- South African National Development Plan (NDP) 2030, indicates condom distribution to young adolescent.

2. Target populations

Primary role players

All nurses working at a Primary Health Care facility in a district in Cape Town under the Western Cape Department of Health.

Young adolescents

Young adolescents in the period of life between childhood and adulthood, where they reach maturity but are not yet matured, between the ages of 10 to 19 years old (World Health Organisation, 2017:1), enrolled in a secondary school in a district in Cape Town.

Secondary role players

Principal of the school

The Head of a secondary school starting from Grade 8 to 12 managing the education of the age group 13 to 19 years old in government (South Africa. Department of Education, 2012a: 14).

3. Rationale

Condom distribution plays a pivotal role in preventing the incidence of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) infections, and serves as a method of assisting sexual reproductive health (SRH), which includes

prevention of unwanted pregnancy. It is evident that the incidence of HIV infections and unwanted pregnancies among the age group 15 to 24 years are at an increase, therefore condom distribution to young adolescents is crucial.

In 2017, the Department of Basic Education released the TB/STI/HIV policy which states that condoms should be available to learners of consent age. The SDGs were established and should be achieved by 2030.The SDG 3.3 (United Nation, 2020) focuses on ending the epidemic of HIV/AIDS, while SDG 3.7 discusses universal access to sexual and reproductive health care services, which include family planning, information and education, and integrating reproductive health into strategies and programmes. To reach the SDGs in 3.3 and 3.7, a collaborative intervention with the nurse should be implemented in reducing pregnancies and the incidence of HIV infection among adolescents between 10–19 years old.

It is thus important that contraceptives such as condoms should be distributed by health professionals. Legislation sets out the parameters within which the professional nurse needs to render a service, and the participants expressed the need for legislation that would assist them in distributing the condoms at secondary schools.

In a study of Maregele (2020), professional nurses were of the opinion that the age group to which condoms should be distributed and a specific place on the school premises where the condoms can be collected from should be outlined in a policy on district level to assist nurses at PHC facility to distribute condoms at secondary schools.

4. Objectives of the policy

- 4.1 Understand the context of the new generation in order to advocate for using condoms
- 4.2 Establish a team approach between clinics, schools, the community and the young adolescence in promoting the use of condoms
- 4.3 Promote health education to parties/parents to reinforce condom use towards leading a healthy lifestyle in the community
- 4.4. Encourage all parties to change their mind set about condom use in young adolescents and to be positive about it

- 4.5 Ensure that the activity of the distribution of condoms takes place in a professional, legal and ethical framework

5. Section 1: Taking the context of the new generation into consideration when advocating condom use

Studies shows that young adolescents are using condoms inappropriately, and that they are shy to collect condoms at their local Primary Health Care facility. Thus, by advocating condom use amongst young adolescents, the STI/HIV prevalence and incidence of unwanted teenage pregnancies could decline.

The following actions must be followed in Section 1 of the policy:

- The professional nurses must play their essential role in distributing condoms to young adolescents.
- Nurses must provide information on condoms use to the young adolescent to improve their quality of health and life.
- Sexual reproductive health services must be available to adolescents aged 12 years and older.
- Condoms must be made to be easily accessible at schools, through open communication with the head of the school or representative, as part of the SRH services.
- The agreement between the Department of Education and City Health Department of the Northern/Tygerberg substructure on the amount and frequency of condoms to be distributed to the secondary schools in this area should be honoured.
- The PHC facility must deliver condoms to the school each quarter.
- Condoms should be distributed to all young adolescents at the secondary school.
- Health education with regard to protection against STI/HIV and unintended pregnancies will be given by PHC nurses in conjunction with the teachers.

Section 2: Following a team approach in promoting the use of condoms

Every PHC nurse must promote a collaborative relationship between the Department of Health and Department of Education.

The following actions must be followed in Section 2:

- Professional nurses should be allowed to do school visits and give health education on SRH, which includes condom use.
- The educators should receive support from the professional nurse in their area in order to become more confident in addressing SRH and condom use.
- The South African Police (SAP) should be asked to accompany PHC nurses to schools in highly volatile areas. City Health should liaise with the Education Department with regards to condom distribution.
- Meetings should be arranged between City Health and the School Governing Body (SGB).
- City Health should offer support to the school principals, educators, adolescents and SGB with regards to inquiries on condom use and condom distribution.

Section 3: Use educational opportunities to reinforce condom use and a healthy lifestyle

Health professionals and educators should be made aware of national health policies.

The following actions must be followed in Section 3:

- School principals, educators, adolescents and SGBs should be knowledgeable about condom use.
- The PHC nurse should do monthly visits to the secondary school to give health talks and condom demonstrations to the learners at the school, with permission of the school principal.

Section 4: Creating a positive connotation to condom distribution

Changing negative perceptions about condom use by young adolescents may result in young adolescents becoming confident in collecting or accepting condoms, without feeling humiliated.

The following actions must be followed in Section 4:

- Nurses should educate the young adolescent on condom use when distributing condoms to them.
- Nurses should explain the benefits of condom use to the young adolescent.
- A comfortable environment in which the young adolescent can collect condoms, free from judgemental attitudes presented by staff, should be created.
- Leaflets on the benefits of condoms should be available at schools.
- Educators who feel uncomfortable with educating young adolescents about condom use should liaise with City Health for assistance.

Section 5: Create ethically sound premises

The legal framework and ethics should be adhered to at all times when condoms are distributed. Condoms should be easily accessible at schools, and the young adolescents' privacy must still be maintained when they collect the condoms at schools.

The following actions must be followed in Section 5:

- Condoms should be available on the school premises.
- The principal should identify an appropriate area for easy access to condoms.
- The condoms should be accessible to all young adolescents.
- All secondary schools should identify a dedicated space to do SRH services as per the school guide.
- The health department should assist schools to have condom dispensers mounted.
- The principal and the educators will allocate the areas where the condom dispensers should be mounted.
- The condom dispensers, filled with condoms, should be easily accessible to the young adolescent.

Signature

Compiler: S Maregele

Date: **(First version)**

4.4 RECOMMENDATIONS ON TKING THE POLICY FORWARD

4.4.1 Nursing Management Practise

t is evident that nurses in a district of Cape Town working in a PHC facility felt, in collaboration with other stakeholders by means of a policy, the distribution of condoms to young adolescents at secondary schools can be implemented. Thus, it is recommended that the policy should be discussed with the Department of Health and Department of Education of the Western Cape for implementation in the district of Cape Town situated in the northern suburbs.

If at a stage the policy is supported by relevant stakeholders, staff and school members will be orientated on the implementation thereof.
Support should be offered to the PN at a PHC facility to fulfil their duty to the diverse society.

4.4.2 Research

The policy should be explored through a survey to determine to what extent all role-players agree with the policy guidelines. Scientific evidence will promote the decision-making of stakeholders.

4.5 LIMITATIONS

The study was conducted on a small accessible population, but data saturation was obtained. Participants could withdraw from the study due to own personal reasons. Participants were unavailable in the agreed upon time and date due to operational matters at the clinic as well as personal reasons, thus the researcher had to wait on responses from the facility manager of the PHC facility on when the participant(s) would be available for the interview to be conducted.

This is qualitative study, and the findings cannot be generalised. Two participants declined to participate, due to unavailability.

This study only focused on the role of the professional nurses and their challenges in distributing condoms at the secondary schools, but it is apparent that there are many

other factors that prevent the professional nurses from fulfilling their role. Other role players such as the cleaners, HIV counsellors or health promotion officer, who often assist in school visits due to staff shortages of nurses, were not included.

4.6. CONCLUSION

An exploratory, descriptive, and contextual qualitative design was used with individual interviews. Professional nurses (PN) did not feel comfortable and were reluctant to distribute condoms to young adolescents. It was unclear how a policy on a district level could assist them to distribute condoms at secondary schools. The study investigated the views of the PN working in a Primary Health Care (PHC) facility on their role to distribute condoms amongst young adolescents at secondary schools. This led to the development of a health care policy on district level to support PN's in a PHC facility in distributing condoms to young adolescents at secondary schools.

The results indicated that participants agreed that they have a pivotal role in health education when distributing condoms. The purpose of the study was fulfilled. A policy was developed referring to different stakeholders, which is the parents, teachers, principals, and community members, on the condom distribution to young adolescents. The policy focused on the role of the PN to provide preventative care to young adolescents, which include provision of condoms to prevent unwanted pregnancies, STIs and human immunodeficiency virus (HIV) transmission.

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ANNEXURE A: INFORMATION SHEET

Cape Peninsula
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PO Box 1906, Bellville, 7535
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E-mail: shery.maregele@gmail.com

PARTICIPANT'S INFORMATION SHEET

Project Title: Views of Primary Health Care Professional nurses on their role in distribution of condoms to young adolescents in secondary schools in a health district in Cape Town

Dear Participant

Introduction

My name is Sherilee Maregele and I am a registered Master's student in Nursing Science at the Cape Peninsula University of Technology. I would like to ask you to afford me an opportunity to explain the research that I wish to undertake, and to ask you to kindly participate in an individual interview. Please note that you are allowed to stop me any time and ask any question you may have.

Purpose of the research study

Adolescent and Youth Friendly Service (AYFS), has become an integral part of the health care system in the National Department of Health (South Africa. Department of Health 2017: 8) in South Africa. The primary focus is on supporting and promoting the wellbeing of the young adolescent (South Africa. Department of Health, 2017:8), through e.g. the distribution of condoms. First sexual encounters before the age of 15 years, pose a major challenge for the future of e.g. females progressing further in careers. Only, one third of pregnant adolescents return to secondary school after

giving birth that has an impact on the future of both the adolescent girl and her child. The purpose of this study will provide the views of the professional nurses working in a Primary Health Care (PHC) facility which will lead to the description of a health care policy for the district level to support PHC professional nurses in distributing condoms to adolescents at secondary schools.

Description of study procedures

As part of the research study, I will conduct focus individual semi-structured interviews in a quiet private room selected by the participants. I will set appointments with every participant as agreed on at a specific date and time to conduct the interviews. You will be asked for at least 30-45 minutes of your time to participate in a research. Each interview will be tape-recorded with your permission. The reason for recording is to allow researcher to analyse interviewee's responses to gain insight, to listen to the interview more than once, and share the data obtained with only the supervisor. I will also take notes so that at the end of interview I can reflect on the interview to identify gaps that might need to be explored in a follow-up interview. The interview schedule will include questions such as: How do you view your role in the distribution of condoms to adolescents in secondary schools? How would a health care policy at district level support you as a professional nurse working in a PHC facility to distribute condoms to adolescents at secondary schools?

Risks or discomfort

Should you decide to participate in the study, you may feel emotional about what patients are going through during their pregnancy, however there will be no physical risk. In the event of any unforeseen circumstance, the interview will be stopped, and necessary assistant will be offered by a psychologist that will be available near the unit.

Benefits to the participant or others

The outcome of the study may contribute to routine distribution of condoms to secondary schools. The policy at district level may also provide insight, guidance and support for PHC professional nurses to distribute condoms to adolescents at secondary schools.

Privacy and confidentiality

Participant's information will remain strictly confidential. Interviews will be conducted in a private room. The researcher will not record your name anywhere during the interview session (will be numbered) on the informed consent form, and the digital recording will not be linked to your name. Only the researcher and supervisors will have access to the information. Your information will be kept in a locked office for five years after the report has been published.

Conditions of participation

Please understand that taking part in this study is voluntary and you are not being forced to participate. The decision to participate is entirely up to you. However, I would appreciate it if you share your views with me. If you decide not to participate in the study, you will not be affected in any way at work. You will not lose any benefits which you are entitled to by not taking part. If you agree to participate and later decide to change minds or decide to withdraw at any stage of the interview or study, you will be allowed to do so.

Expenses

You will not pay anything, and you will not be paid by participating, the researcher is self-funding in this research study.

Contact details

This research is being conducted by Sherilee Maregele, a Clinical Nurse Practitioner now working as a Facility Manager at St Vincent CDC.

If you have any questions about the research study itself, please contact:

Researcher: Sherilee Maregele
Facility Manager
St Vincent CDC,
c/o Belhar Drive and St Vincent Drive,
Belhar, 7493
Cell: 0781109317
Email address: shery.maregele@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Research Supervisor/ Head of Department of Nursing Science, in the Faculty of Health and Wellness Sciences

Prof. K. Jooste

Cape Peninsula University of Technology

P O Box 1906, Bellville, 7535

Telephone :(021) 959 2271

Email: kjooste@cput.ac.za

Research Co-Supervisor

Dr A. Truter

Western Cape College of Nursing

Telephone: (021) 6841200

Email: Anso.Truter@westerncape.gov.za

ANNEXURE B: CONSENT FORM

PO Box 1906, Bellville, 7535

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E-mail:

shery.maregele@gmail.com

Cape Peninsula
University of Technology

WRITTEN INFORMED CONSENT

Letter of request to participate in the study

Project Title: Views of Primary Health Care Professional nurses on their role in distribution of condoms to young adolescents in secondary schools in a health district in Cape Town

The study has been described to me in language that I understand, and I freely and voluntarily agree to participate. My questions about the study have been answered after reading the information sheet. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant's name……..

Participant's signature…….

I further agree that the interview be voice recorded.

Participant's signature…….

I further agree that the researcher takes field notes.

Participant's signature…….

Witness…….

Date……

ANNEXURE C: INTERVIEW SCHEDULE

Cape Peninsula
University of Technology

PO Box 1906, Bellville, 7535

Tel: +2721-9596911

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E-mail: shery.maregele@gmail.com

Interview schedule

- Tell me around your background, qualifications and your portfolio in the clinic?
- How do you view your role in the distribution of condoms to adolescents in secondary schools?
- How would a health care policy at district level support you as a professional nurse working in a PHC facility to distribute condoms to adolescents at secondary schools?

Probing

- What are the challenges you face to distribute the condoms to the adolescent at a secondary school?
- How do you overcome your challenges in distributing the condoms to the adolescent at secondary schools?
- How can the adolescent access the condoms at school?

- What did you mean by stating……..
- Tell me more?
- Do I understand that ….
- Can you give me an example of that?”

ANNEXURE D: PERMISSION LETTER

Cape Peninsula
University of Technology

PO Box 1906, Bellville, 7535
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E-mail:
shery.maregele@gmail.com

Letter of request to conduct the research
April 2018

Dr H. Visser
City Health
City of Cape Town
12 Hertzog Boulevard
Cape Town
8001

Dear Dr Visser
Request for permission to conduct research investigation

I hereby request to conduct a research study at eleven Primary Health Care facilities in Area 3 in Cape Town. The study is entitled: **Views of Primary Health Care Professional nurses on their role in distribution of condoms to young adolescents in secondary schools in a health district in Cape Town.** This study is part of the requirements for acquiring a Master's Degree in Nursing. The study will be done under the supervision and guidance of Professor K. Jooste of the Cape Peninsula University of Technology.

The purpose of the study is to explore the views of professional nurses which will lead to the description of a health care policy for the district level to support Professional

nurses working at PHC facility in distributing condoms to adolescents at secondary schools.

Data collection will be obtained by:
Individual semi-structured interviews which will be held at a Primary Health Care facility in Cape Town. Participants invited to partake will be professional nurses who have been in the Sexual and reproductive health (SRH) portfolio at two months. Interviews will be held in a private room as arranged, and it will take around 30-45 minutes for individual interviews.
The researcher will adhere to the rights of participants to privacy and confidentiality. In this study no names will be attached to the data obtained and interview transcripts will be numbered. The participants will in no way be linked to the research findings. The research will not harm the participants in any way. Before interviews will be conducted, participants will be informed that they can withdraw from the study at any time they wished to. In this study, the researcher will make use of semi-structured individual interviews and field notes to develop a comprehensive understanding of the phenomenon. The researcher and participants will agree upon a convenient time to conduct the interviews. The interviews will take around 30-45 minutes in a private room at the Primary Health Care facility in the research setting. While conducting the interviews, the researcher will tape-record the views shared by the participants with their permission. The transcribed data of the interviews, together with the field notes will be triangulated for analysis. Open coding will be used to organize data collected in the semi-structured individual interviews and an independent coder (experienced researcher and supervisor) will assist in this regard.
I am also attaching the proposal, information sheet to participants as well as the informed consent sheets for your information.

Researcher: Sherilee Maregele
Facility Manager
St Vincent CDC
c/o Belhar Drive and St Vincent Drive
Belhar
7493
Cell: 0781109317

Email address: shery.maregele@gmail.com

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Research Supervisor/ Head of Department of Nursing Science, in the Faculty of Health and Wellness Sciences:
Prof. K. Jooste
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Research Co-Supervisor
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This research has been approved by the Senate Ethics Committee of the Cape Peninsula University of Technology.

ANNEXURE E: PERMISSION UNIT

Cape Peninsula
University of Technology

PO Box 1906, Bellville, 7535
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Ms D Titus
PPHC Head
Cnr Alexandra & Steenbras Roads
Parow
Cape Town
South Africa
Tel: +27 21 444 0894
Dear Ms Titus

Letter of request to conduct the research

I hereby request to conduct a research study at the antenatal clinic in your facility. The study is entitled: **Views of Professional nurses working in a Primary Health Care facility on their role in distribution of condoms to young adolescents in secondary schools in a health district in Cape Town**. This study is part of the requirements for acquiring a Master's of Nursing Science. The study will be done under the supervision and guidance of Professor K. Jooste of the Cape Peninsula University of Technology.

The purpose of the study is to explore the views of PHC professional nurses which will lead to the description of a health care policy for the district level to support Professional nurses working at PHC facility in distributing condoms to adolescents at secondary schools.

Data collection will be obtained by:

Individual semi-structured interviews which will be held at the Primary Health Care facility in the City of Cape Town. Participants invited to partake will be professional nurses working at Primary Health Care facility who have been in the Sexual and reproductive health portfolio at least six months. Interviews will be held in a private room as arranged, and it will take around 30-45 minutes for individual interviews.

The researcher will adhere to the rights of participants to privacy and confidentiality. In this study no names will be attached to the data obtained and interview transcripts will be numbered. The participants will in no way be linked to the research findings. The research will not harm the participants in any way. Before interviews will be conducted, participants will be informed that they can withdraw from the study at any time they wished to. In this study, the researcher will make use of semi-structured individual interviews and field notes to develop a comprehensive understanding of the phenomenon. The researcher and participants will agree upon a convenient time to conduct the interviews. The interviews will take around 30-45 minutes in a private room at the Primary Health Care Facility in the research setting. While conducting the interviews, the researcher will tape-record the views and experiences shared by the participants with their permission. The transcribed data of the interviews, together with the field notes will be triangulated for analysis. Open coding will be used to organize data collected in the semi-structured individual interviews and an independent coder (experienced researcher and supervisor) will assist in this regard.

I am also attaching the proposal, information sheet to participants as well as the informed consent sheets for your information.

Researcher: Sherilee Maregele
Facility Manager
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Belhar
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Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the Senate Ethics Committee of the Cape Peninsula University of Technology.

Cape Peninsula
University of Technology

HEALTH AND WELLNESS SCIENCES RESEARCH ETHICS COMMITTEE (HWS-REC)
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10 March 2020
REC Approval Reference No:
CPUT/HW-REC 2018/H14 (renewal)

Faculty of Health and Wellness Sciences – Nursing Sciences

Dear Ms Sherilee Jessica Maregele,

Re: APPLICATION TO THE HWS-REC FOR ETHICS RENEWAL

Approval was granted by the Health and Wellness Sciences-REC to Ms Maregele for ethical clearance. This approval is for research activities related to student research in the Department of Nursing Sciences.

TITLE: Views of Primary Health Care Nurses on their role in distribution of condoms to young adolescents in the Health District in the Northern Suburbs of Cape Town

Supervisors: Prof K Jooste and Dr A Truter

Comment:

Approval will not extend beyond 19 January 2021. An extension should be applied for 6 weeks before this expiry date should data collection and use/analysis of data, information and/or samples for this study continue beyond this date.

The investigator(s) should understand the ethical conditions under which they are authorized to carry out this study and they should be compliant to these conditions. It is required that the investigator(s) complete an **annual progress report** that should be submitted to the HWS-REC in December of that particular year, for the HWS-REC to be kept informed of the progress and of any problems you may have encountered.

Kind Regards

M. le Roux-Hill

Dr Marilize Le Roux-Hill
Deputy Chairperson – Research Ethics Committee
Faculty of Health and Wellness Sciences

Annexure F: **Interview 6:**

Researcher: 24 October Interview 6. Good day Sister. uhm Tell me about your qualification, your background and your portfolio at this facility

Participant: *I am a registered nurse working at City of Cape Town. I have studied at uhm Nico Malan, the western cape college of nursing, CPUT, 2006 finished 2009. I went to work for provincial government, worked there for 5 and a half years. Worked in general, medical, surgical, mostly paediatrics, last place I worked at TOP clinic as well as family planning clinic. Currently my portfolio is uhm sexual and reproductive health and basic antenatal care*

Researcher: You have mentioned about family planning, what does it entail?

Participant: *Uhm family planning uhm or child spacing. So uhm it entails uhm contraceptive methods uhm oral contraceptives uhm injectables uhm implanon, intra-uterine devices, condom usage as well, vasectomies and sterilizations. I think thats about it*

Researcher: And the clientele that you serve here at the facility? The age group of the clientele

Participant: *Clientele would be uhm...I'd say...we do get 15-year olds till 45-year-olds even...I'll say till 45 at least*

Researcher: Do you get many 15-year olds coming here to your facility for family planning?

Participant: *We don't get much during the day, but in the afternoon like like we make provision for them in the afternoon, because they wouldn't want to be seen with their mums' friends and things even at the clinic, so we make provision for them like after school. So, they come to the clinic after school*

Researcher: You say that they don't want to be seen with their mums or their mums' friends at the clinic, have you encountered such challenges with the 15-year-old?

Participant: *Ja there is there is...Like you see certain rooms.... like we see we see family planning in each and every room, but because maybe they think only certain rooms is specific to family planning. So, if there is a sibling or an aunty or a friend in that queue they would know what that person is coming for and then they would tell,*

because they don't want their parents to be...to know they are taking prevention for pregnancy

Researcher: Ok. You say about the 15-year-old, but can you perhaps tell me about the age range?

Participant: *Age range for 15 ...*

Researcher: for the young adolescents attending your schoo augh... your facility?

Participant: *They range from 15 to about 18, 19, the uhm the adolescents. They range from that. I haven't had somebody thats 14 currently on family planning*

Researcher: Tell me about your views as a professional nurse in distribution of condoms

Participant: *Distribution of condoms in the facility?*

Researcher: *(nodded)*

Participant: *In the facility we uhm...For all ages?*

Researcher: You can mention...

Participant: *For we uhm...we have this uhm nice brown bags... so in there we make like a... like a... it's like a... it looks like a lucky packet inside. So, we put male condoms, female condoms, different colours and flavours so and then at the end of the consultation we ...we gladly issue them with some condoms if they want. And then also throughout the clinic we have uhm....as you come into the clinic you will see there's on the left-hand side, a little uhm, like it's a rack or something with lots of condoms in that people can take and that we also have those goodies that is wall mounted with condoms in so clients can help themselves also. But we issue from the rooms, we give them those brown bags with different colours, different flavours and male and female condoms*

Researcher: So, you are basically just giving condoms at the facility, or do you give condoms anywhere else?

Participant: *no we do we do give condoms uhm UWC there's also young adults and North link we do there and because we are in the middle of industrial areas we uhm go out...on outreaches and distribute to uhm factories...and a those that allow us to*

come, because at some food uhm factories that... they uhm make food and things they don't want things like that...but all others agrees to it. So, we do distribute outside the clinic. We have to.

Researcher: Do you distribute at schools as well?

Participant: *We...hardly do...we don't get permission as such to go to schools. Principals doesn't allow us, because they feel that its uhm...we're promoting sexual activity to their kids. Its ...it's...its (shaking her head) really to the schools, because of that...*

Researcher: Tell me...

Participant: *...no you can talk*

Researcher: You said that the principals say you are promoting sex to the children at schools. How do you feel about that statement?

Participant: *We are not promoting anything, we are preventing them from getting...uhm sexually transmitted infection or a STI, because we feel at that age... you get some risky behaviour, and we just want to prevent these young adults from getting infectious diseases and things. But we really not promoting sexual activity, it's just there to prevent, and because lots of them are already sexually active...so yah...*

Researcher: Is it only the principals that pose a challenge or are there any other...

Participant: *(interrupting researcher) yes, they do...*

Researcher: .... challenges?

Participant: *I think because the last say comes from them. so, it's very hard, they allow us to do... TB...TB screening and things and HIV testing, but they wouldn't allow us to drop some condoms at school or come and speak about family planning or something like that. So, it's hard. I uhm do have an adolescent ...little club...at the library. So once a fri...once a month on a Friday, I meet with the with, because schools...they actually asked for us to meet them at the library. Uhm the Liberian is involved. The head Liberian so uhm...we're being get an opportunity to teach and speak to them so once a month on a Friday at half pa...at two we meet, because school is out. So maybe a group of 12, they like to add their friends so then we get a chance to speak*

Researcher: And the age group of this adolescent club?

Participant: *The age group there is younger...they starting younger, it's at 14, I think its grade 8. They start at grade 8 so they also come, even boys they also come for that talk, for that small talk every month*

Researcher: ok. and what do you do at this adolescent club?

Participant: *We uhm teach them about menstruation, because they are 14 so they are starting off. we teach them about uhm sexual changes male and female, menstruation even family planning. we teach them about different types of family planning, why, why, why they need to use it and preventing them from getting STI's and HIV we...we.... They give us a topic, they give the Liberian a topic, we prepare and then we speak*

Researcher: Ok. when you are speaking about family planning, are you offering, offering the family planning there as well?

Participant: *Yes we offer, we do uhm we do explain to them and the different methods and when they come to the clinic if they are interested and how they can hold of us, like in the afternoon it is best for them to come, its quiet in the afternoon, and it's...it's...it's very friendly for them in the afternoon, so yah*

Researcher: So, you say that your services is youth and adolescent friendly?

Participant: *Yes (interrupting the researcher) it is youth and adolescent friendly. In the afternoon we can actually spend that extra time with them and teach them*

Researcher: Ok. Uhm so at this adolescent club, the basic...the basic thing you do there is about health promotion?

Participant: *Yes, we do health promotion, but our main focus is on...on reproductive health side of health promotion*

Researcher: Are you taking condoms with you to this club

Participant: *Yes, we take condoms with us, we take uhm tampons with us we take pads with us, we take dildos, so we teach them how to insert the condom, how to discard the condom. In menstruation how to do the tampon how to the uhm...sorry*

(participant cell phone vibrating) ...how to do the uhm...how to do...the uhm...how to decide on anything before starting on something so yah

Researcher: Is it both male and female condoms to?

Participant: *No, we take both male and female. we take a female condom there is 2 different types, so we take both then and we take a male condom as well*

Researcher: In your view as a professional nurse how's the reaction of the young adolescent in this club when you speak about condoms

Participant: *They very, shame, they uhm...they blush... because there's also males sitting with them so they...you can see that they're still young so they...shy...I think they're shy..yah..most of them are shy, so they pretend they put up this little adult face because there are others with them that are older than them, the grade 11's and the grade 12's, but they do..they are shy...they are shy...they even shy to look at the thing*

Researcher: If you are saying they is it both the male and the females?

Participant: *Males and the females I think the boys, males, are more shy than the girls is, because the girls would still ask questions, how why and then...but the boys won't ask nothing, they're... they're dumb struck, they would just sit and look at you*

Researcher: You are giving the club at the library, as a professional nurse how would you feel offering that service at a secondary school?

Participant: *ooh I think that .... that would be a challenge....as to get into the school and uhm, but for the kids.... for the young adults it would be very beneficial to them, because we see termination of pregnancies coming to the facility and that is what we want to prevent also, so if we can get access to that, that will be..... very much beneficial, not only for stats but also for just for themselves*

Researcher: You've mentioned about the termination of pregnancy, is it at an increase here at this facility?

Participant: *it is not at an increase, it's not at an increase, but at least once a month you will get a young person coming with the parent for termination of pregnancy, but I will not say that it's on an increase..it remains the same I think, it's one..one a month or so that comes with the mother to the facility and that time it's a little bit late we could have prevented that*

Researcher: Is there any challenges with the parents when you are doing health promotion about family planning and condom use?

Participant: *Uhm...*

Researcher: Cause...sorry...you have mentioned about parents bringing their child for termination of pregnancy

Participant: *We do have we have uhm some talks in the facility on STI's and family planning and things. People they don't object to anything they do listen to us. I think it's because we have lots of uhm parents bringing their kids actually for family planning we get those as well. So, I think the reason for TOP rate could also be that ...somehow, they do take the message out of the facility, because we do have our...our talks about it. Actually, parents ask us also, about going to schools and so, but like I said it's a challenge asking the principals of many schools*

Researcher: Are you say that the parents are not a challenge, they prefer that you rather go to the schools and speak at the schools?

Participant: *They do, because those that does come with their daughters to the facility for...for a implanon. They also asking for an implanon. Uhm you could, you could even see the anxiety on their faces and they would ask..sister don't you go...don't they have a school nurse that that talks about these things, don't they have a schools nurse that talks about prevention, but that is is parents that come to the facility not only for TOP's but also wanting their kids on family planning...we do have*

Researcher: It sounds good. It sounds as if the parents in this area are more open to family planning, does that include condoms as well?

Participant: *They are open...they are open. Where I've had two mums with two boys coming for family planning where they wanted to know if there is a method for these boys as well. these boys told them that they are sexually active, so they want to know if there is a method because they don't want babies now. So, they are open. I do think that they are open. they take up most of our consultations. The patients takes the condoms home anyways, they take the goodie bag with everything in.*

Researcher: Ok. Earlier when we started off you have mentioned about the condoms being everywhere in this facility, uhm tell me have seen young adolescents coming freely to come and get condoms?

Participant: *They only come in the afternoon, and as we go out at four o'clock, they would step in to come to take the condoms from the shelf*

Researcher: Oh ok

Participant: *So, they do come, they just come in the afternoon where there is nobody to look at them*

Researcher: So uhm, as a professional nurse can you elaborate on the role of the professional nurse in the distribution of condoms to young adolescents at secondary schools

Participant: *Like I said it's hard to get into the school, but we do get them as they come to the facility. So, as they come to the facility knowing they're coming for prevention of pregnancy. My role is to just reinforce, making use of a condom as well. not only...the family planning does prevent them from getting... from uhm...getting a baby, but it doesn't prevent them from STI"s and HIV so as a professional nurse in this clinic we do offer each and every, not only for the adolescent coming, but each and every other family planning client we do reinforce that they should use condoms for the prevention of STI's and HIV. So that's why we make the goodie bag and we give, and we still give to them the condom. And the young adults they do take it, it's in a bag, its protected, it could be anything thats in there, so they do accept that.*

Researcher: But do think that the professional has got a role at schools to distribute condoms?

Participant: *I do...*

Researcher: ...at a secondary school?

Participant: *I do feel that we should, I do feel that we should have the access going to school. Teach them and just doing health promotion side of condom usage. I do feel that it will be beneficial to this community and uhm...yah to keep them healthy without coming for a drop as they say, because we do get young adults coming with burning on urination and a drop, so there is some risky behaviour somewhere.*

Researcher: So, these young adolescents that are coming for sexually transmitted infections are they...can you perhaps just tell me round about the average amount that you see per month of this STI's.

Participant: *It's not much, it's not much...it could be one or two a month. and Especially boys they don't want to come to the clinic so if we should get access... to go into the school and promote this condom usage it will...we won't even have to see them and they wouldn't be scared to come to the clinic for anything, because I think they are more scared than girls to come to the clinic even*

Researcher: Can you perhaps elaborate why they might be scared coming to the clinic

Participant: *Like I said before, there's more ...like their mom's friends are sitting here, they won't come in the day, uhm... sometimes also some people's attitudes....and uhm...yah I think, they're already scared to come to the facility as they aren't coming. So uhm they don't want to be seen. They don't want to be asked what they are coming for in front of people. They uhm...I'm sure the adolescent clinic would work for them in the afternoon as well. uhm ...but yah...I think men in general is just scared... more scared to come to the clinic than what females are. And I think that they're sometimes embarrassed also to tell you that there's something happening at their uhm...like at such a delicate private area, so I think thats also a problem*

Researcher: So, you've mentioned about the attitudes, whose attitudes are you specifically referring to?

Participant: *Attitudes of ... of their...people that they know. And there could be peers inside also that they know and so they would like ask them... what you coming for? and why? and does your mother know you are here? Things like that, because they're also alone. I mean we try to be...we try to accommodate them in the afternoon, so that there won't be too many eyes on them.*

Researcher: Just to clea... just to clarify you are specifically just talking about the attitudes of the members, community members and not the staff

Participant: *...sitting yah...no I think it's because we're also young. Most of us is young so we try to...try to accommodate where we can.*

Researcher: ok. How many secondary schools are here?

Participant: *We have...We have 2. We have Bellville So... Kasselsvlei, here at the back and Bellville South High. We normally go into Bellville South High only for...for...uhm TB testing and they allow us to do HIV testing. they allow us to do HIV testing, but they won't allow us to do...condoms or family planning*

Research: So, part of the HIV test is hey, is distributing condoms so when the person leave you, you have to issue condoms, then what is the response?

Participant: *uhm the response would be that uhm.... uhm...refuse, because they're refusing to take it, they won't even take it*

Researcher: Are you speaking...are speaking that the young adolescent would not take the condoms at time of testing

Participant: *Yes*

Researcher: So, with that in mind, as a professional nurse the access of condoms at secondary schools, you have personally experienced that doing the HIV testing the young adolescent is refusing the condoms. Can you perhaps just tell me in your view regarding the distribution then

Participant: *The...the...the distribution would be the same in the goodie bag. In the brown bag that nobody can sees...can see through*

Researcher: So are you saying it's better to put it in a brown bag so that they don't see...

Participant: *...what's in there...*

Researcher: ...what's in there? Or are you saying that putting the condoms out there, they won't take it like that....,

Participant: *They won't take it...*

Researcher: ...but they will rather take it in a brown bag?

Participant: *Yes, they will take it in a brown bag, but the one will tell the other one what's in the bag. So, it's a bit...it's challenging for them also now to take anything.*

And we don't have...the principals won't give us access to take these things into the school as well

Researcher: but have, have you taken the condoms to the school when you were doing the HIV testing?

Participant: *Yes, we tried...we tried...unsuccessful*

Researcher: oh

Participant: *But they do come to the facility, they do come to the facility*

Researcher: ok. Uhm so tell me sister. Will a policy support you as a professional nurse to distribute the condoms at secondary schools?

Participant: *That would be awesome. It would be...that will give us access, because then...then uhm we... I think health and education can sit together and look at this policy and I think that would give us more...more right or more access to enter the school with not only condoms but also prevention of pregnancy, so I think a policy would be... beneficial for us as well as them, so that we can, as a professional nurse so we can be happy. So we can be happy to not try and uhm...it's a ..it's a.... win lose situation, because now it will be more open, more open to us and to them and also accessing more of them to come to the facility as well, without being, without feeling a sense of...I'm scared or I don't know who I will see at the clinic, something like that. And then the principal will also know, or they will get a little more sight about what we really coming to do at the facility at their schools. They would get more insight, I think.*

Researcher: And what would you like from a professional nurse point of view, would you like to be in the policy to support...to support you

Participant: *Uhm...I think I would be able to give my views to add into the policy, like uhm...like the reasons, the age....*

Researcher: If you speak about age, what age do you think condom distribution should start at?

Participant: *All ages...all ages of ch... Child bearing ages or uhm at the age of menstruation, not menstruation... but uhm at the age of sexual activity we should start distributing*

Researcher: So, at what age would that be?

Participant: *I think it would be at high school level, from grade 8 so I think it's about 14... 13, 14. And I know that has to come from...from parental rights as well, because they are still under age. But if you can have everybody on board, then I think we can have a safe society.*

Researcher: Everybody....meaning?

Participant: *..meaning their parents, school governing body or principals and health as well*

Researcher: You have mentioned that for the 13 and 14-year-old we should grant...we should ask permission from the parents to distribute the condoms and that should be added in the policy. Is that what I am getting?

Participant: *No, I mean, I meant for 13 to 14-year-old we do need, we actually need permission...yah to give these kids things like that and..and family planning...technically we do...its mos the TOP's that comes from, that have their own right from 12, but for them we actually do need some permission.*

Researcher: Some permission meaning from parents or from who?

Participants: *from parents as well. So, if everybody could be on board, maybe school...health ... as well as parents, then it will be a safe society*

Researcher: So, sister just to summarize, you have said that you've got the portfolio in family planning and that you have an adolescent club uhm ranging from the age of grade 8 to grade 12 yes, and what you do at this adolescent club is health promotion talks, your main focus is sexual reproductive health, you do give them information regarding male and female condoms. you feel that the professional nurse have a role in distributing the condoms to secondary schools, but your challenge is that the principals are not allowing you to get into schools and then you have also mentioned that the male adolescents are scared to come to the clinic due to what the community would say, but after four they would come and collect condoms at the facility and uhm we've spoken about the policy of which you said that health and education department should..should sit together and decide together on the policy and it would support you

as a professional nurse to distribute the condoms at school. And what the policy should entail is the reasons, uhm and the age, which should start at child bearing age at high school level between the ages 13 to 14 years old and that parental permission be asked...granted... before issue or before issuing the family planning or the distributing the condoms to the young adolescent. Is there anything else from your side?

Participant: *...mmmm.... not that I can think of at this stage....ha ah..*

Researcher: Well thank you very much sister for participating in this study, you will get the feedback after all data has been collected after the research has been submitted. Thank you

Participant: *Thank you*

Researcher's reflective notes: Interview 3: 17/10/2018

Services rendered at the facility:

- ❖ BANC
- ❖ SRH: this include – Educate females and males
  - Female condoms
  - STI management
  - Males STI

Accommodating young adolescents:

- School going children are accommodated after school
- Tried accessing 2 schools: they do not accept nurses coming
- Who does not accept: The governing body
- What is the nurse's point view in condom distribution
- Age accommodated: 15 to 21 years
- Role: governs and guide, health education

How friendly is the clinic for young adolescents to collect condoms or access SRH?

Why having so much resistance at school to distribute condoms?

Challenges nurses encountered to distribute condoms at secondary schools?

How can we approach the governing body as a nurse to distribute condoms to schools?

Researcher's experience:
The researcher found that the participant had a difficulty in expressing herself in English, although she understood the question.
The participant at times derailed, by giving personal examples of how she goes to the schools in her area to reach out to the young adolescents to speak about SRH.
The environment in which the interview was held was very noisy, although private.
Interview was between 25 to 30 minutes, the researcher was unable to probe more into the questions asked,,,