ORIGINAL RESEARCH ARTICLE

"We are on our own": The neglected voices of the boy-child in adolescent sexual and reproductive health in Vhembe District, Limpopo, South Africa

DOI: 10.29063/ajrh2025/v29i3.5

Fhumulani M. Mulaudzi[1], Raikane J. Seretlo[2], Maurine R. Musie[1] and Nombulelo V. Sepeng[1]*

Department of Nursing Science, Faculty of Health Sciences, University of Pretoria, South Africa[1]; Department of Public Health, Faculty of Health Sciences, Sefako Makgatho University, South Africa[2]

***For Correspondence:** Email: *mavis.mulaudzi@up.ac.za*

Abstract

Adolescent reproductive health activities and programmes have been made available to adolescents at schools, non-governmental organisations, and youth-friendly services. However, boys feel neglected as services are mostly catered for girls. This study reflects the neglected voices of a boy-child in Adolescent Sexual and Reproductive Health in Vhembe District in Limpopo province of South Africa. The study was conducted using a cooperative inquiry design. The data were collected using the *Lekgotla* discussion method. Data were analysed using NVIVO software version 14 and five steps of thematic analysis were followed during the data analysis. The main themes were as follows: We are on our own, Distorted information on *Boko* (masturbation); *boys don't get pregnant*"; Discussion about sex with elders is taboo; Programmes are centred around a girl-child. The findings revealed that boys felt isolated as they had to rely on friends to teach them methods of preventing pregnancy that can be used by boys, such as masturbation and pulling out. They also felt that discussing sex education with parents and teachers is taboo. It is, therefore, recommended that there is a need for the Department of Health Services to consider having boy-friendly services to assist boys in managing their sexuality. *(Afr J Reprod Health 2025; 29 [3]: 28-37).*

Keywords: Adolescent; reproductive health; sexual education; boy-child

Résumé

Des activités et des programmes de santé reproductive pour adolescents ont été mis à la disposition des adolescents dans les écoles, les organisations non gouvernementales et les services adaptés aux jeunes. Cependant, les garçons se sentent négligés dans la mesure où les services sont principalement destinés aux filles. Cette étude reflète les voix négligées d'un garçon-enfant dans le cadre de la santé sexuelle et reproductive des adolescents dans le district de Vhembe, dans la province du Limpopo en Afrique du Sud. L'étude a été menée selon un modèle d'enquête coopérative. Les données ont été collectées en utilisant la méthode de discussion Lekgotla. Les données ont été analysées à l'aide du logiciel NVIVO version 14 et cinq étapes d'analyse thématique ont été suivies lors de l'analyse des données. Les thèmes principaux étaient les suivants : Nous sommes seuls, Informations déformées sur Boko (masturbation) ; les garçons ne tombent pas enceintes » ; Les discussions sur les relations sexuelles avec les aînés sont taboues ; Les programmes sont centrés sur une petite fille. Les résultats ont révélé que les garçons se sentaient isolés car ils devaient compter sur des amis pour leur enseigner des méthodes de prévention de la grossesse qui peuvent être utilisées par les garçons, comme la masturbation et le retrait. Ils estiment également que discuter de l'éducation sexuelle avec les parents et les enseignants est tabou. Il est donc recommandé que le ministère des Services de santé envisage de mettre en place des services adaptés aux garçons pour les aider à gérer leur sexualité. *(Afr J Reprod Health 2025; 29 [3]: 28-37).*

Mots-clés: Adolescent; santé reproductive; éducation sexuelle; garçon-enfant

Introduction

Significant progress has been made in adolescent and sexual reproductive health since the 1994 International Conference on Population and Development (ICPD)[1]. The literature reveals that many world conferences are concentrating on the discussion of the empowerment of women and the girl-child while there is scanty literature showing how a boy-child is supported in adolescent reproductive health[2]. Boys feel neglected and they resort to risky behaviours such as engaging in unsafe

sex, drug abuse, violence against girls, and early sex debut to make themselves feel macho. Early sex debut results in boys impregnating girls. In those cases, the majority of boys deny the paternity as they deem it will affect their education and prospects, leaving the girl-child to face the pregnancy all alone[3].

Research indicates that adolescent sexual and reproductive health programmes often prioritise girls over boys[4]. However, other programmes are in place to include boys in sexual and reproductive matters. The "Save a Girl-Child" initiative aims to address this imbalance by including boys in sexuality education and empowerment. This is important to enabling boys to support and advocate for adolescent sexual and reproductive health programmes, including family planning, responsible fatherhood, fidelity in marriage, empowerment of partners, and the prevention of violence against women and children[2]. The imbalances in Adolescent Sexual and Reproductive Health (ASRH) programmes, which prioritize the needs of girls, have contributed to frustrations among boys who feel neglected and unheard, emphasizing the necessity of gender equity that provides equal opportunities for both genders[4]. Some of the initiatives provided to accommodate boys are Gender-Transformative Approaches (GTA) that have been implemented to tackle the challenges arising from gender inequalities and power structures to address restrictive sexual and gender norms.

The GTA promotes engaging boys and men to transform social, cultural, and religious beliefs and norms[5]. The GTA and school-based sexuality education programmes have been implemented to support sexual decision-making for both boys and girls; however, some cultural beliefs may continue to uphold practices that undermine the advancement of ASRH. For example, boys may feel it is not masculine enough to use a condom[5]. Despite those efforts, there is still a lack of intervention programmes addressing unintended pregnancy and other adolescent sexual and reproductive health issues for boys[5]. Boys in rural areas feel neglected as initiatives involving boys in ASRH remain inaccessible.

The needs of boys are often overlooked, impacting their well-being and development. The ASRH usually prioritises the needs of a girl-child assisting them in making informed decisions regarding decision-making in reproductive health[6]. Although GTA are important for empowering boys and men to participate in programs aimed at reducing adolescent pregnancy, there remains a lack of evidence demonstrating their involvement in programs that empower them to learn about adolescent sexual and reproductive health, prompting a gap analysis to assess the use of these approaches in ASRH programs.

The analysis revealed that only 8% of the studies incorporated this approach[7]. Involving boys in ASRH will empower them to take ownership and responsibility and avoid harmful practices that can endanger themselves and the girls involved. Adekola and Mavhandu[8] assert that social determinants such as poverty, lack of recreational facilities, exposure to the media, lack of targeted school interventions, and lack of adolescent-friendly services near schools may also be contributing factors that make boys feel neglected and uncared for in adolescent reproductive health[8]. Based on this, the key stakeholders, such as adolescents, teachers, parents, health professionals, and community members together with the researchers and non-governmental organisations agreed to conduct a Cooperative Inquiry (CI) to develop strategies that can be used to prevent adolescent learner pregnancy conducted in the rural province of Limpopo in South Africa[9]. Therefore, this paper reports on a study of young learners to chronicle the neglected voices of the boy-child regarding adolescent sexual reproductive health.

Methods

In this study, we used the CI design. The CI is a collaborative participatory action research method that allows people to work together in an equal relationship in matters of mutual concern[10] This method was chosen as the issue of adolescent reproductive health is a mutual concern and a topic of interest to the parents, teachers, learners, school governing body, and other stakeholders such as social workers, police psychologists, and pastors in the villages.

The modified lekgotla was used as a data collection method. The lekgotla is an indigenous methods of data collection which is takes place in a gathering where debates and dialogues are used to

tackle issues and concerns that affect communities. The principle of Ubuntu African world view such as respect, responsibility and reciprocity are used to ensure a sense of belonging and allow people to

express their views freely[11]. We followed four steps of CI. The first phase entails establishing relationships, forming a research team, and choosing a focus. Step 2 discourses more on the focus and collects resources; Step 3 becomes immersed in the topic, agrees, and takes action. Lastly, Step 4 reflects on the action and refines focus.

Step 1: Establishing relationships, forming a research team, and choosing a focus

The study was conducted in Limpopo Province, a rural area in South Africa. Limpopo Province is comprised of five districts. This study was conducted in the Vhembe District, located in the northern part of the province near the Beitbridge border of Zimbabwe. This district was chosen because the inhabitants still adhere to their cultural norms in raising their children. Six villages and two schools were selected. The schools were chosen as they had a high rate of teenage pregnancy. We started by forming relationships with the schools, teachers, learners, and parents. We had two meetings where we discussed issues of concern in the school with all the stakeholders. One of the issues that came out strongly during the meetings was teenage pregnancy among learners. The process assisted in gaining entry to the setting and forming a research team. Both teachers and parents welcomed the researchers because they believed that external assistance could help address their challenges.

Step 2: Discussion on the focus and collection of resources

In this phase, every member of the research team had to understand that we are both inquirers, striving to determine what needs to be accomplished and how it will be achieved. We agreed that working as one group would not work. Learners may feel intimidated by parents and teachers, hindering their ability to share experiences and perceptions. The parents and teachers also felt the same way. We agreed on having three separate groups. Researchers were requested to facilitate all the groups, and they were given a task to collate and summarise the information.

Step 3: Action phase

In this step, teachers selected the learners using purposive or key informant methods. The teachers indicated that they chose extroverted learners who are free to talk. They also made sure that there was a balance between the number of boys and girls. This study discusses the interviews conducted with students in Grades 10 to 12 at a rural school in Vuwani, Limpopo, South Africa. The study focuses mainly on concerns raised by boy learners. The data were collected through the modified *Lekgotla* discussion method. In this approach, commonly used in cultural contexts, data collection and analysis occur simultaneously. The facilitator asks questions, and team members can also ask each other questions or support one another's points. In this specific case, we utilised a modified *Lekgotla* discussion process at a school setting. The process was less formal compared to how it is conducted in *Dikgoro* (Chief gathering sessions). In this instance, the facilitators asked both boys and girls to raise their hands if they wanted to talk, but as the debate continued, some would speak without raising their hands. The facilitator had to reprimand them most of the time to maintain order.
The main question posed was:

How do you perceive the role of a boy-child in adolescent sexual reproductive health?

This question was posed to stimulate the discussion on sexual reproductive health. The researchers used Tshivenda as a language of communication. The discussions were recorded and transcribed into English. The field notes were also taken during the process. Follow-up questions were posed based on the answers given by learners. The learners were also encouraged to ask each other questions for clarification if they did not understand what the other learner was saying.

Step 4: Action taken on reflection

Although data were collected from both boys and girls, the boys felt that their data and concerns should be addressed separately. They often feel that their concerns are overlooked. Therefore, this paper

reports on the specific concerns raised by boys regarding sexual and reproductive health matters.

Ethical considerations

The study was approved by the Research Ethics Committee of the University of Pretoria, ethics number, 188/2023. Additionally, approval was obtained from the Province's Department of Education and Health to gain access to the schools. Protocols were diligently followed, and formal letters were written to the province to request access to the schools. Assent forms were signed by parents for minors. Adolescent learners signed the consent forms. The researchers adhered to principles of ethics such as maintaining confidentiality, privacy and respect, beneficence, and justice.

Trustworthiness of data

Credibility

The researchers invested significant time in interacting with the participants, as they had collaborated before. The researchers continuously posed questions to ensure the accuracy of the gathered information. Additionally, five learners were selected as project ambassadors, making it easier to verify information by contacting them for further clarification when necessary.

Confirmability

Data were collected and transcribed verbatim. The data transcripts were sent to an independent coder for analysis. Confirmability was ensured by triangulation and data auditing.

Dependability

Pretesting of the interviews was done to ensure that the line of questioning that was used would yield the findings.

Transferability

The teachers carefully selected the participants. The methods used were clearly described and can assist other researchers who want to conduct a similar study in a similar setting.

Data analysis

The data were analysed using NVIVO software version 14, following Braun and Clarke's Thematic Analysis steps. The process began with familiarization, during which the data were thoroughly read to gain comprehensive understanding. Initial codes were then generated to capture key meanings within the data. Patterns were identified, leading to the generation of themes. These themes were subsequently reviewed by the research team. Finally, the data were organized into overarching themes and subthemes[23].

Results

The data were presented based on the themes that emerged from the study. The main themes generated were as follows: We are on our own; Distorted information on *Boko* (masturbation); *Boys don't get pregnant*"; Discussion about sex with elders is taboo; Programmes are centered around a girl-child. See the table: Theme table

'We are on our own"

As shown in the table the first theme that emanated from the findings was "we *are on our own*". The boys expressed frustration with sexual health education. They mentioned that the programmes and speakers who come to the school to discuss sex education often focus on girls by talking about pregnancy prevention and contraception. Boys felt that they were left on their own because they were generally only told to use a condom, practice abstinence, use the pull-out method, and consider vasectomy. They felt that these methods were limited and not in their favour. One participant retaliated:

"In our case we are just told to use a condom, we do not want condoms as they make us not enjoy sex. When you go there to get condoms nurses shout at you and ask you if you have started having sex. This is irritating and frustrating. I feel I would not have requested them if I was not sexually active. Another method that we know is vasectomy, but we cannot do vasectomy when we are young. We don't want to be sterile we want better methods and better options" The boys who participated in this study expressed that they did not prefer using condoms or the pull-out method. They also had concerns about the attitudes of nurses when collecting condoms at the clinics. Additionally, they felt that they were too young to be educated about vasectomy during sexual and reproductive health discussions at school.

Theme	Subtheme
We are on our own	Pregnancy prevention methods centered on girls only
	Lack of proper education and guidance difficulties of abstinence as a method of prevention
Distorted information on Boko	Practicing abstinence using boko (masturbation)
	The privacy surrounding boko (masturbation)
Boys don't get pregnant	Girls to take responsibility for not falling pregnant
	Schools to practice same policy for pregnant boys and girls
Discussion about sex with boys is taboo	Inability to discuss sex with parents and teachers
	Lack of guidance from senior boys
Programmes are centered around a girl-child	Girl friendly services
	Lack of programmes targeting boys only

The other concern that surfaced during the discussion was that the boys felt like they were on their own because of a lack of proper education and guidance. This left them frustrated and hindered their ability to learn about their bodies. This was expressed as follows:

"You just wake up and realise that you have an erection. You don't know what to do. You will ask your friends, and they will tell you that you must get a girlfriend to relieve yourself. The boys tell us that it is easy to have sex with a girl and that there are methods that we can use to avoid impregnating a girl, for example, a popular method called "pull-out". 'The big boys say with 'pull-out" you withdraw the penis before ejaculation. Is a process"

The learners debated about this issue with some of the boys feeling it is a difficult method and does not work for them as they end up being excited and ejaculate inside the vagina instead of pulling out. Some of the boys argued that it is a good method, as long as one trains themselves.

"It is all about timing, you have to know when to pull out"

The boys also expressed frustration about being encouraged by parents, nurses, and teachers to abstain from having sex. One of the boys expressed it as follows:*"Abstinence may be easy for girls not for us as boys. What will the other boys think about me? How will I brag about during boys 'discussions when the other boys are explaining how they had sex and even showing us the girls at school? Mam on our own this thing is not working because it is not easy for us to abstain. We also hear about the issue of putting my penis between the thighs of my girlfriend, but I think it is not easy. I don't think I can be able to hold myself"*

The above quotes indicate that these boys feel isolated and reliant on their friends to learn about ASRH. This dependence leaves them frustrated as they may receive misinformation from their peers. Additionally, they expressed dissatisfaction with the methods taught by teachers and parents, specifically abstinence and condom use, stating that they do not find condoms effective and find abstaining to be a difficult approach.

Distorted information on Boko (masturbation)

The learners also discussed that they try to practice abstinence by depending on *Boko*. When we probed further about what they meant by *Boko*, they explained that the term *Boko* is a Venda word used to describe the act of stimulating one's genitals for sexual pleasure. This is similar to masturbation. They had an intense debate on this issue as some of them felt it was a good method of abstinence while others thought it was embarrassing to use *Boko* (masturbation) as one will not have something to brag about when other boys are talking. They also verbalised information such as *it makes you tired, loss of weight, is used as a sleeping pill and can kill you if you get caught*. One of the boys said:

"*I think masturbation is boring, what do you talk about when other boys are sharing experiences about having sex with a girl"*

The same sentiments were reiterated by another boy who verbalised it as follows.

"Yoo! Boko is a task and a half. Girls are available why must I practice Boko? Other boys will laugh at me"

In addition, the learners expressed that Boko makes them feel tired and sleepy.

*"Boko is nice but it makes you so tired. It is something that you can use as a sleeping pill. You feel very sleepy afterward"*They also expressed that *Boko* is a very private thing that a person must do in private. They expressed it as follows:

"Boko is also scary as it is private. If someone finds you doing it, you may suffer from emotional trauma. You see it is not a good method as it can make you kill yourself if you are caught"

"You see Boko is done privately but other boys can see that you are practicing Boko by just losing weight"

Masturbation can be a helpful way for boys to explore their sexuality and can potentially deter them from engaging in early sexual intercourse.

However, the boys involved in the study were not supportive of this idea due to misconceptions they had heard from their peers. This suggests a lack of guidance from (ASRH) services and parents.

"Boys don't get pregnant"

The other theme that emerged strongly was "boys *don't get pregnant*". The learners felt that girls must take responsibility for their bodies as they are the ones who will get pregnant and leave school.

"We feel girls must use contraceptives to prevent pregnancy. They must be clever as they are the ones that get pregnant and leave school"

One of the learners said. *"The clinic nurses must just come here to school and inject all the girls so that we can have sex with them without fear"*

This topic prompted a passionate discussion as some of the boys believed that it was a thoughtless remark. They contended that it is unjust to place the entire responsibility for a pregnancy on the girl while boys can carry on with their lives and attend school without facing discrimination.

It was expressed as follows. "*It is so unfair for a pregnant girl to be expelled from school while the boy continues to enjoy his life. These boys continue to have a new girlfriend while the girl is suffering with taking care of the child"*

Some of the boys felt that the school system must be strict and punish the boy who impregnated the girl. "*They must expel the boy and the girl. As boys, we feel we are never taught responsibility from the beginning"*

The quotes above indicate that boys often lack guidance and are not encouraged to take responsibility or be held accountable for their actions. The school and cultural expectations promote the notion that women are solely responsible for childrearing, thus shifting the entire burden of pregnancy onto the girl-child.

Discussion about sex is taboo

The learners have expressed their frustrations about discussing sex with their parents. The word "taboo" means forbidden, disapproved, banned, or prohibited. In this case, the learners expressed that discussing sex in many families is disapproved. It is difficult to broach the subject as it may be seen as disrespectful. The majority of them expressed that it is difficult to discuss sex with their parents.*"It is not easy I feel like I will be disrespecting her if I ask her anything about sex"*

"The discussion of sex is 'taboo" in our family. I will not even know where to start. I think my parents will think I am promiscuous, or I lack sexual control, and I want to have sex"

"The only thing that my mother said was don't play with girls and impregnate them we don't want people coming to report a pregnancy here. As for my father, he has never said anything to me regarding that"

"It also depends on your relationship with your parents. I feel free to ask my mother. Ee, my dad he is a roaring lion I will not even try"

"Even here at school, discussing this subject with teachers is difficult. We are just talking to you because you don't live here, and we know you don't know our parents"

"Our older siblings don't even help. Maybe girls discuss these issues with their siblings, I don't know. With us boys, you are on your own. It is a no-go area. My big brother has never said anything to me"

The quotes illustrate that discussing sex with young boys is still considered taboo by their parents, teachers, and siblings, leaving them feeling frustrated as they have to figure out everything about adolescent sexual and reproductive health on their own. On the other hand, some students mentioned that having a good relationship with their mothers provides them with an opportunity to discuss ASRH-related matters.

Programmes are centred around a girl-child

The boys felt that most of the programmes are centred around girls, and there are no programmes for the boy-child. They gave examples such as Adolescent-friendly services at clinics and Books Before Boys Because Boys Bring Babies.

"Indeed, all programmes are centred around girls. We are never included. We hear that there are adolescent-friendly services, but they are for girls. They are not for us"

"There are also non-governmental organisations coming to the school. The girls will be called separately. We are neglected. Nobody cares about us. For example, there is a project called 7Bs; Books Before Boys Because Boys Bring Babies. *We hear from girls about some of these things"*

"I can't remember anything or anyone bringing a project or educational talk for boys only. Isa Mathivha Foundation tries but we are combined with girls. We need our own"

There is a clear indication that boys feel neglected and believe that girls are more protected than boys. Programmes on ASRH target girls more than boys

Discussion

The discussion on adolescent sexual health was centred on the issue of methods that can be used to prevent pregnancy. The findings revealed that most of the information regarding pregnancy prevention is centred on the girl-child. There was little information related to boys. The boys expressed that they felt left out in sexuality health discussions. The findings revealed that boys feel neglected when it comes to sexual and reproductive health education, particularly in preventing teenage pregnancy. They believe that there is insufficient information available to help them understand the changes in their bodies during adolescence.

As a result, they rely on friends to learn more, as some changes in their bodies come as a shock[12]. Relying on friends for information can be misleading as some advice may be based on myths rather than factual information. Peer-to-peer education may be good; however, it will be good if a mentor and mentee have enough evidence-based information. Neglecting a boy-child is a mistake that must be avoided as we need both genders to be empowered if we are aiming for gender equality and well-grounded future parents[2]. The boys expressed some of the teenage pregnancy methods that they have learned from their peers. One of the teenage pregnancy prevention methods that were mentioned was 'pull-out'. Pull-out is a withdrawal method which is one of the methods that they should have learned from the clinic or school education. Withdrawal is defined as the removal of the penis from the vagina and away from the female genitalia before ejaculation, there is no clear education given to boys as to when and how do they recognise or feel that they are about to release the sperm[13].

The methods need proper timing, and it is also associated with high failure rates leading to unplanned pregnancies. Thus, boys feel there is no proper education to enable them to use the methods as they only heard about it from their peers. The withdrawal method is often neglected as a form of contraceptive by healthcare providers due to not having sufficient information on how the method works. A study conducted using REDDIT, which is an internet platform, revealed that health practitioners feel reluctant to advise clients to use withdrawal methods as they are also unsure how to know when ejaculation is imminent. Research on how the method is used effectively is limited[13].

Boys indicated that they use masturbation as a way of dealing with and relieving themselves from their sexual desires. They referred to masturbation as 'Boko,' which is a slang used among boys. 'Boko' is a Venda word, which means the ability to ejaculate on your own. The participants felt that masturbation was not enough as other boys look down upon you. There are different views on how masturbation is viewed in society. Some religious and cultural beliefs view it as bizarre, while others tolerate it based on biological grounds[14].

Masturbation has been stigmatised for a long time in society due to cultural and religious beliefs. The Christians feel that boys practicing masturbation are demon-possessed, while culturally it is viewed as immoral. Perceptions of masturbation vary from it being sinful and shameful and some think that it reflects the boy's inadequacy[15]. A study conducted in Iran revealed that parents discourage their boys from engaging in masturbation and tell them of its pathogenic effects. Islam views masturbation as an act that affects males

physically and mentally[16]. Boys tend to listen to the negative perceptions and resort to having sex with girls as a better option as they feel they are masculine enough.

The findings alluded to the same when the boys indicated that there is no way to hide that one is masturbating as the other boys will diagnose it by one's loss of weight. They also indicated that some use it as a sleeping pill because it makes one exhausted and one falls into a deep sleep after that. This shows that masturbation can affect boys in different ways. Burnett [17]argues that masturbation assists in promoting abstinence[17]. He indicates that there are a lot of myths related to the pros and cons of masturbation such as the association of masturbation with addiction to pornography. Boys must have proper education on masturbation and be able to understand their body changes including their urge to have sex and the management thereof [18].

The boys expressed that they feel that they are neglected as they do not get pregnant. They verbalised that the girls are often getting more attention and more sexual education as compared to them. They also felt that the programmes for sexuality education and external programmes that come at school often concentrate on contraceptives for girls while boys are merely encouraged to use condoms only. They, therefore, feel that girls must take responsibility for using contraceptives as they are the ones who get pregnant. Prevention of adolescent pregnancy remains a major issue in developing countries, with 27% of women in South Africa getting pregnant before the age of 19[19]. This leads to inequality in education among boys and girls, as pregnant girls often drop out of school[20]. Aventin [5] argues that challenges such as high teenage pregnancy may be attributed to cultural, and socioeconomic factors and the inability of parents to communicate with their children[5]. Some studies show that girls get boys in trouble as they often want to get pregnant intentionally due to peer pressure[3,21].

Another finding shows that discussions about sex are still not easy for parents. Boys find it difficult to ask their parents questions about sexuality because they feel it could be a sign of disrespect. They worry that their parents may think they are already involved in sexual activity, which may disappoint their parents' expectations. In turn, their parents hope that their children will abstain from early sexual debut. In a study conducted in Kenya, boys and girls felt that discussing sex with their parents is difficult because their parents are very strict to the extent that they are often confined at home and restricted from socialising with friends during weekends. This difficulty can be attributed to existing social and cultural norms and values[20].

A study conducted in Iran revealed that parents still emphasise their conservative approach to sex education by emphasing abstinence and avoidance of sex before marriage. In addition, parents felt that talking about sex education may lead to their boys engaging in early sex and being loose and subjecting them to risky behaviour that can lead to sexually transmitted diseases such as HIV/AIDS[16]. Sex education is viewed as something that must be a collaborative approach between schools and parents. However, parents in Australia confirmed the findings of this study by confirming that the subject of sex education remains a difficult topic to discuss with their children[12].

Teachers often find it challenging to discuss sex education with students, even though it is a part of the life orientation curriculum. There is a lack of in-depth sex education in schools, and a study in low-income countries in the Pacific region revealed that there are not enough targeted interventions for adolescent sexual health in schools. This is concerning because adolescents spend a significant amount of time at school. Schools need to provide a nurturing environment for adolescents. In schools, future parents are shaped[22].

The findings also indicate that youth-friendly services are primarily accessible to girls. While a study conducted by Godia, Olenja, Hofman and Van Den Broek[21] shows that there are youth-friendly services in certain parts of South Africa; this study indicates that there are no youth-friendly facilities in other rural areas[20]. In addition, there is also a lack of programmes that target the boy-child[5]. This lack of accessibility makes it difficult for learners to access ASRH services. Gender-transformative interventions to address gender inequality in sexual reproductive health are gaining momentum in developed countries although they warrant improvement in conceptualisation and implementation[5]. However, there is little evidence

that shows how those programmes are filtered to the schools in low and middle-income countries as revealed by the findings of this study.

Conclusion

In conclusion, the findings revealed that boys feel neglected. There is a need to ensure that ASRH programmes are designed to include boys and girls. If possible, the programmes ought to ensure that they learn together to enable them to understand each other's roles and responsibilities. Concentrating on a girl-child makes boys feel that the responsibility of pregnancy prevention lies with girls more than boys. This may have a long-lasting replication of males who remain irresponsible.

There is a need to teach boys about their bodies to enable them to take responsibility and know how to manage their sexual desires rather than leaving them to seek information on their own as they can be easily misled. It is also important to conduct more research on the needs of a boy-child and use the findings to develop supportive, evidence-informed policies. More youth user-friendly services in rural areas may assist in scaling up the provision and utilisation of health services and commodities. Lastly, parents and teachers ought to collaborate to empower young boys with sex education.

Competing interests

None declared

Authors' contributions

FMM gathered the data, NVS was a co-facilitator and moderator during data collection and RJS led the analysis. FMM, NVS, and MRM co-coded the data. The manuscript was revised by all authors and approved in its final form.

Acknowledgement

The researchers are appreciative of the school principals, and the school governing bodies, for allowing us to conduct the study at their respective schools. We thank the learners for taking part in the study. We also thank the University of Pretoria, the Department of Health, the Department of Education, and the village head for giving us permission to conduct this study in the Vhembe District. This research was made possible by NRF BAAP (2204072616) and NRF funding for the Ubuntu community model in nursing (:0531440620).

The views expressed above do not necessarily reflect the views of the funders

References

1. Liang M, Simelane S, Fillo GF, Chalasani S, Weny K, Canelos PS, Jenkins L, Moller AB, Chandra-Mouli V, Say L and Michielsen K. The state of adolescent sexual and reproductive health. Journal of Adolescent Health. 2019 Dec 1;65(6): S3-15.
2. Amoo EO, Adebayo ME, Owoeye MO and Egharevba ME. To save a girl-child, you must train a boy-child: a note on situational irony. International journal of environmental research and public health. 2022 Dec 6;19(23):16313.
3. Ajayi AI and Ezegbe HC. Association between sexual violence and unintended pregnancy among adolescent girls and young women in South Africa. BMC Public Health. 2020 Sep 7;20(1):1370.
4. Saewyc EM. What about the boys? The importance of including boys and young men in sexual and reproductive health research. Journal of Adolescent Health. 2012 Jul 1;51(1):1-2.
5. Aventin Á, Robinson M, Hanratty J, Keenan C, Hamilton J, McAteer ER, Tomlinson M, Clarke M, Okonofua F, Bonell C and Lohan M. Involving men and boys in family planning: A systematic review of the effective components and characteristics of complex interventions in low-and middle-income countries. Campbell systematic reviews. 2023 Mar;19(1): e1296.
6. Govender D, Naidoo S and Taylor M. Prevalence and risk factors of repeat pregnancy among South African adolescent females. African Journal of Reproductive Health. 2019 Oct 7;23(1):73-87.
7. Abbott P, Malunda D and Byaruhanga I. Assessing the Impact and Scalability of Participatory Homegrown Programs on Reducing and Redistributing Unpaid Care Work among Women in Rwanda: A Case of Reseaux des Femmes' Unpaid Care Work Project in Rwanda: Baseline Report 2023.
8. Adekola AP and Mavhandu-Mudzusi AH. Addressing learner-centred barriers to sexuality education in rural areas of South Africa: Learners' perspectives on promoting sexual health outcomes. Sexuality Research and Social Policy. 2021 Sep; 29:1-7.
9. Sepeng NV, Mulaudzi FM, Mathivha P, Musie MR and Seretlo RJ. Strategies to enhance sexual health education for prevention of teenage pregnancy in Vhembe District, Limpopo Province: different stakeholder's perspectives, a co-operative Inquiry qualitative protocol paper. Reproductive Health. 2023 Aug 18;20(1):120.
10. Short M. The co-operative inquiry research method: A personal story. Social work: Innovations and insights. 2018 Aug 31:232-44.

11. Rasweswe MM. Lekgotla discussion as a decolonized qualitative methodology: A lesson from a workshop conducted to formulate and verify the strategies in Botlokwa village, Limpopo, South Africa. International Journal of Qualitative Methods. 2023 Jun 8; 22: 16094069231183591.
12. Robinson TN, Banda JA, Hale L, Lu AS, Fleming-Milici F, Calvert SL and Wartella E. Screen media exposure and obesity in children and adolescents. Pediatrics. 2017 Nov 1;140(Supplement_2): S97-101.
13. Latack KR, Yuen F, Wang C and Nguyen BT. Online community queries on hormonal male contraception: An analysis of the Reddit "Ask Me Anything" experience. Contraception. 2021 Aug 1;104(2):159-64.
14. Mintah PC, Amponsah KD, Adasi GS, Amponsah RO. Adolescents' attitude towards masturbation: Practical study on a sample of senior high school students in the Cape Coast metropolis of Ghana. European Scientific Journal. 2020;16(28):195.
15. Hurteau P. Catholic moral discourse on male sodomy and masturbation in the seventeenth and eighteenth centuries. Journal of the History of Sexuality. 1993 Jul 1;4(1):1-26.
16. Rouhparvar Z, Javadnoori M and Shahali S. Parents' approaches to sexuality education of their adolescent boys: a qualitative study in Ahvaz, Iran. Reproductive health. 2022 Mar 19;19(1):69.
17. Burnett S. The battle for "NoFap": Myths, masculinity, and the meaning of masturbation abstention. Men and Masculinities. 2022 Aug;25(3):477-96.
18. Mintah PC, Amponsah KD, Adasi GS and Amponsah RO. Adolescents' attitude towards masturbation: Practical study on a sample of senior high school students in the Cape Coast metropolis of Ghana. European Scientific Journal. 2020;16(28):195.
19. Statistics South Africa. Statistical release P0302: mid-year population estimates 2018. Pretoria: STATS SA; 2018. Available from: http://www.statssa.gov.za/publications/P0302/P03022018.pdf
20. Ntshayintshayi PN, Sehularo LA, Mokgaola IO and Sepeng NV. Exploring the psychosocial challenges faced by pregnant teenagers in Ditsobotla subdistrict. Health SA Gesondheid (Online). 2022; 27:1-8.
21. Godia PM, Olenja JM, Hofman JJ and Van Den Broek N. Young people's perception of sexual and reproductive health services in Kenya. BMC Health Services Research. 2014 Dec; 14:1-3.
22. Xu X, Xu G, Liu M and Deng C. Influence of parental academic involvement on the achievement goal orientations of high school students in China: A latent growth model study. British Journal of Educational Psychology. 2020 Sep;90(3):70018
23. Bryne, D. A worked example of Braun and Clarke's approach to reflexive thematic analysis Quality & Quantity (2022) 56:1391–1412 https://doi.org/10.1007/s11135-021-01182-y 1 3.