

Research Article

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Educators' Perception of Teaching Sexual Education in Schools at the O.R. Tambo Coastal District, Eastern Cape

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Abstract

Background/Objective. This study explores the perceptions and challenges of junior secondary school educators regarding the delivery of sexual education (SE) in the O.R. Tambo Coastal District, South Africa. Given the region's high rates of teenage pregnancy and HIV infections, effective SE is urgently needed. However, socio-cultural resistance, limited training, and resource constraints continue to affect implementation. The study aims to assess how these challenges shape teaching practices and to offer context-specific solutions.

Materials/methods. A qualitative exploratory research design was adopted. Data were collected from 12 educators, diverse in age, gender, and teaching experience, across three public schools. Semi-structured interviews and classroom observations allowed in-depth insights into stated and practiced approaches. Thematic analysis, supported by Social Learning Theory, was used to identify recurring challenges and strategies.

Results. The analysis identified five key barriers: inadequate training, outdated teaching resources, cultural taboos, limited institutional support, and insufficient instructional time. Despite these, some educators adopted innovative practices, such as integrating community-based support and digital tools, to improve delivery. Observational data corroborated inconsistencies in how sexual education is implemented.

Conclusion. This study contributes original insights into the micro-level dynamics of SE delivery in rural South Africa, offering a localized understanding of the cultural and institutional barriers teachers face. It recommends increased investment in culturally responsive teacher training, updated teaching materials, community engagement, and digital infrastructure. These interventions are vital to strengthen comprehensive sexual education programmes in under-resourced and socio-culturally complex educational settings.

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1. Introduction

Over the past decade, comprehensive sexual education (SE) has been increasingly recognized as a fundamental part of school curricula worldwide. Such programs not only prepare students to make informed decisions about their sexual health but also foster safe environments that can reduce sexually transmitted infections (STIs) and unintended pregnancies (Thelma et al., 2024). For adolescents, the stakes are exceptionally high as they grapple with various social and personal challenges relating to sexuality. In South Africa, socio-economic and cultural barriers compound these issues, particularly in resource-limited settings such as the O.R. Tambo Coastal District of the Eastern Cape (Mapiye et al., 2023). Here, high rates of teenage pregnancies and STIs highlight the urgent need for effective SE programs tailored to the local context.

Statistics on HIV prevalence in South Africa emphasize the gravity of this issue: the country has one of the highest HIV infection rates globally, with young women aged 15–24 at a disproportionate risk (Shisana et al., 2021). Further underscoring the critical need for thorough SE is research on coerced sexual experiences among adolescents (Unis et al., 2021), which shows how a lack of sexual health awareness and agency can place youth in vulnerable situations. Evidence suggests that well-designed SE can significantly curb adolescent sexual risk behaviors, thereby reducing STI transmission and unintended pregnancies (Govender et al., 2024). Moreover, open dialogue fosters a sense of autonomy among youth, empowering them to understand and assert their rights and responsibilities about sexual activity.

Extensive literature supports the view that SE should address biological (reproductive) and non-biological or relational aspects of sexuality (Madureira, 2024). This includes discussions of emotional well-being, consent, healthy relationships, and respect for diversity, vital topics for creating inclusive, stigma-free learning environments (Kumar et al., 2025). Nonetheless, the persistent stigma attached to sexual matters in many cultures has led to community and parental opposition, while educators often feel underprepared or uncomfortable teaching these subjects (Gorski & Parekh, 2020). Limited institutional support, inadequate teacher training, and a dearth of proper resources further undermine SE's effectiveness (van Staden-Pyne, 2025). This study uses Social Learning Theory (Bandura, 1977) as a conceptual framework. The theory posits that individuals learn through observation, modeling, and interaction within their social environments. In the context of this research, educators' perceptions and practices are shaped by social and cultural influences within their schools and communities. This lens explains how teachers' environments affect their comfort, preparedness, and willingness to deliver sexual education.

In response to these challenges, this study focuses on educators' perceptions of and experiences with delivering SE in Junior Secondary Schools in the O.R. Tambo Coastal District. By examining how socio-economic, cultural, and resource constraints influence teacher practices, this research aims to clarify specific obstacles and facilitators within this unique context. While previous research on sexual education in South Africa has often taken a broad view of policy or population-wide trends, few studies delve into the local realities facing educators at the school level. Similarly, literature on teachers' perceived roles in delivering SE is still limited, leaving a knowledge gap on how best to support them in equipping students with essential sexual health knowledge and skills. This study aims to investigate and document teachers' views, challenges, and strategies for delivering SE within a region where educational resources are rare and cultural norms can be restrictive. Understanding these perspectives is significant because it can inform the development of more effective, context-sensitive SE programs that ultimately improve students' sexual health outcomes.

1.1. Research Purpose

This study aims to evaluate educators' perceptions and challenges in delivering sexual education in junior secondary schools, with particular attention to how cultural, institutional, and resource-related factors affect curriculum implementation.

1.2. Research Questions

1. How do educators perceive their roles and responsibilities in teaching sexual education within the O.R. Tambo Coastal District?
2. What challenges do educators face when implementing sexual education curricula, and how do they affect their teaching practices?
3. What resources and support do educators believe are necessary to enhance the delivery of sexual education in schools within this district?

In addressing these aims, the research will contribute to understanding the present sexual education realities in schools within the O.R. Tambo Coastal District, finding areas for improvement and advancement. The results will help policymakers, education leaders, and teacher training programs to understand the specific needs and hurdles in this context, ultimately contributing towards a better-informed youth population that produces good citizens of responsible communities in the Eastern Cape.

2. Literature Review

2.1. Understanding Comprehensive Sexual Education (CSE)

Comprehensive Sexual Education (CSE) is a curriculum-based process of teaching about the cognitive, emotional, physical, and social aspects of sexuality. It goes beyond the biological components to include ethical, relational, and emotional elements that shape individuals' understanding and behavior (Keider et al., 2014). This multifaceted approach helps young people develop the knowledge, skills, attitudes, and values necessary to make informed and respectful choices about relationships and sexual health (Ediae et al., 2024). Research shows that adolescents exposed to CSE are more likely to engage in safe sexual practices, which significantly reduces the risks of unintended pregnancies and sexually transmitted infections (Vaina & Perdikaris, 2022).

2.2. Differentiating CSE from Sexual and Reproductive Health (SRH)

While CSE and Sexual and Reproductive Health (SRH) are related, they are distinct in scope and implementation. CSE is an educational approach that equips learners with a broad understanding of human sexuality, relationships, and personal well-being. It is taught in schools as part of formal education systems. In contrast, SRH refers to the broader domain of health services, rights, and policies related to reproductive processes and functions. It includes access to contraception, safe childbirth services, prevention and treatment of STIs, and protection from gender-based violence (Huang et al., 2022). While SRH services are delivered through the health system, CSE operates through the education sector, making the two complementary but different in their operational domains.

2.3. Global and Regional Trends in CSE Implementation

Internationally, the implementation of CSE has been widely endorsed through various frameworks and conventions. However, despite global advocacy, national-level application varies due to cultural, political, and infrastructural limitations. Policies supporting CSE exist in South Africa, yet practical implementation is still inconsistent. Challenges such as under-resourced schools, socio-economic disparities, and lack of trained personnel hinder the fidelity of program delivery (Schwartz,

2019). Research shows that successful CSE implementation is often linked to culturally sensitive content, political will, and sustained investment in training and materials (Chavula, Zulu & Hurtig, 2022).

2.4. Socio-Cultural Influences on CSE in South Africa

South Africa presents a complex social and cultural landscape that affects how CSE is delivered. Regions such as the O.R. Tambo Coastal District face deep-rooted taboos around sexuality, often influenced by religious and traditional beliefs (Luvo, 2021; Omojemite et al., 2024). Community resistance to open discussion about sex, especially topics related to LGBTQ+ issues or non-traditional family structures, can limit the extent to which educators feel comfortable engaging with the curriculum (McKenna & Chughai, 2020). Adolescents in these contexts may have limited access to both information and support services, increasing their vulnerability to sexual health risks (Gaborit & Olomi, 2022).

2.5. Educator Preparedness and Professional Development

A consistent theme in the literature is the lack of preparedness among teachers tasked with delivering CSE. Many educators report feeling uncomfortable, undertrained, or unsupported when dealing with sensitive sexual health topics (Aalkaabi, 2021; Bianchi, 2024). Inadequate training contributes to inconsistent delivery and the omission of critical subjects such as consent, gender identity, and emotional health (WHO, 2022). Gangwal et al. (2024) also point to outdated teaching materials as a compounding factor that discourages innovation and inclusive approaches in the classroom.

2.6. Material Constraints and Institutional Capacity

The availability of updated, engaging, and culturally relevant teaching materials is another critical issue. Schools in resource-constrained regions often lack access to current curricula and tools that support effective CSE delivery (Prasad Parajuli et al., 2024). Kenny et al. (2023) show that educators are more likely to deliver comprehensive and inclusive education where materials and ongoing institutional support are available. However, funding and leadership support disparities contribute to uneven implementation across districts, with some schools performing significantly better than others (Leithwood, 2010).

2.7. Community Involvement and Cultural Sensitivity

Engaging the community in developing and accepting CSE is crucial for its success. Parental and community opposition is often cited as a barrier, especially in conservative settings (Sinai & Shehade, 2019). Manguvo (2024) suggests that collaborative efforts involving parents, religious leaders, and traditional authorities can reduce resistance and foster a supportive environment for sexual education. Co-developed programs with community input are more likely to be culturally appropriate and widely accepted (O'Brian et al., 2023).

2.8. Gaps in the Literature and Localized Needs

While substantial literature exists on the benefits and challenges of CSE implementation globally and nationally, there is a significant gap in localized studies in specific districts such as O.R. Tambo. Broader research often overlooks school-level realities, including the nuanced effects of resource limitations, cultural pressure, and teacher confidence on curriculum delivery (Brouskelis, 2024). This study addresses that gap by focusing specifically on the experiences of educators within the O.R. Tambo Coastal District. It contributes to the growing discourse on how contextually grounded evidence can inform better training programs, policy adaptation, and resource distribution strategies. In conclusion, while the global discourse around CSE advances, its practical execution, especially in rural and socio-culturally complex regions, requires more significant support, culturally informed

strategies, and sustained investment in teacher development. This study adds to the knowledge base by focusing on local implementation barriers and exploring practical solutions tailored to educators' lived experiences in the Eastern Cape.

3. Methodology

This research is guided by the theoretical framework of Social Learning Theory, which argues that learning occurs in a social context through observing and interacting with others (Bandura, 1978). This theory is particularly relevant in understanding how educators perceive sexual education, as it emphasizes the impact of role modeling, social interactions, and cultural norms on behavior. This study used Social Learning Theory to interpret how educators' experiences, institutional contexts, and surrounding cultural influences shape their attitudes and teaching practices. The framework further clarifies how teachers may feel caught between curriculum expectations for comprehensive sexual education (CSE) and social pressures that align with more traditional norms.

A qualitative exploratory research design was employed to gather rich, in-depth data on educators' perceptions and practices related to CSE in junior secondary schools in the O.R. Tambo Coastal District. This design was chosen for its suitability for investigating complex, context-bound social phenomena without imposing preconceived hypotheses (Cuthbertson, 2020). The research was thus positioned to uncover nuanced insights from educators working in under-resourced, culturally diverse settings where CSE implementation is often challenged (Shim, 2023).

3.1. Research Questions

To guide the inquiry, the study focused on the following research questions:

1. How do educators perceive their roles and responsibilities in teaching sexual education within the O.R. Tambo Coastal District?
2. What challenges do educators face when implementing sexual education curricula, and how do they affect their teaching practices?
3. What resources and support do educators believe are necessary to enhance the delivery of sexual education in schools within this district?

3.2. Participants

A purposive sampling strategy was used to recruit 12 educators from three public schools in Port St. Johns. These participants were selected based on their direct experience delivering sexual education content. Efforts were made to ensure diversity in gender, age, and teaching experience to provide a holistic representation of views (Martin & Fisher-Ari, 2021).

Table 1. Demographic Profile of Participants

Gender	Age Range	Number	Total %
Female	20–30	4	33.3%
	31–40	3	25.0%
	41–50	2	16.7%
	51+	1	8.3%
Male	20–30	2	16.7%
	31–40	1	8.3%
	41–50	1	8.3%
			100%

The demographic diversity enriched the data by providing a range of perspectives. Gender dynamics were valuable in understanding how comfort levels with sensitive topics vary by educator background (Wu et al., 2024).

3.3. Data Collection Methods and Ethical Procedures

Data were collected using semi-structured interviews and non-participant classroom observations, allowing methodological triangulation to enhance credibility (Cunningham, 2020N). Interviews lasted 45–60 minutes and followed an interview guide aligned with the research questions. Interviews were audio-recorded with informed verbal consent and transcribed verbatim. Observations were conducted during regular CSE lessons, capturing instructional practices, materials used, teacher-student interactions, and student engagement. Approval was secured from the Walter Sisulu University Ethics Committee to maintain ethical integrity. Participants were briefed on the research goals, their rights, and the voluntary nature of their involvement. Confidentiality was strictly observed, and data were anonymized throughout the process (Templ et al., 2020).

3.4. Data Analysis

Thematic analysis followed Khokhar et al.'s (2020) six-phase method. The analysis began with familiarization through repeated readings of transcripts. Initial codes were generated manually, focusing on recurring ideas relevant to the research questions. These codes were reviewed, grouped into larger categories, and refined into final themes through focused coding. Two primary themes were identified:

Challenges in Implementing Sexual Education – This theme included limited training, inadequate resources, time constraints, and socio-cultural resistance. Educators consistently highlighted discomfort with teaching sensitive content, linking it to a lack of formal training and community expectations.

Strategies for Improvement – Educators discussed creative coping mechanisms, including digital tool use, peer learning, and engaging local stakeholders. These adaptive strategies were used to mitigate the effects of structural limitations.

3.5. Triangulation and Validity

Data triangulation involved comparing interview responses with observational data. Classroom practices were used to confirm or expand on reported experiences. For example, a teacher's claim of student disengagement was confirmed by low classroom participation. Triangulation also enabled cross-validation of codes and supported the credibility of emerging themes (Homocianu et al., 2020).

3.6. Summary of Theme Frequency and Illustration

A simplified code-frequency table is provided below to highlight the prevalence of coded patterns across participants:

Table 2. Theme Frequency and Illustration

Theme	Frequency	Example Quote
Challenges in Implementing SE often	10	" We do not get proper materials or training... I Skip topics I do not feel ready to teach."
Strategies for Improvement	8	"I involve parents where possible and use YouTube. videos as support."

The analysis highlighted a consistent tension between policy intentions and classroom realities. Educators' adaptive strategies demonstrate resilience and the need for institutional support and reform. This structured analysis offered a grounded view of how sexual education is delivered in schools within a rural South African context and created a foundation for targeted interventions, which are discussed in the following sections.

4. Results

This section presents findings from interviews and classroom observations conducted with 12 educators from various Junior Secondary Schools in the O.R. Tambo Coastal District. Data are organized thematically to explore educators' perspectives on teaching sexual education, interpreted through the lens of Social Learning Theory. This framework helps to reveal how cultural norms, resource limitations, and inadequate training influence educators' attitudes and practices.

Table 3. Demographic Information of Participants

Gender	Age Range	Number	Total %
Females	20-30	4	33.3%
	31-40	3	25.0%
	41-50	2	16.7%
	51+	1	8.3%
Males	20-30	2	16.7%
	31-40	1	8.3%
	41-50	1	8.3%
	51+	0	0%
Total		12	100%

This sample reflects a gender-diverse group of educators, with most identifying as female and varying levels of teaching experience.

4.2. Challenges in Teaching Sexual Education

Educators identified five core challenges that limited their ability to deliver sexual education effectively.

Lack of Resources

Eight educators reported inadequate textbooks, materials, and digital tools. One participant noted:

"We have no textbooks on sexual education; we often have to use outdated materials that do not resonate with today's students."

Insufficient Training

Seven educators expressed concern about the limited training they received. They felt unprepared to teach sensitive subjects:

"I did not have a dedicated course on this subject, and all we studied in teacher training was inadequate."

Cultural and Societal

Attitudes Six respondents described how conservative community values inhibited open classroom discussion:

"In our community, people avoid talking about sex openly. My students are often too shy to take part."

Parental Opposition

Four educators experienced resistance from parents:

"Many parents say that this is a family matter and not something a school should be concerned with."

Time Constraints

Five teachers indicated that sexual education content is often rushed or skipped:

"With so many subjects to cover, this information is often raced through."

4.3. Strategies for Improving Sexual Education

Despite the challenges, participants described adaptive strategies they used to improve delivery.

Peer Collaboration

Teachers formed informal networks to share materials and pedagogical strategies:

"We discuss lesson plans in our WhatsApp group; having that support makes teaching this subject less isolating."

Health Partner Engagement

Teachers collaborated with local health NGOs for resources and guest facilitators:

"We have partnered with local clinic experts to help us explain things more clearly."

Student-Centred Approaches

Anonymous question boxes were a standard tool for encouraging honest discussion:

"I always begin with student questions submitted anonymously. It allows them to ask what they want to know."

Technology Use

Videos and online materials made the subject more accessible: "I have videos and internet files that I play during lessons. It grabs their attention."

Interactive Workshops

Schools organized events with health professionals:

"These workshops give students the chance to ask real doctors questions. It is more impactful than classroom theory."

Table 4. Theme Frequency and Illustration Table

Theme	Frequency	Illustrative Quote
Lack of Resources	8	"We have no textbooks..."
Insufficient Training	7	"All we studied in teacher training was inadequate."
Cultural and Societal Attitudes	6	"Students are too shy to take part."
Parental Opposition	4	"This is a family matter, not for schools."
Time Constraints	5	"This information is often raced through."
Peer Collaboration	6	"Having that support makes teaching this subject less isolating."
NGO/Health Partnerships	5	"Experts help us explain things more clearly."
Student-Centred Strategies	6	"Anonymous questions make them feel safe."
Technology Integration	4	"Videos help them understand better."
Interactive Workshops	5	"Students ask real doctors questions."

4.5. Interpretation through Social Learning Theory

These findings align closely with Social Learning Theory, which posits that behavior and attitudes are shaped through social observation and interaction. Educators are influenced not only by their training but also by societal and institutional norms. Cultural taboos and lack of institutional support contribute to internalized discomfort, affecting classroom behaviour. However, positive social interactions—such as peer collaboration and NGO engagement, reinforce confidence and model new teaching behaviours.

4.6. Contribution to Literature

These results support prior findings that underscore systemic challenges in SE delivery in low-resource contexts (Laar et al., 2022) while extending the literature by focusing on a rural South African setting. The creative coping strategies reported, especially student-centered approaches and health-sector partnerships, add valuable practical insights that have been less prominent in earlier work. This research contributes a context-specific understanding of how educators innovate amid structural and cultural constraints.

4.7. Summary

Educators in the O.R. Tambo Coastal District face many barriers—limited materials, inadequate training, cultural stigma, and lack of time. However, they also show remarkable agency by developing adaptive strategies that reflect resourcefulness and care for their learners. Improving sexual education in such contexts requires training and resources and recognition of the social dynamics at play. The findings suggest that culturally sensitive, community-engaged, and peer-supported approaches are essential for advancing sexual education in under-resourced school systems.

5. Discussion

This study's findings offer a nuanced view of how educators in the O.R. Tambo Coastal District experience, respond to, and navigate the delivery of sexual education, particularly within the constraints of cultural, institutional, and personal challenges. The interpretation is grounded in Social Learning Theory, which highlights how behaviors are influenced by observation, modeling, and the reinforcement of social norms. Educators in the study often mirrored prevailing community attitudes, particularly on the sensitivity surrounding sexual topics. This reinforces Gergely's (2018) assertion that individuals internalize social cues, shaping their behaviors accordingly. In communities where sexuality is seen as taboo, teachers reported self-censorship, avoidance of particular topics, and a lack of confidence, demonstrating how social learning shapes not just students but educators themselves.

The structural limitations, namely, lack of resources and insufficient training—further compound these challenges. As supported by Buabeng and Amo-Darko (2025), when teachers are poorly resourced and underprepared, educational delivery becomes inconsistent and fragmented. Within this study, the educators' reliance on improvised or outdated materials shows how institutional constraints limit the scope and effectiveness of teaching, especially on subjects as dynamic and socially charged as sexual education. Despite these constraints, the findings reveal how educators construct peer support systems and leverage partnerships with health professionals as coping mechanisms. These behaviors exemplify Social Learning Theory in action. Teachers model one another's adaptive practices, from forming collaborative networks to integrating digital tools and community voices. These responses mitigate professional isolation and promote inclusive and culturally sensitive strategies, aligning with Adeyeye (2024) and Bedigen et al. (2024), who advocate for contextualized approaches.

Interestingly, student-led methods—such as anonymous question boxes and community workshops—demonstrate a growing shift in pedagogical responsibility, where students are empowered to direct their learning. Such practices align with a transformative understanding of sexual education as student-centered, where dialogue replaces one-way instruction. This aligns with Jamatia (2023), who suggests empowering youth through participatory teaching fosters healthier outcomes. This discussion contributes to a growing literature calling for holistic, locally embedded interventions. Rather than suggesting a one-size-fits-all solution, the study affirms the value of hybridized practices: formal curricula supported by informal collaborations, digital materials, and culturally grounded engagement strategies. It also contributes to filling a gap in the literature around rural South African contexts, where the voices of educators are underrepresented.

Ultimately, the analysis suggests that sexual education in under-resourced areas will benefit most from well-supported teacher training, sustained community partnerships, and inclusive, learner-focused practices. These components foster environments where social learning can promote, rather than restrict, healthy discourse on sexuality. This study has several limitations that must be acknowledged. First, the small sample size of twelve participants limits the generalisability of the findings. While efforts were made to ensure diversity, the scope is still localized to the O.R. Tambo Coastal District, and the views may not represent all educators in the region or the country.

Second, qualitative methods such as interviews and observations are inherently interpretive, relying on subjective analysis, which may introduce researcher bias. Although triangulation was applied to improve reliability, the absence of student perspectives restricts the depth of understanding from the learner's point of view. Third, the socio-cultural environment in which the study took place may differ from other communities in South Africa. Deep-rooted cultural taboos and varying parental attitudes may affect the degree to which findings apply elsewhere. Lastly, the focus on English-speaking participants and schools with some level of accessibility excludes more remote or linguistically diverse institutions that may face even more significant barriers. Future research should consider expanding the geographic scope, including multiple stakeholder perspectives, and incorporating longitudinal data to explore the long-term effects of training and intervention strategies.

5.1. Research Limitations

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5.2. Recommendations

Based on the findings of this study, several key recommendations are proposed to enhance the delivery of comprehensive sexual education in junior secondary schools within the O.R. Tambo

Coastal District and similar contexts. There is an urgent need for ongoing professional development that equips educators with content knowledge and culturally responsive teaching strategies. These programs should address sensitive topics such as consent, gender identity, and healthy relationships, fostering educator confidence and competence.

In addition, curriculum reform is necessary to ensure alignment with contemporary health challenges and social realities. This includes the development and distribution of up-to-date textbooks, visual aids, and digital tools that are accessible even in under-resourced schools. Community and parental engagement must also be prioritized. Establishing dialogue with stakeholders such as parents, religious leaders, and health advocates can help reduce stigma and foster broader acceptance of sexual education content.

Partnerships with local health services and NGOs can be valuable in co-delivering classroom content and supporting educator training. Furthermore, integrating technology into instruction through interactive apps, online learning modules, or multimedia presentations can improve student engagement, particularly where traditional resources are limited. Lastly, creating formal peer networks among educators can provide a supportive space for sharing best practices, co-creating teaching materials, and addressing professional isolation. Collectively, these measures offer a roadmap for building an inclusive, culturally relevant, and sustainable approach to sexual education in schools.

6. Conclusion

This study highlights the vital role of culturally responsive and well-supported educators in delivering effective sexual education within the O.R. Tambo Coastal District. Drawing on qualitative insights, the research demonstrates how socio-cultural norms, insufficient professional training, and limited resource availability intersect to create significant barriers to the implementation of comprehensive sexual education. Framing these findings through the lens of Social Learning Theory provides deeper insight into how local beliefs, societal expectations, and institutional structures shape educators' attitudes and classroom practices. Overcoming these barriers requires a coordinated effort to improve teacher preparation, strengthen community engagement, and align educational policies with the lived realities of both educators and learners. Investing in teacher development, forging partnerships with community stakeholders, and ensuring consistent access to relevant materials are essential steps toward empowering educators and equipping students with the knowledge and confidence to make informed decisions about their sexual health.

7. Suggestion

Improving sexual education in culturally diverse and resource-limited contexts requires a multifaceted approach. First, tailored training programs that align with local cultural contexts should be developed and include reflective exercises, role-playing, and case studies to build educator confidence in addressing sensitive topics. Supporting teachers through professional development must be complemented by peer collaboration networks that foster lesson plans, experiences, and support sharing. Engaging parents, religious leaders, and community stakeholders in curriculum conversations can help reduce stigma and enhance curriculum relevance. Collaborative partnerships with local health organizations can provide much-needed teaching resources and training opportunities, while pooled procurement strategies may address school resource shortages.

In addition, integrating digital tools such as videos, mobile apps, and online learning platforms can supplement classroom instruction and increase student engagement. Continued dialogue with local policymakers is essential to advocate for long-term investment in teacher training, curriculum development, and infrastructure to ensure sustainability. If these recommendations are followed,

they can create a more supportive, inclusive, and effective environment for educators and learners alike, ensuring sexual education meets both educational standards and community expectations.

Declarations

Author Contributions. Author A: Conceptualization, Data Collection, Literature Review, Writing Original Draft Preparation

Author B: Methodology, Data Analysis, Review & Editing, Final Approval of Manuscript

Both authors have read and approved the final version of the manuscript.

Conflicts of Interest. The authors declare no conflict of interest.

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Ethical Approval. The study was approved by the Walter Sisulu University Research Ethics Committee (Reference No: FEDSHREC1830-10-23). All procedures were conducted according to the university's ethical guidelines for the care and use of humans implemented at this institution. Before participation, all educators were provided with information about the purpose of the study, their right to withdraw without consequences and how their data would be safe. No identifying information was included in the transcripts or the observation notes to ensure privacy, and all data was stored securely with limited access.

Data Availability Statement. The data supporting the findings of this study are not freely accessible due to privacy and ethical restrictions. However, de-identified data are available from the corresponding author on reasonable request and with the approval of the Walter Sisulu University Research Ethics Committee.

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