

Research Article

Examining the Impact of Cultural Education on Fertility Behaviours Among Schoolgirls in South African Schools

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Abstract

The South African government has introduced various policies designed to prevent and manage learner pregnancy within schools. These initiatives form part of a broader national effort to address the social and health challenges that young people encounter across the country. Despite various interventions, teenage pregnancy remains a persistent social and public health challenge in South Africa with the rates of pregnancy and subsequent school dropouts among these young mothers persist, leading to severe economic consequences and perpetuating cycles of poverty. This paper examines how cultural education affects fertility behaviors among schoolgirls in South Africa, drawing from contemporary literature on cultural norms, teenage pregnancy, and school-based interventions. Evidence suggests that culturally grounded learning improves critical awareness, supports contraceptive uptake, and empowers girls to navigate pressures from families and communities. However, cultural barriers, religious norms, and moralistic attitudes often limit the effectiveness of these initiatives.

Keywords: Teenage pregnancy, Poverty, Cultural barriers, Prevention, Contraceptives

Introduction

Teenage pregnancy is a major concern in South African schools, with thousands of pregnancies recorded each year [1]. In support of this is [2] who argues that South Africa has one of the highest teenage pregnancy rates in the world, with nearly one in four girls becoming pregnant before the age of 20. According to Statistics South Africa, 90,037 girls aged 10 to 19 gave birth across the nine provinces between March 2021 and April 2022 (Stats SA [3]). This pattern highlights the urgent need for comprehensive sexual and reproductive health education and adolescent-focused services to help curb rising teenage pregnancy rates, particularly during periods of crisis [4].

Many of pregnancies occur in contexts shaped by cultural expectations related to femininity, sexuality, and motherhood [5]. According to [6] cultural norms often transmitted through families, communities, and religious institutions play a significant role in shaping adolescents' fertility decisions. Hence, [7], argues that 85% of pregnant women indicated that their families favoured their pregnancy. Research also shows that peer education and cultural dialogue are important interventions in addressing contraceptive behavior [8] and [2], but these efforts must meaningfully engage cultural and religious influences to be effective.

Therefore, cultural education, when integrated into school curricula, can challenge harmful norms, promote informed reproductive choices, and empower schoolgirls. Hence, is of

paramount important to undergo this study as it aims to explore how such education affects fertility behavior among schoolgirls.

Literature Review

Cultural Norms as Predictors of Fertility Behavior

Socio-cultural factors such as religion, ethnicity, and community beliefs significantly predict teenage pregnancy in South Africa. In the same vein, [9] argue that cultural beliefs and principles play a significant role in shaping the social landscape of the macrosystem. For instance, cultural predictors such as religious affiliation and ethnicity strongly influence adolescent fertility, especially in urban areas. In the same breath, [1] argues that the influence of ethnicity and religion play a crucial role more so in urban areas than in rural areas. All these are found in the macrosystem the adolescent leaves in. Above all, these norms shape beliefs about ideal family size, the acceptability of contraceptive use, and the meaning of womanhood [2]. In the same breath, [10] argues that women's fertility preferences such as the number of children they desire and their willingness to use modern family planning methods are shaped by a complex interplay of social, economic, and cultural factors operating at multiple levels, often reinforcing or counterbalancing one another. Demographic characteristics including age and geographic context, levels of education [11-13], religious orientation [14], as well as prevailing social norms and cultural beliefs [15], all play influential roles in determining women's fertility aspirations and their adoption of family planning practices. Together, these factors contribute significantly to broader fertility patterns.

The Role of Education in Shaping Reproductive Behavior

Educational interventions, particularly peer education programs, have been shown to improve young people's sexual health knowledge and reduce risky behavior. Hence, [2] argues that cultures, values, and traditions influence the prevailing negative perception of teenage mothers. However, their effectiveness is constrained if they do not address cultural and religious pressures. As one study found, cultural norms, church teachings, and community expectations limited adolescents' ability to mentor peers on contraception, despite improved knowledge [1]. In the same vein, [16], argues that such perceptions have a key influence on decision-making processes and behaviour and may be particularly important in contexts of subsistence livelihoods and resource constraints, where households are vulnerable to both food insecurity and environmental degradation.

School Policy, Gender Norms, and Reproductive Outcomes

South African schools often operate within moralistic and conservative discourses around sexuality. These school-based cultural norms can affect students' reproductive choices. Research indicates that dominant school cultures that frame teenage pregnancy as moral failure reinforce shame, exclusion, and silence factors that limit informed fertility choices [17].

Cultural Education as an Intervention

Cultural education helps learners question harmful traditions, challenge myths about contraception, and understand the cultural roots of gender expectations. By discussing cultural norms openly, girls can develop stronger decision-making skills. Literature further suggests that including cultural discussions in reproductive health interventions increases adolescents' acceptance of contraception and reduces pregnancy risk [18]. On the other hand, [19] argues that cultural education serves as a mechanism to challenge and reshape these dominant social norms by engaging students in discussions about traditions, beliefs, and cultural misconceptions.

Theoretical Framework

This study is underpinned by Social Norms Theory (SNT). Social norms theory explains how individuals often misjudge the attitudes or behaviours of their peers and wider community, assuming them to differ from their own. This pattern of misunderstanding referred to as *pluralistic ignorance* [20] can arise in relation to both risky or problematic behaviours as well as healthy or protective ones. Such misperceptions may lead people to modify their own behaviour to align with what they mistakenly believe to be the norm [21]. As a result, individuals may adopt or justify harmful behaviours or, conversely, suppress positive, health-promoting behaviours.

The Social Norms Theory asserts that individuals' behaviours are shaped by perceived social expectations, cultural beliefs, and community norms. This theory deemed relevant to the current study as it allows the researcher to explain why schoolgirls may conform to social expectations encouraging early sexual activity or discouraging contraceptive use. Furthermore, it will guide the researcher to propose the interventions which will correct these misperceptions by revealing the actual, healthier norm that will have a beneficial effect

on adolescent girl in, to reduce their participation in potentially problematic behaviour or be encouraged to engage in protective, healthy behaviours [22].

Methodology

Research Design

The methodology employed in this study involved the implementation of a systematic literature review research strategy synthesizing findings from peer-reviewed studies, government reports, and policy documents exploring cultural influences on adolescent fertility. The researcher searched for peer-reviewed studies on socio-cultural predictors of teenage pregnancy, school-based responses to teenage pregnancy, South African public health and educational reports and studies examining the interaction between culture and contraceptive use via google scholar.

This approach involved the meticulous identification and selection of relevant articles, as well as the exclusion of those that did not meet the predetermined inclusion criteria [2]. The detailed process of article retrieval, inclusion, and exclusion is elaborated upon in this section. According to [23], as cited in [24], conducting reviews transparently and reproducibly is what the systematic literature review as a research method aims to achieve. Above all, it enables the researcher to make selection of articles to incorporate or omit in the study [24]. Upon completing the reading, themes were identified across the literature reviewed, which includes, cultural norms and fertility, school-based cultural influences, effects of cultural education, and barriers to culturally relevant sexual education.

Discussion

Cultural Education Improves Reproductive Knowledge

Evidence shows that when cultural beliefs are openly discussed in education settings, students gain a more nuanced understanding of fertility and contraception. Peer-education programs, when culturally grounded, increase knowledge and enable adolescents to critically examine cultural messages about sexuality [1].

Challenging Myths and Misconceptions

Several scholars [25-27] contend that rumours surrounding contraceptives such as beliefs that injectable methods damage the body negatively and oral contraceptives cause lower rates of acne, hirsutism, and weight gain, but higher rates of venous thromboembolism [28] influence both access to and utilisation of contraception. These misconceptions contribute to low contraceptive uptake, which in turn results in high levels of unmet need and increased rates of unintended pregnancy among adolescent girls and women. Similarly, [29] notes that many individuals are more preoccupied with the perceived negative side effects of contraceptives than with their effectiveness in preventing unwanted pregnancies. [27] further report that numerous adolescent girls and women cite side effects such as weight gain or loss, irregular bleeding, amenorrhea, and other bodily changes as reasons for avoiding contraceptive use. Participants also expressed fears that contraception could cause infertility or make the vagina "too wet," leading to concerns about being viewed as undesirable by

partners. Condoms, on the other hand, were often associated with discomfort, irritation from lubricants, and suspicions of infidelity. These misconceptions persist largely due to limited contraceptive education, particularly in low- and middle-income countries (LMICs) [27]. Cultural beliefs such as the idea that contraceptives cause infertility also to exacerbate these concerns. [30] argue that dismissing these beliefs as mere rumours simply because they stem from social accounts of other women's experiences rather than from clinical providers undermines a valuable and legitimate source of knowledge for many women.

Consequently, Jones (2023) argues that the decision to initiate contraception and select a method requires careful consideration; however, conflicting and confusing information often leaves individuals without the necessary knowledge to make informed choices. Culturally sensitive education has therefore been identified as essential for dispelling myths, reducing fear, and promoting informed contraceptive decision-making. On the other hand, many programs recommend that providers address women's concerns about the possible negative health effects of contraceptive methods by reassuring them that such fears are unfounded and that any side effects are likely to be minimal [31,32]. This type of counselling is commonly advocated in research that identifies associations between women's beliefs and their contraceptive use [26,33-35].

Empowering Girls Against Harmful Gender Norms

Many South African girls face cultural pressure to prove fertility, maintain submissiveness to partners, or conform to traditional femininity. Cultural education empowers girls to question these norms, advocate for themselves, and resist early sexual debut. According to [1] statistics of girls affiliating to traditional African religion were significantly positive with a 24% higher likelihood of pregnancy compared with Christian girls, while it was not significant and almost equal with a 1% lower chance of pregnancy among rural dwellers. This indicates that cultural education has its ways of decreasing teenage pregnancy. As observed in a practice of Basotho culture, where girls are not allowed to eat food such as eggs and intestine. This kind of practice is passed down to girls through gathering such as *pitiki*. According to [36], Basotho women gather during *pitiki* celebrations to support one another, share their experiences, and offer advice on addressing various challenges, particularly those involving their marriages or relationships with men. Consequently, ([37]: 88) agrees with [36] by pointing out that 'we need new alternatives and sometimes this means revisiting the old wisdoms and tapping into the maternal legacies of knowledge in Africa.' Hence, *pitiki* is seen as a good space where Indigenous Basotho women's knowledges related to sexual, reproductive health and well-being, maternal and child health within and around the Indigenous are discussed [38]. In this space, girls are free to discuss any matters related to sex, as such this helps to reduce teenage pregnancy.

Addressing Cultural and Religious Barriers

Studies show that religion and cultural identity strongly influence teenage fertility. Cultural education enables learners to navigate these influences by offering critical reflection rather than

dismissing cultural identity. Programs that ignore culture tend to be ineffective [2]. Previous research has highlighted religion understood as systems of faith and worship as a factor that influences teenage pregnancy [39,40]. In the South African context, the influence of religion on teenage pregnancy appears to stem largely from religious teachings that discourage the use of contraceptives. For example, a study conducted in the North-West province found that 6.83% of participants believed that using contraception was against their religious beliefs [41]. Likewise, research carried out in the Vhembe district of Limpopo reported that, because most teenagers (94.1%) identified as Christian, religious beliefs played a significant role in teenage pregnancy, as contraception was generally not supported [42]. Concurring to this is [1] who argues that the most affected groups are Nguni group (51%), Christian faith (84.9%) and lived in urban areas (53%) in KwaZulu-Natal (21%). Therefore, understanding these cultural and religious influences is essential for developing effective, culturally and religiously sensitive reproductive health strategies that respect community beliefs while promoting women's autonomy and well-being.

The Role of Schools

The South African government has introduced various policies designed to prevent and manage learner pregnancy within schools. Amongst those policies is the Policy on the Prevention and Management of Learner Pregnancy in that was finalised in 2021 by the Department of Basic Education. The policy expressly provides that a school may not discriminate against a learner based on her pregnancy status [43]. The School Governing Body (SGB) is given the mandate to implement and fulfil the need of the policies governing the school [44]. This suggests that SGB in their policy will be in position to suggest the programmes that raise awareness on teenage pregnancy. Therefore, these initiatives form part of a broader national effort to address the social and health challenges that young people encounter across the country.

To reduce the likelihood of young people engaging in unsafe sexual practices, it is essential to equip them with the knowledge and skills necessary for practicing safe sex [45-47]. Schools serve as an ideal setting for delivering this education, as they provide access to most children and adolescents. I therefore, argue that recently schools often perpetuate moralistic messages about sexuality, which create stigma around pregnancy and contraceptive use. This is because teachers offering sex education often use more passive forms of learning and tend to disregard skill-oriented learning activities [48-50]. On the same breath, [51] argue that cultural and societal taboos surrounding sexual and reproductive health strongly shape both educational content and public health policies. In many countries, school-based sex education is either highly restricted or entirely absent due to cultural sensitivities and political opposition. The United States, for example, has long experienced controversy over abstinence-only versus comprehensive sex education, with the preference for abstinence-only approaches often grounded in religious and cultural norms [52]. In contrast, nations that adopt more open and comprehensive approaches to sexual health such as the Netherlands report lower rates of teenage pregnancy and sexually transmitted infections [53]. These comparisons demonstrate

how cultural contexts are both reflected in and reinforced by policy choices, which signal varying levels of societal comfort and openness toward sexual and reproductive health topics. Therefore, changing school culture through inclusive cultural education can create safer environments for discussing reproductive choices [2].

Conclusion

It has been observed that fertility choices such as preferred family size, timing of childbearing and contraceptive use are deeply shaped by cultural and religious norms as well as social expectations. In many communities, beliefs about womanhood, lineage continuation, masculinity, religious teachings, and social status influence how women make reproductive decisions. Cultural education significantly shapes fertility behavior among South African schoolgirls. By addressing cultural norms, challenging myths, and empowering girls, it contributes to informed reproductive decision-making and helps reduce teenage pregnancy. However, cultural education must be delivered in ways that respect community traditions while promoting girls' rights and autonomy. Schools, families, and communities must collaborate to develop culturally sensitive and empowering educational interventions. As observed, high fertility rates pose challenges not only for country, but also for food security and the general welfare of households [54].

References

- Mkwanzani S, Lebelo RS, Mashinini A, Ngake A, Paledi MS, Thwala LS (2022) Socio-cultural predictors of teenage pregnancy in South Africa: A cross-sectional study that compares rural and urban areas. *Gender and Behaviour* 20(4): 20525-20541.
- Mbongwa L, Mpanza S, Mlambo VH (2024) The teenage pregnancy crisis in South Africa among high school students, causes, implications and possible solutions: A literature review. *Futurity Education* 4(3): 200-216.
- Pikoli Z (2023) *Teenage pregnancy prevention is not just about irresponsible teens say activists*. Daily Maverick. Available from: <https://www.dailymaverick.co.za/article/2023-09-29-teen-pregnancy-prevention-not-just-about-irresponsible-teens/>
- Barron P, Subedar H, Letsoko M, Makua M, Pillay Y (2022) Teenage births and pregnancies in South Africa, 2017-2021-a reflection of a troubled country: Analysis of public sector data. *South African Medical Journal* 112(4): 252-258. [crossref]
- Blackwood E (2000) Culture and women's sexualities. *Journal of Social Issues* 56(2): 223-238.
- Taiwo MO, Oyekenu O, Hussaini R (2023) Understanding how social norms influence access to and utilization of adolescent sexual and reproductive health services in Northern Nigeria. *Frontiers in Sociology* 8: 865499. [crossref]
- Bhana D, Morrell R, Shefer T, Ngabaza S (2010) South African teachers' responses to teenage pregnancy and teenage mothers in schools. *Culture Health and Sexuality* 12(8): 871-83. [crossref]
- Gwala L (2022) *Recent policy around teenage pregnancy within the South African basic education sector*. Adams & Adams. <https://www.adams.africa/commercial-litigation/familylaw/recent-policy-around-teenage-pregnancy-within-the-south-african-basic-education-sector/>
- Donald D, Lazarus S, Lolwana P (2002) Educational psychology in social context (2nd ed.) *Oxford University Press*.
- Rodrigues P, Manlosa AO, Fischer J, Schultner J, Hanspach J, et al. (2022) The role of perceptions and social norms in shaping women's fertility preferences: a case study from Ethiopia. *Sustainability Science* 17(6): 2473-2488.
- Martin TC (1995) Women's education and fertility: results from 26 demographic and health surveys. *Stud Fam Plann* 26: 187. [crossref]
- Bongaarts J (2003) Completing the fertility transition in the developing world: the role of educational differences and fertility preferences. *Popul Stud.* 57(3): 321-335. [crossref]
- Bongaarts J, Mensch BS, Blanc AK (2017) Trends in the age at reproductive transitions in the developing world: the role of education. *Popul Stud* 71(2): 139-154. [crossref]
- Adsera A (2006) Religion and changes in family-size norms in developed countries. *Rev Relig Res* 47: 271-286.
- Caldwell JC, Caldwell P (1987) The cultural context of high fertility in sub-Saharan Africa. *Population and Development Review* 13: 409-437.
- Pyhälä A, Fernández-Llamazares Á, Lehvävirta H, Byg A, Ruiz-Mallén I, et al. (2016) Global environmental change: local perceptions, understandings, and explanations. *Ecology and society: a journal of integrative science for resilience and sustainability* 21(3): 25. [crossref]
- Twitty TD, Hitch AE, Marais L, Sales JM, Sharp C, et al. (2024) Pregnancy and STI/HIV prevention intervention preferences of South African adolescent girls: Findings from a cultural consensus modelling qualitative study. *Culture Health & Sexuality* 26(2): 191-207. [crossref]
- Roets L, Clemence IS (2021) Teenage pregnancy prevention: The church, community, culture and contraceptives. *African Journal of Reproductive Health* 25(6): 51-57. [crossref]
- Zalli E (2024) Globalization and education: exploring the exchange of ideas, values, and traditions in promoting cultural understanding and global citizenship. *Interdisciplinary Journal of Research and Development* 11(1 S1): 55-55.
- Miller, DT, McFarland, C (1991) When Social Comparison Goes Awry: The Case of Pluralistic Ignorance. Chapter 11 in Suls J, Wills, T (Eds) *Social Comparison: Contemporary Theory and Research*, Hillsdale, NJ: Erlbaum.
- Prentice, DA, Miller DT (1993) Pluralistic Ignorance and Alcohol Use on Campus: Some Consequences of Misperceiving the Social Norm. *Journal of Personality and Social Psychology* 64(2): 243-256. [crossref]
- Berkowitz AD (2003) Applications of social norms theory to other health and social justice issues. *The social norms approach to preventing school and college age substance abuse: A handbook for educators counselors and clinicians* 1: 259-279.
- Davis J, Mengersen K, Bennett S, Mazerolle L (2014) Viewing systematic reviews and meta-analysis in social research through different lenses. *Springer Plus* 3: 511.
- Snyder H (2019) Literature review as a research methodology: An overview and guidelines. *Journal of Business Research* 104: 333-339.
- Ankomah A, Anyanti J, Oladosu M (2011) Myths, misinformation, and communication about family planning and contraceptive use in Nigeria. *Open Access J Contracept.* 2: 95-105.
- Gueye A, Speizer IS, Corroon M, Okigbo CC (2015) Belief in family planning myths at the individual and community levels and modern contraceptive use in urban Africa. *International Perspectives on Sexual and Reproductive Health* 41(4): 191.
- Jonas K, Duby Z, Maruping K, Harries J, Mathews C (2022) Rumours, myths, and misperceptions as barriers to contraceptive use among adolescent girls and young women in South Africa. *Frontiers in Reproductive Health* 4: 960089. [crossref]
- Joseph J, Pradeepkumar K, Chettyparambil Lalchand T (2024) Myths and Misconceptions-Unraveling the Paradox of Oral Contraceptive Pills. *International Journal of Health Sciences and Research* 14(5): 368-375.
- Castle S (2003) Factors influencing young Malians' reluctance to use hormonal contraceptives. *Studies in Family Planning* 34(3): 86-199. [crossref]
- Stevens R, Machiyama K, Mavodza CV, Doyle AM (2023) Misconceptions, misinformation, and misperceptions: A case for removing the "mis-" when discussing contraceptive beliefs. *Studies in Family Planning* 54(1): 309-321. [crossref]
- PATH (2015) "Outlook on Reproductive Health: Countering Myths and Misperceptions about Contraceptives." Washington, DC.
- Kaur Simranvir, Paul D. Blumenthal (2021) "Global Myth Busting in Family Planning." *Current Opinion in Obstetrics & Gynecology* 33(6): 458-462. [crossref]
- Odwe G, Wado YD, Obare F, Machiyama K, Cleland J (2021) Method-specific beliefs and subsequent contraceptive method choice: Results from a longitudinal study in urban and rural Kenya. *PLoS one* 16(6): e0252977. [crossref]
- Wado YD, Mutua MK, Odwe G, Obare F, Machiyama K, et al. (2021) Method Related Attributes and Contraceptive Discontinuation: Results from A Prospective Study from Nairobi and Homa Bay Counties in Kenya.

35. Sedlander E, Bingenheimer JB, Lahiri S, Thiongo M, Gichangi P, et al. (2021) Does the belief that contraceptive use causes infertility actually affect use? Findings from a social network study in Kenya. *Studies in Family Planning* 52(3): 343-359. [[crossref](#)]
36. Mokala NT (2020) Understanding the Meanings Represented in Ditolobonya Songs: Basotho Women's Experiences and Realities. *International Journal of Linguistics Literature and Translation* 3(3): 144-153.
37. Magoqwana B (2021) Gendering social science: Ukubuyiswa of maternal legacies of knowledge for balanced social science studies in South Africa. In J. B. Bernedette Muthien (Ed.), *Rethinking Africa: Indigenous women re-interpret Southern Africa's pasts* (pp. 87-102) Johannesburg: Jacana Media.
38. Mohlabane N (2022) Unsettling knowledge boundaries: the Indigenous pitiki space for Basotho women's sexual empowerment and reproductive well-being. *Health Sociology Review* 31(2): 158-172. [[crossref](#)]
39. Thobejane TD (2015) Factors contributing to Teenage Pregnancy in South Africa: The Case of Matjijileng Village. *Journal of Sociology and Social Anthropology* 6(2): 273-277.
40. Yakubu I, Salisu WJ (2018) Determinants of adolescent pregnancy in sub-Saharan Africa: A systematic review. *Reproductive Health* 15(1): 15. [[crossref](#)]
41. Donatus, Sama, Tsoka-Gwegweni, Cumber (2018) Factors associated with adolescent school girl's pregnancy in Kumbo East Health District North West region Cameroon. *Pan African Medical Journal* 31(138): 1-11. [[crossref](#)]
42. Miriri, T.M, Ramathuba, D.U, Mangena-Netshikweta ML (2014) Social factors contributing to teenage pregnancy at Makhado Municipality, Limpopo province, South Africa. *African Journal for Physical Health Education Recreation and Dance* 20(sup-1): 130-141.
43. Veriava F (2024) The Basic Education Laws Amendment Bill: A case study in transformative constitutionalism beyond the courts. *African Human Rights Law Journal* 24(1): 153-178.
44. Masowa AM (2024) The Impact of Kwazulu-Natal Provincial Language Policy on Sesotho Speakers at Nquthu. *E-Journal of Humanities Arts and Social Sciences* 5(11): 1831-1840.
45. Rotheram-Borus MJ (1995) Aids prevention with adolescents. *AIDS Education and Prevention* 7: 320-336. [[crossref](#)]
46. Jemmott, JB III (2000) HIV risk reduction behavioral interventions with heterosexual adolescents. *AIDS* 14: S40-S52. [[crossref](#)]
47. Kirby D (2002) .The impact of schools and school programs upon adolescent sexual behavior. *Journal of Sex Research* 39(1): 27-33. [[crossref](#)]
48. Schaalma H, Poelman J, Reinders J (1993) De herziening van 'Lang leve de liefde'. Een lespakket over aids, soa en veilig vrijen [Revision of Long Live Love. A curriculum about AIDS, STD and safe sex]. *Tijdschrift Gezondheidsvoorlichting* 10: 5-7.
49. Van den Akker J, Kuiper W (1993) .The implementation of a social studies curriculum. *Journal of Curriculum and Supervision* 8: 293-305.
50. Paulussen TGW (1994) Adoption and implementation of AIDS education in Dutch secondary schools. Dissertation. Landelijk Centrum GVO, Utrecht
51. Tohit NFM, Haque M (2024) Forbidden conversations: A comprehensive exploration of taboos in sexual and reproductive health. *Cureus* 16(8). [[crossref](#)]
52. Santelli JS, Kantor LM, Grilo SA, Speizer IS, Lindberg LD, et al. (2017) Abstinence-only-until-marriage: An updated review of US policies and programs and their impact. *Journal of Adolescent Health* 61(3): 273-280. [[crossref](#)]
53. Wiefferink CH, Poelman J, Linthorst M, Vanwesenbeeck I, Van Wijngaarden JCM, et al. (2005) Outcomes of a systematically designed strategy for the implementation of sex education in Dutch secondary schools. *Health Education Research* 20(3): 323-333. [[crossref](#)]
54. Shefer T, Bhana D, Morrell R (2013) Teenage pregnancy and parenting at school in contemporary South African contexts: Deconstructing school narratives and understanding policy implementation. *Perspectives in Education* 31(1): 1-10.

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