



The Influence of Parental Role on Adolescent Sexual Behaviour and HIV/AIDS in KwaZulu-Natal, South Africa.

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ABSTRACT

Background: HIV/AIDS risky behaviour remains a critical health concern for adolescents, specifically at high school level. In South Africa, the rapid increase of risky lifestyles and sexual behaviours among adolescents could be mainly attributed to poor parental skills and broken family structures. Four identified sexual risk behaviours that are of concern in South Africa are age at sexual debut, multiple sexual partners, condom use and transactional sex.

Methods: Data was collected using a quantitative cross-sectional survey with sample consist with 450 male and female high school adolescents between 14 to 18 years from 3 different South African school settings. Collected data was analyzed using SPSS descriptive statistics procedure.

Result: 79.7% of the respondents had only one parent still alive with 4.9 % of the respondents indicated to have lost both parents. Only 13.5% of the respondents were from a nuclear family. The majority of the respondents were (41.2%) living with grandparents. This high level of family disintegration, parental absence and poor parenting skills in South Africa exposed 73.3% (330) of the respondents to early sexual debut, transactional sex, unprotected sex and having multiple sexual partners. The study proved that there is a statistical association between guardianship and age at sexual debut; guardianship and multiple sexual partners; guardianship and condom use; guardianship and transactional sex.

Conclusion : The revealed significant high risk sexual behaviour among adolescents in KwaZulu-Natal should inform Health and educational authorities to utilize these key findings to design more effective local strategies to train and assist parents and caregivers on parenting skills

Keywords: Guardian; parenting; adolescents; sexual behaviour.

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Introduction

The adolescent stage in human development is characterized by increased risk taking. Given the freedom to experiment, adolescents often take risks in order to develop their identity, opinions, and values.¹ However, the sexual risk behaviors this generation of adolescents engage into put them into greater health risks due to the prevalence of sexually transmitted infections (STIs), human immunodeficiency virus (HIV), unplanned pregnancy, and risky lifestyles such as hoodlumism, alcoholism, violence and drug use. The sexual risk behaviours include early sexual debut, engaging in unprotected sexual activities, having sexual intercourse with multiple partners, failing to inquire about a partner's HIV status and transactional (sex for money) Kaiser Family Foundation 2012.

The rapid increase of risky lifestyles and sexual behaviours among adolescents could be attributed to poor parental skills, media influence, peer pressure and community influence among others.² Globally, young people were claimed to account for an estimated 35% of all new HIV infections among adults. Globally, approximately one million young women aged 15-19 become pregnant yearly; the vast majority of these pregnancies are unplanned (WHO, 2015). Out of this 38 million people living with HIV globally, 68% of them are in Sub-Saharan Africa.

South Africa is said to be the "worst affected country" with regards to HIV with about .8.8 million people living with HIV, making it the highest HIV prevalence country in the world (UNAIDS, 2021). Young people (15-24 years) make up the largest proportion of HIV infected people in South Africa. Research over the last two decades has shown that the family institution (who brings up the child) has a powerful influence on adolescent sexual health behaviors and outcomes.²

However, the major limitation of previous research is the failure to consider the particular context such as family structure, within which sexual behaviors were occurring. Research has mainly been focusing on parent-child communication and parent-adolescent relationships. The particular family/ household composition a child is raised up in matters a lot in their sexual and moral behaviour at their

adolescent stage. Raised a child in a married, biological two-parent family, cohabiting stepfather, and married stepfather families, single-parent or other relative/non-relative or child-headed households may not produce the same adolescent. Therefore the purpose of this research is to assess the influence of guardianship (who brings up the child) on sexual behaviour of high school adolescents in South Africa in this fight against HIV/AIDS. The researcher seek to measure the relationship between the family structure an adolescent is raised up in and each of the following identified sexual risk behaviours; age at sexual debut, multiple sexual partners, condom use and transactional sex.

Transactional sex is defined as relationships constructed on the basis of material gain. It is usually a woman that benefits materially from these relations due to African patriarchal culture and its tradition with mixing materialistic gains and sexual relationships (bride wealth). A woman will engage in a sexual relationship with a man who can provide her with money and gifts

Condom use: South Africa is still a patriarchal society. Fifty percent of young people in South Africa are sexually active by age 16. Between 50 to 60% of adolescents report not using condom at all.³ Due to this, South Africans are at risk of HIV infection, unwanted pregnancies and other STIs. In some South African studies, up to 45 % of males have claimed that condom use waste sperm. Condom use could also make that person be viewed as someone promiscuous, having an STD or perhaps being HIV positive.³

Multiples sexual partners: Considering the pervasiveness and persistence of the HIV/AIDS epidemic in South Africa, risky sexual behaviours such as multiple sexual partnerships constitute a pertinent issue of national concern. For example, national estimates on multiple sexual partnerships reflected an escalation from 11.5% in 2010 to 23.5% in 2015.⁴ More perplexing was that the rate of multiple sexual partners simultaneously increased from 23.0% to 46.5% among males aged 15-19 years within a decade.^{3,4} The risk of acquiring HIV through multiple sexual partners was estimated at 79% among people aged between 15 and 24 years in a national study.⁴ Existing research

demonstrated that multiple sexual partners constituted the strongest predictor of the perceived risk of HIV.⁵ The age of first intercourse is a critical factor for HIV as younger teenagers exhibit a high degree of risk taking. This has been suggested to relate to the level of cognitive development of younger teenagers, which tends to preclude them from taking effective action despite the knowledge of risk. Early onset of sexual intercourse is associated with increased lifetime prevalence of sexual partners, thereby increasing the risk of exposure to sexually transmitted diseases, including HIV/AIDS, and pregnancy.⁶

Therefore sexual risk behaviours to be considered in this this research will be: having multiple sex partners, exchanging sex for money or gifts, engaging in unprotected sex and early sexual debut. These are risk factors because they have been linked to HIV and other STDs as well as domestic violence. By studying on the impact of guardianship on sexual behaviour of adolescents, the results will provide stakeholders with appropriate health promotion interventions to rescue the situation.

Methods

A quantitative descriptive cross-sectional survey will be used for the objective collection of data. A qualitative approach will be less appropriate because of the sensitive nature of the topic. The research will investigate the relationships between guardianship (independent variables) and the four identified adolescent sexual risk behaviours (age at sexual debut, condom use, multiple sexual partners and transactional sex).

The target population will be all secondary schools in KwaZulu-Natal. Stratified random sampling technic will be used to select three secondary schools in the Pietermaritzburg area of the Umgungundlovu district of KwaZulu-Natal. The selection of the schools will take into account variation in socio-economic status, race groups and exposure to violence to identify how risk and protective influences may differ between adolescents of different circumstances.

The first school will be an urban school from a multi-racial low-density suburb (Linpark high school); the second school will be from an

urban informal settlement community in the study area, (Copesville high school) and the third school will from a rural area, (Nobara high school). Out of the estimated total of about 4500 learners from the 3 high schools that will be selected, the study aims to obtain a sample of 450 learners, which will be 150 from each school. The sample size of the participants will be estimated assuming ±5% precision.

The study population will consist of all male and female high school students aged 14-18 from these three secondary schools. Seventy-five learners will then be randomly selected from each gender group from the 3 schools by pulling names out of the box. Students who may opt not to participate in the study will be replaced by picking extra names.

Research variables and measurement scale

The dependent variables of this study can be seen in Table 1. Meanwhile, the independent variables of this study are presented in Table 2.

Table 1. Dependent variables

Variable	How it Was Asked in The Survey	Response Category
Transactional sex	Has someone ever paid you (money or other gifts) to have sex with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Condom use	How often you and your partner use a condom when having sex?	<input type="checkbox"/> Not at all <input type="checkbox"/> Sometimes <input type="checkbox"/> Always
Early sexual debut	At what age did you first have sexual intercourse?	<input type="checkbox"/> Age in years..... <input type="checkbox"/> Never had sex
Multiple sexual partners	In your life so far, with how many different people have you had sexual intercourse?	<input type="checkbox"/>number of partners <input type="checkbox"/> Never had sex

Independent variables

The independent variables were socio-demographic characteristics of the adolescents which were mainly gender and guardianship. These variables are some of the items taken from an 18-items sexual risk scale developed by Mattson CL.²

Table 2. Independent variables

Variable	How it was asked at the survey	Response Category
Gender	What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Guardianship	Which of the following best describes with whom you are living with now? (Tick ALL that applies to you)	<input type="checkbox"/> Living with both parents <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Brother over 18 years old <input type="checkbox"/> Sister over 18 years old <input type="checkbox"/> Brother below 18 years old <input type="checkbox"/> Sister below 18 years old <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Neighbour <input type="checkbox"/> Other.....

Research tools and methods

The study will use questionnaires that will be distributed to the selected participants at the schools. The questionnaire will be administered as an interview. Participants will complete the questionnaires themselves under the supervision of the research assistants. The questionnaire will be administered by two research assistants who would have been trained by the researcher. The survey will be conducted during the regular school hours after the students had been asked for their voluntary participation. The questionnaire will be piloted in another local secondary school with students of comparable age to check for comprehension and cultural appropriateness. The piloted group, which would not be part of the real study, will be debriefed and their inputs will be sought to modify the final questionnaire.

Participants will be requested to give written consent after receiving verbal explanations in English. HIV/AIDS being a highly stigmatized condition, participants will be assured of strict confidentiality. The participants will also be assured that their names will not appear on any documentation to ensure anonymity.

Approval will be obtained from the Departments of Education and Health. The school principals will be briefed and assured of

strict confidentiality. The questions will be in English, the language of instruction in South African schools. Reliability of the results will be ascertained by having enough appropriate interview questions; choice of schools from different settings represented in South Africa; training of research assistants and the use of appropriate language.

Data processing and analysis techniques

The numerically coded responses to the questionnaire items will be originally stored in a Microsoft Excel® 2010 spreadsheet before the file will be reconstructed in the data editor of SPSS® version 23.0. The frequency distributions of all the responses to each of the 20 questions will be computed as counts and percentages.

Chi-square tests will be performed using the SPSS “Descriptive Statistics/Crosstabs” procedure⁴ to determine if there were statistically significant associations between the frequencies in the rows and the frequencies in the columns of two-way cross-tabulations. Descriptive statistics will be employed to generate proportion on age at sexual debut, condom use, multiple sexual partners and transactional sex and the family structures associated with each one of these sexual risk behaviours.

Result

Here the researcher presents the results of the study in two parts; results of the socio-demographic characteristics of the respondents, followed by the results on sexual behaviour of respondents. Then lastly, results of the measure of association between dependent and independent variables are presented in frequency tables, graphs and descriptive statistics.

The gender distribution of the respondents (n=450) was 48.7% (219) male respondents and 51.3% (231) female respondents. This is an important observation for this study as women are largely considered as the most vulnerable and at risk to HIV/AIDS. “The vulnerability of women and girls is well-documented in sub-Saharan Africa overall, women are 30% more

likely to be infected with HIV than men”, reports UNAIDS in WHO (2021).

Age distribution of the respondents

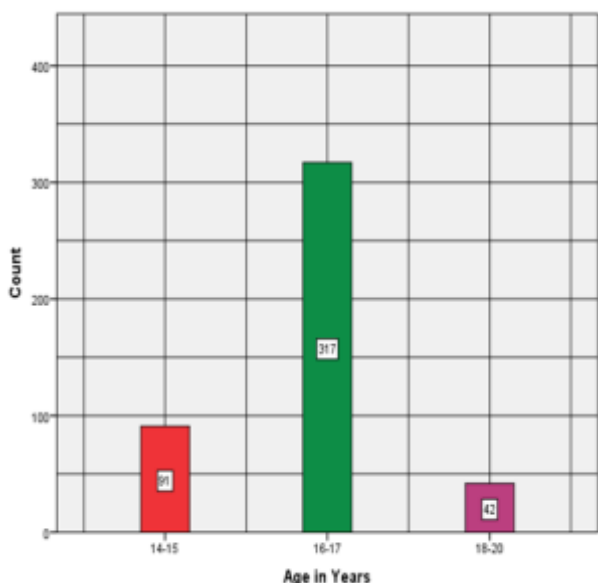


Figure 1. Age distribution of respondents in years

From Figure 1., it is clear that the majority of the respondents, 70% (317) were 16-17 years old while around 21% (91) of the respondents were 14-15 years old. Unlike previous research in this field in South Africa, it was very important to involve the 14-15 year olds since they are also victims of HIV/AIDS, STIs and teenage pregnancy. The June 2023 AIDS conference in Durban, South Africa gave out shocking statistics of children as young as 10 years old falling pregnant and indulging into other sexual risky behaviours (20-23 June 2023 AIDS conference, Durban). The 18-20 years old respondents made the remaining 9% (42) of the sample.

Distribution of sample respondents according to parents alive or deceased (n=450), can be seen in Table 3.

Table 3. Parents alive or deceased

Parent still Alive	Frequency	%
Yes both parents	69	15.4
Yes mother alone	222	49.3
Yes father alone	137	30.4
None	22	4.9
Total	450	100

From Table 3, it was shocking to note that 79.7% (359) of the respondents only had either a father or a mother still alive. 4.9 % (22) of the respondents indicated being orphans. Only 15.4% (69) of the respondents still have both parents alive. Previous research has shown that the absence of one or both biological parents in a child’s life negatively affect their social, moral (sexual behaviour included) and even intellectual development to some extent⁶.

Guardianship of the respondents

As shown in Table 4, only 13.5% (61) of respondents in this study were from a nuclear family, that’s living with both parents. While 12.4% (55) of the respondents were living with a mother only, the biggest number of the respondents (41.2%) was living with grandparents whose parenting skills would have worn out gradually over the years. It was shocking to discover that about 3.1% of the respondents were coming from child-headed families and 7.3% (33) of the respondents were living alone in rented accommodation or living with friends because their families stay far. This high level of family disintegration and parents’ poor parenting skills in South Africa are some of the chief drivers of sexual risk behaviour among adolescents.

Table 4. Distribution of the respondents by guardianship (n=450)

Guardian	Frequency	%
Living with both parents	61	13.5
Mother only	55	12.4
Grandparents	186	41.2
Brother above 18	3	0.7
Sister above 18	8	1.8
Brother below 18	1	0.2
Sister below 18	2	0.4
Aunt	48	10.6
Uncle	49	10.9
Neighbour	4	0.9
Other	33	7.3
Total	450	100

Age at sexual debut of respondents

Table 5 indicates that 18.8% of the sexually active respondents were in the 5-14 age group; More than half of the respondents (54.3%) were in the 15-18 age group. The remaining 26.95

chose to abstain from sexual intercourse. In total 73.3% (330) of the respondents reported being sexually active and the remaining 26.7% (120) were abstaining from sexual intercourse.

Table 5. Age at sexual debut of The respondents (n=450)

Category	Frequency	%
5-14 years old	85	18.8
15-18 years old	245	54.3
Never had sex	120	26.9
Total	450	100

Table 6. Number of sexual partners in the last six months

Sexual Partners	Frequency	%
0	120	26.6
1	86	19.1
2-6	167	37.0
More than 6	77	17.1
Total	450	100

As illustrated in Table 6, while 37% of the respondents reported having between 2 - 6 sexual partners in the last six months, its alarming to note that about 17.1% (77) of all the respondents had more than 6 sexual partners in the same period. Also of interest to take note of is that the same sexually inactive 120 respondents reported not having a sexual partner. 19.1% of the respondents indicated having only one sexual partner in the last six months.

Condom use

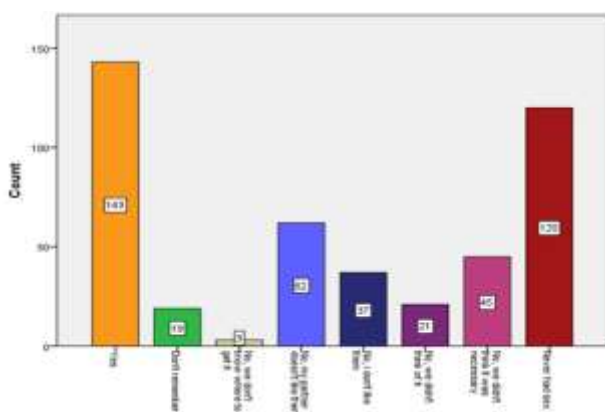


Figure 2. Frequency distribution of condom use in the most recent sexual activity

Amongst the multiple answers provided on this question, the most frequent reason why a condom was not used was that their partner doesn't like using condoms (62/13.7%). About 8.2% (37) of the respondents indicated that they themselves do not like using condoms while 10% (45) of them said they never thought it was necessary to use condoms. 0.7% (3) of the respondents indicated ignorance of where to get the condoms while 4.2% (19) claimed that they forgot to use condoms. This means that only 43.3% (143) of the sexually active respondents used condoms during their most recent sexual activity. Yes of cause, 26.6 % had since indicated not being sexually active as yet.

Ever paid money for sex with someone

Table 7. Ever paid money for sex with someone

Response	Frequency	%
Yes	150	33.8
No	300	66.2
Total	450	100

Table 7 indicates that 33.3% (150) of the respondents were involved in sexual intercourse for money or gifts (transactional sex). It is important to note that out of the 150 respondents involved in transactional sex, 99.3% (149) were females.

The measure of association between guardianship and sexual risk behaviour.

The relationship between guardianship and age at sexual debut.

The relationship between the categorical variables, Guardianship and age at sexual debut was examined to look for associations. A chi-squared test with 60 degrees of freedom was performed resulting in a test statistic of 576. This results in an asymptotic *p-value* which is less than 0.001 and therefore we have strong evidence to reject the null hypothesis that Guardianship and age at sexual debut are independent and there is therefore some association between the variables guardianship and age at sexual debut.

The relationship between guardianship and number of sexual partners in the last six months.

The relationship between the categorical variables, Guardianship and multiple sexual partners was examined to look for associations. A chi-squared test with 30 degrees of freedom was performed resulting in a test statistic of 979.344. This results in an asymptotic p-value which is less than 0.001 and therefore we have strong evidence to reject the null hypothesis that Guardianship and multiple sexual partners are independent and *there is therefore some association between the variables.*

The relationship between guardianship and condom use

The relationship between the categorical variables, Guardianship and condom use was examined to look for associations. A chi-squared test with 10 degrees of freedom was performed resulting in a test statistic of 289.197. This results in an asymptotic p value which is greater than 0.001 and therefore we have strong evidence to reject the null hypothesis that guardianship and condom use are independent and there is therefore some association between the variables.

The relationship between guardianship and transactional sex.

The relationship between the categorical variables, Guardianship and transactional sex was examined to look for associations. A chi-squared test with 10 degrees of freedom was performed resulting in a test statistic of 112.180. This results in an asymptotic *p-value* which is less than 0.001 and therefore we have strong evidence to reject the null hypothesis that guardian and transactional sex are independent and there is therefore some association between the variables.

Discussion

The study has proved that irrespective of whether it is a low, middle or high-income country, adolescents raised in grandparent,

single parent, or child-headed households have an increased probability of early sexual debut, unprotected sex, transactional sex, multiple sexual partners and pregnancy. Literature has also shown that besides family structure, parent-child interactions and processes are believed to have a direct effect on sexual behaviour of adolescents⁶. From these results, we can pick up that double orphaned adolescents are at the highest risk of diving into these identified sexual risk behaviours including teenage pregnancy. This lack of parental presence result in adolescents feeling an overall lack of adult support and guidance

The relationship that exists between guardianship and age at sexual debut entails that adolescents who live with both parents, with good parental control tend to delay their sexual debut. About 72.1% (44) of the 61 respondents who indicated living with both parents have not had sexual intercourse before. So the age at sexual debut of an adolescent depends on how good are the parenting skills for their parents or guardian. Parents and members of the extended family have an important role to play in sexual and reproductive knowledge development of young people⁷.

The study also found out that there is an association between guardianship and multiple sexual partners. Adolescents living with both parents or relatives with good control and good parenting skills tend to have fewer or no sexual partners. In this study out of the 61 respondents living with both parents, 44 of them had no sexual partners and the remaining 17 respondents had only one sexual partner. 186 respondents who indicated living with grandparents had 2-6 sexual partners each. Grandparents' parental control is very weak because of age, resulting in this risky sexual behaviour of the adolescents in their custody. These findings are consistent with literature, the Social Ecological Model⁸ the family structure is very important in building positive sexual behaviour of the adolescents.

There is an association between guardianship and condom use. Living with good, supportive and firm parents or guardian will make sure you master the art of keeping safe from HIV, STIs and other dangers haunting adolescents. Consistency in avoiding

unprotected sex or the level of success in abstaining from sex depends on the type of parents or guardian an adolescent has. The results showed it all; out of the 61 respondents living with parents, 44 never had sex, 16 out of the 17 remaining sexually active respondents use condoms for protection. Low parent-child communication results in early sexual initiation and unprotected sex among adolescents ⁹.

The results indicated an association between guardianship and transactional sex. While only one respondent (1.6%) out of the sixty-one respondents living with both parents indicated involvement in transactional sex, about 47.9% (92) of the respondents living with grandparents were involved in transactional sex. A study in Nigeria indicated that adolescents who receive enough family support, control and guidance had 56% lower odds of engaging in transactional sex.^{8,9}

Conclusions

From the findings of this study, we can conclude that adolescents in married, biological two-parent families are less likely to engage in unprotected sex, transactional sex, early sexual initiation, have multiple sexual partners compared to adolescents from single parent, child-headed, cohabiting stepfather, and married stepfather families. The South African government should therefore implement some nationwide programs to educate parents/guardians about the vital role that they play in the sexual development and future health behaviors of their children. Parent-child relationships should be taken into account when designing and implementing programs for young people.

Acknowledgement

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