Adolescent sexual behaviour and its relationship to familial environment and perceptions: a study of Cape Town, South Africa

By

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Declaration

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DECLARATION - PLAGIARISM

I, Emma Shuvai Chikovore, declare that;

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2. This thesis has not been submitted for any degree or examination at any other university.
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Signed:

Emma Shuvai Chikovore

Date: 10 June 2020

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To God be all the glory for His mercies and grace that kept me going during the writing of this thesis. Balancing the roles of being a mother to three children, a wife, working full time and being a full-time PhD candidate was no child's play. I did not have the privilege of sitting for long hours in the library, but I had to hustle and be disciplined when it came to time management. This PhD thesis was written between cleaning the house, making food for the family, supervising home assignments and a whole lot more expected of me as the 'woman of the house'. Some days it was overwhelming, and I felt like throwing in the towel, but the more I thought of throwing in the towel, the more I was determined to finish this work. I would like therefore to thank the following people and organisations for helping me financially and emotionally, otherwise this project is as much theirs as it is mine. My first thanks go to DST-NRF Centre of Excellence in Human Development for providing me with a grant that sustained me for the first year of my PhD. Although you did not continue supporting me throughout the dissertation, the funds provided for that one year allowed me to think about the topic in peace. I would like to thank the University of KwaZulu-Natal, School of Social Sciences for awarding me a DVC grant in 2018. I am grateful to my dedicated research team, Miss Annet Matebwe for running around during the data collection process and Mr Knowledge Mabhena, a dedicated research assistant like no other. I am highly indebted to my editor, Dr Kemist Shumba who painstakingly went through my several drafts. To my immediate and extended family, friends, and colleagues, I thank you for walking with me through this meandering PhD journey. To my kids Rufaro, Tawonga and Tinemufaro and my husband, Dr Jeremiah Chikovore who survived the writing of this thesis, I thank you for putting up with me. You were with me through the good and trying times, you cheered for me from the side-lines. My special thanks go to the University of Cape Town for allowing me to use Cape Area Panel Data (CAPS) which were accessed through the DataFirst portal. To the participants, I thank you for sparing your precious time for the interviews and for giving intimate details about your lives; I thank you so much. Without your valuable input, this study would not have been successful. Your opinions will help the world understand the adolescence stage better. I am forever indebted to my supervisor, Professor Radhamany Sooryamoorthy, who always kindly encouraged me, believed in me, and supported me in so many ways. I say thank you for being a great mentor. Finally, I would like to acknowledge the important role played by music during the writing of this dissertation.

Dedication

This dissertation is dedicated to my late parents, Mr and Mrs Mawire. I love you so much; I wish you were still around to share the joy of this momentous event with me.

Abstract

Worldwide, adolescents are exposed to an array of challenges that include unplanned pregnancies, sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV). In South Africa, UNAIDS (2019) estimates that 69,000 female and 25,000 male adolescents acquired HIV in 2018. Little research has investigated the role of the family in influencing adolescent sexual behaviour. The significance of selecting South Africa, particularly Cape Town in the province of Western Cape to highlight the family environment and adolescent sexual behaviour nexus was done due to the historical background of high inflow of local and international migration to the city. By far, Western Cape's HIV prevalence rate of 8.9% in a hyperendemic South African context, makes it one of the lowest in the country (Simbayi et al., 2019). Nevertheless, attractive economic prospects particularly in the city of Cape Town is likely to attract both international and local immigration which is likely to trigger an upward trend of HIV infections.

Guided by the Life-Course Perspective Theory, this mixed method approach was carried out firstly, to understand the link between the family structure, the family's financial circumstances, and parental engagement with their children and adolescent sexual behaviour; and secondly, to understand the perceptions of adolescents and parents on the role played by the family environment in shaping sexual behaviour among adolescents.

The study drew data from the Cape Area Panel Study (CAPS); a longitudinal study conducted in Cape Town. The study tracked the lives of 4,752 adolescents aged between 14 and 22 and the study spanned between 2002 and 2009. In addition, 15 in-depth interviews (IDI) with adolescents and three (3) focus group discussions (FGD) with parents and adolescents were conducted. The participants in the IDI and FGD were recruited from the same sampling clusters as CAPS. The panel data were analysed using the logistic regression analysis reporting odds ratios (OR), and qualitative data using thematic analysis and the NVivo 11.

Adolescents aged between 16 and 19 had higher odds of reporting having initiated sex and having experienced a pregnancy compared to adolescents aged between 14 and 15 years. Odds of reporting early sexual debut and adolescent pregnancy were lower among adolescents living in a family with a father, respectively. Adolescents from a family with a monthly income ≥ R25, 001 had less odds of having experienced a pregnancy, and higher odds of reporting condom use among adolescents from families with an income of R25, 001 and above compared to adolescents from a family with an income of R5,000 and less. These results were later supported by results from the qualitative data as both parents and adolescents blamed early sexual debut and pregnancy on the family environment.

The study confirms the important role played by the family environment in determining adolescent sexual behaviour. It recommends the need to pay attention to families when designing sexual and reproductive health (SRH) programmes for adolescents.

Keywords: Adolescent sexual behaviour, family structure, adolescent pregnancy, sexual debut

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Equations

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CAPS	Cape Area Panel Study
CHAMPSA	Collaborative HIV Adolescent Mental Health Program South Africa
CBD	Central Business District
CBO	Community Based Organisation
DBE	Department of Basic Education
DoH	Department of Health
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IDI	In-depth interviews
LRA	Logistic Regression Analysis
NGO	Non-Government Organisation
OR	Odds Ratio
SA	South Africa
SABSSM	South African National HIV Prevalence, Incidence, Behaviour and Surveys
SADHS	South Africa Demographic and Health Surveys
SSA	Sub-Saharan Africa
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNAIDS	United Nations Programme on HIV and AIDS
USA	United States of America
WHO	World Health Organization

"The child's home provides a context where learning and socialization take place, and apart from other variables, the quality and characteristics of the home environment have important consequences for child outcomes. A stimulating home environment with opportunities for learning and exploration and that provides warmth and emotional support will foster healthy growth and development of children."

(Carlson and Corcoran, 2001: 780)

Chapter 1: Background

1.1 Introduction and Background

Adolescent sexual behaviours fall into two categories; non-coital and coital (Crockett et al., 2003). On the one hand, non-coital forms of sexual behaviours encompass masturbation, fantasy, making out, kissing, and fondling and on the other; coital sexual behaviours manifest themselves in penetrative sex, including anal and oral sex. While non-coital sexual behaviours pose little or no risk to the persons performing them, the same does not hold for coital sexual behaviours as they expose persons involved in them to various adverse consequences. Globally, a significant number of adolescents experience coital sex at some stage and the earlier they initiate sexual activities of a coital nature, the greater their exposure to pregnancy, sexually transmitted infections (STIs) and the higher the chance of dropping out of school. Contrary to general perceptions that girls initiate sexual activities earlier than boys, studies report that boys are equally at risk of initiating sexual activities early (Amoateng et al., 2014; Masatu, 2009).

The Sub-Saharan African (SSA) region is grappling with the burden of the Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS) among adolescents. Statistics from many countries in the region depict a gloomy picture of HIV prevalence among the youth. According to Kuo et al. (2016), 40% of new global HIV infections being reported yearly occur among adolescents in SSA. Although some countries in the world have managed to contain the virus among adolescents, that is not the case for many countries in the region. A multi-country survey conducted by UNAIDS (2019) shows that 2,362 adolescents are infected with HIV weekly. South Africa (SA) is among the countries grappling with a heavy HIV burden that has taken a toll on adolescents and young people. The UNAIDS estimates that in 2018, SA witnessed 69,000 new HIV infections among young women aged 15-24 years and 25,000 new cases among young men of the same age group (UNAIDS, 2019). Young women in SSA and South Asia have the highest rates globally (Bekker et al., 2015). Studies indicate that early sexual debut, non-condom use, multiple sexual partnerships and age-disparate relationships increase adolescents' chances of acquiring HIV and experiencing unplanned pregnancies (Christofides et al., 2014; Harrison et al., 2010; Shisana et al., 2010). All of these risky adolescent sexual behaviours are pronounced in SSA (Meekers and Ahmed, 2000). For example, the age at which adolescents initiate sexual activities continues to shrink in many parts of the world and in SA, the age of debut has dropped alarmingly to as young as 10 years (Shisana et al., 2010).

Data also show that in 2016, an estimated 21 million pregnancies were recorded among adolescents aged 15 to 19 years globally (Obare et al., 2017). The World Health Organisation note that the majority of births

among adolescents are from developing countries (World Health Organization, 2011). Tragically, pregnancy interferes with educational goals, and many adolescents who experience early pregnancy face financial constraints and general deprivation in other areas of their lives (Mjwara and Maharaj, 2017). Bengesai et al. (2017) add that early pregnancy not only interfere with schooling but increases the chance of entrapment in the vicious cycle of poverty for both the mother and the child. Young women who experience unplanned pregnancy also face pressure to perform unsafe abortions resulting in complications and premature mortality. Therefore, adolescent sexual behaviour has not only become a social problem but a public health crisis that needs urgent resolution. Crockett et al. (2003) suggest that the avoidance to address potentially dangerous adolescent sexuality behaviours lies behind problems such as high rates of HIV, STIs and pregnancy among adolescents. Crockett et al. (2003) suggest that instead of criminalising adolescent sexuality, it is more progressive to teach adolescents about safe sexual behaviours for them to protect themselves.

Fundamentally, adolescent sexual behaviour has often been blamed on several social factors such as peers, schooling, and the community and family systems (Crosby, 2006; Kotchick et al., 2001). However, Meekers and Ahmed (2000) attributes adolescent sexual behaviour chiefly on the familial and parental factors which tend to shape adolescent sexuality. A study by Wyn et al. (2012) showed that even in modern times the family is still critical in shaping adolescent sexual behaviour during adolescents' transition into adulthood. These assertions are further confirmed by Caruthers et al. (2014) who found a positive correlation between the family environment and highly risky adolescent sexual behaviours. Although other factors are important determinants of adolescent sexual behaviour, this study focuses on how the family environment influences adolescent sexual behaviour. This is done at a time when the family in SSA has diversified in recent years and become more individualist, mimicking family models in other parts of the world.

Pilgrim et al. (2014)observe that research on the role of the family in influencing sexual risk behaviours among the adolescents in SSA is not only minimal but it rarely considers the diverse family structures within which African adolescents develop. Lack of research in the region manifests in the glaring lack of adequate data on families and the scantiness of researches that are interested in investigating family transitions and the impact these have on family members (Ball, 2013; Defo and Dimbuene, 2012; Goldberg, 2013b; Sooryamoorthy and Chetty, 2015). Indisputably, families in the SSA region have been affected by political, economic, health and social developments at both the macro and micro-level and therefore, it is understandable that these societal aspects have impacted either negatively or positively on the family institution within the region. Despite the developments mentioned above, that have the potential to disturb the family, there are signs of resilience suggesting that family has remained a central pillar in the socialisation of children including instilling an array of behaviours that include sexual behaviours (Davis and Friel, 2001; Hammond et al., 2015). Despite the resilience, the family institution has shown signs of collapse and this has

the potential to negatively affect the transition of adolescents into adulthood. Therefore, the need to understand adolescent sexual behaviour from the family perspective, especially in the SSA context, is inevitable. Researchers concur that the larger proportion of studies on family are from the West, suggesting a gap in knowledge on Africa (Ball, 2013; Sooryamoorthy and Chetty, 2015). Amoateng et al. (2007) rightly reiterate the imperativeness of reconsidering the role the family plays in determining adolescent behaviour in the SA context, taking into cognisance the socio-political and demographic developments in the country. On the other hand, adolescents comprise 90% of the population in developing countries, and it is imperative to investigate the factors that contribute towards risky behaviours (Yaseri et al., 2016). The health of adolescents currently, determines the health of populations' decades from now.

It is against this backdrop that this study seeks to investigate the role of the family in influencing adolescent sexual behaviour. Precisely, this study intends to gain insights into the way sexual behaviours are constructed, attained, sustained, and interpreted within the family context. Equally important is the need to explore the perceived role of the family environment in shaping, regulating, or monitoring adolescent sexual behaviour. Considering that the family institution had been facing challenges of its own in SA and globally. It was then hypothesised that there are strong links between adolescent sexual behaviour and the family environment which include family structures, the family's socioeconomic status and parent-child processes. To test the hypothesis, this study utilised both primary and secondary data. The study acknowledges the family dynamics in contemporary societies and how this have impacted on the acquisition of behaviours. This study seeks to address the gap in knowledge on Africa regarding the contemporary familial factors that often influence adolescent sexual behaviour. Besides highlighting the familial issues that influence behaviour, the study is also bent on advocating for the development and implementation of stronger family policies in SA.

South Africa is among the 54 countries that constitute the African continent. It is in the southernmost part of the continent and it boasts of an extensive coastline on the fringes of the South Atlantic and Indian oceans. It shares borders with Mozambique, Zimbabwe, Botswana, The Kingdom of Eswatini, Namibia and Lesotho (Rogerson, 2017). In terms of size, the country is the biggest in Southern Africa occupying approximately 1,219,912 square kilometres. Economically, SA is one of the most advanced countries in SSA, in terms of both the gross domestic product and infrastructural development. South Africa had her first democratic elections in 1994, which marked the dearth of apartheid and ushered in democracy. With an estimated population of nearly 59 million people (Stiegler and Bouchard, 2020), it is one of the most heavily populated countries on the continent. The country has nine provinces which have their semi-autonomous governments. These provincial governments are answerable to the national government which governs the whole country.

There are eleven (11) official languages in the country, and they are isiZulu, isiXhosa, English, Afrikaans, Sepedi, Sesotho, Tshivenda, Setswana, Xitsonga, siSwati, and isiNdebele. This showcase of diversity has earned the country the nickname the 'Rainbow Nation' (Roman, 2014).

Black South Africans[1] constitute the majority of the population with an estimated 80.7% of the population (Stats-SA, 2019b). The other races that is White, Coloureds and Indians constitute 7.9%, 9% and 2.6% of the population, respectively (Stats-SA, 2019b). Generally, Black South African families have managed to maintain kinship ties that are characterised by the concept of togetherness and extended family structures; however, these ties have been falling apart through the years (Amoateng and Heaton, 2007).

On the contrary, the country is haunted by its apartheid past, which created high levels of inequality. Timol et al. (2016) add that the Western Cape Province, from which data for this study were collected, is still grappling with racial segregation and economic inequality like other provinces of SA. Parent absenteeism especially father absenteeism is another problem confronting SA children. Freeks (2019) indicate that in South Africa, 85% of children with behavioural problems come from a home with an absent father. Father absenteeism can be traced back to forced migrant labour when men were forced to leave their families to provide labour in the mines and farms. Therefore, legalised forced male labour migration is usually blamed for disenfranchising the family system (Rabe, 2018).

The country is also on record for its high levels of crime, violence, and an elevated HIV prevalence rate. Both domestic and societal violence have reached alarming levels, affecting many children in the process (Field et al., 2018). This also implies that many children across the country live in families torn apart by domestic violence. Regarding the prevalence of HIV, SA is unequivocally one of the countries in SSA severely burdened by the epidemic with an estimated 7.7 million people living with the infection by 2018 (UNAIDS, 2019). Although evidence is pointing to a decline in HIV rates among adolescents in SA, the current rates still stand above 10% and 5% for female and male adolescents respectively, making the country to shoulder the heavy burden of HIV (World Health Organization, 2014). The burden of HIV is also clearly articulated by the statistics captured in SA. According to the results of a study conducted by Chuong and Operario (2012) approximately 21% of the orphaned children in the country have been orphaned due to high HIV and AIDS induced adult mortality. Although Cape Town, where the study was conducted, occupies the bottom position on list of key HIV/AIDS hotspots in the country, it remains one of the most vulnerable areas. Firstly, by virtue of its being one of the favourite tourist destinations and secondly because of its ability to progressively expand its economic activities which attract immigrants from across the world, Cape Town is at a higher risk of witnessing soaring HIV prevalence unless the younger generation assume centrality in

[1] Black here does not include Indians and Coloureds

controlling the epidemic. Cape Town as presented in Map 1.2 is in the Western Cape Province and it is the third most populated province in SA. Predominantly populated by the Coloureds, the province is found at the tip of the country as shown in Map 1.1. According to Stats-SA (2019b) the province accommodates close to 7 million people, the third largest population after Gauteng and KwaZulu-Natal provinces. The city is blessed with beautiful beaches, a coastline, the iconic Table Mountain, and heritage places such as Cape Point and Robbin Island, where Nelson Mandela, the founding father of a democratic SA, was incarcerated for 27 years. However, Cape Town, like other cities in SA, is grappling with social ills such as violence, crime and a legacy of gangsterism. Shields et al. (2008) found that in Cape Town, children are exposed to violence including community-based violence at an early age, leaving a negative impact on their lives. The authors indicate that, young people devoid of a strong family support system are therefore likely to be negatively affected by these social ills. Despite the social ills, results from the General Household Survey conducted in 2018 indicate that Cape Town fares better than other cities on key economic indicators such as housing and access to clean water and electricity (Stats-SA, 2019a).

Map 1.1: **Map of South Africa**

Source of map: Google Maps.

https://www.google.co.za/search?hl=en&tbm=isch&source=hp&biw=1366&bih=604&ei=jJLvXNnqI_GzgwfHyqSIAw&q=map+of+africa+and+western+cape&oq=map+of+africa+and+western+cape&gs_l=img.12...1539.24543..27816...3.0..0.1528.17529.3-11j5j14j1j1j1.....0....1..gws-wiz-img.....0..0j0i8i30j0i24.wE9fIDVFZA4#imgrc=vX5PS88MbBBQKM

Map 1.2: The map of Cape Town, South Africa

Source of map: https://www.sa-venues.com/maps/cape-town-attractions.htm.

South Africa has progressive policies and programmes on adolescent sexual and reproductive health which surpass those of other countries in the SSA region. Nevertheless, adolescent sexual behaviours are positively changing but at a slower rate than anticipated. The South African Constitution, particularly the Bill of Rights (1996) provides for the rights of all citizens including adolescents, the right to access sexual health services without being discriminated against (Willan, 2013). The National Adolescent Sexual and Reproductive

Health and Rights Framework Strategy recently promulgated by the South African government further testifies the commitment by the Government of South Africa towards the promotion of healthy adolescence. The Framework guides different players in promoting healthy adolescent sexuality through sharing of information and knowledge on adolescent sexual and reproductive health matters (Department of Social Development, 2015). Furthermore, South Africa is also a signatory to several treaties including the International Conference on Population and Development (ICPD of 1994) and the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights, 2007-2010.

In 1995, South Africa, through the Department of Education introduced a new learning area called the Life Skills and HIV/AIDS Education to teach high school learners about sexual and reproductive health matters and how adolescents can maintain safety in the wake of HIV/AIDS (Rutenberg et al., 2001). The National Youth Policy: 2009-2014 of 2009 and the Integrated School Health Policy (2012) are other policies meant to address adolescent sexual and reproductive health issues (Department of Social Development, 2015). Collaborative efforts to impart knowledge on sexual issues among adolescents take centre stage at inter-departmental level. The Integrated School Health Policy was initiated in 2012 by the Departments of Basic Education (DBE) in conjunction with the Department of Health (DoH) to ensure that the sexual and reproductive health rights of adolescents are guaranteed within the school environment (Department of Social Development, 2015). The South African Government and Non-Governmental Organisations (NGOs) continue to collaborate in assisting adolescents make informed sexual choices. Programmes such as the Stepping Stones, DREAMS, Healthy Choices, She Conquers and Comprehensive Sexuality Education are geared towards raising awareness among adolescents regarding sexual and reproductive health (SRH) matters with greater emphasis being put on prevention of STIs and unplanned pregnancies and delaying initiation of sexual activities (Karim et al., 2017; Shisana et al., 2010). Nevertheless, there is evidence suggestive of lack of awareness of some of these programmes among adolescents in the country (Shisana et al. (2010). All these programmes deal with the adolescent at the individual and community levels except for a few such as the Families Matter! Program. The Families Matter! Program was initiated to foster and strengthen communication between the family and adolescents about sexuality and practice positive parenting (Kamala et al., 2017).

Table 1.1: Summary of South African policies on adolescent sexual and reproductive health

Policy	Year published	Aim
The Sexual and Reproductive Health and Rights: Fulfilling our Commitments 2011–2021 and beyond	2011	To achieve sexual and reproductive health and rights for the entire South African population
The National Adolescent Sexual and Reproductive Health and Rights Framework Strategy: 2014-2019	2015	To promote healthy adolescent sexuality by way of sharing information and knowledge regarding adolescent SRH matters
The National Youth Policy: 2009-2014	2009	To intentionally enhance the capacities of young people through addressing their needs, promoting positive outcomes, and providing integrated coordinated package of services, opportunities, choices, relationship and support necessary for the holistic development.
The National Youth Policy: 2020	2015	To develop for all the young people in South Africa, with a focus on redressing the wrongs of the past and addressing the specific challenges and immediate needs of the country's youth
The Integrated School Health Policy	2012	To uphold sexual and reproductive rights of adolescents within the school environment
The National Adolescent and Youth Health Policy	2017	To promote the health and wellbeing of young people aged between 10 and 24 years
The Department of Basic Education National Policy on HIV, STIs and TB	2017	To drive the response on HIV, STIs and TB
The National Adolescent and Youth Health Policy-2016-2020	2015	Governments' commitment to provide comprehensive, integrated sexual and reproductive health (SRH)services

1.2 The State of the Family in South Africa

Dintwat (2010) defines a family as a group of individuals related through blood or marriage and sharing living space. A nuclear family structure often consists of biological or adoptive parents and their children (Carr and Springer, 2010). This family comprises a man and a woman and their offspring and recently, same-sex unions have also been included. According to Hammond et al. (2015), the nuclear family structure isolates itself from the wider kinship and contacts with kin is infrequent and rare, when there is any, it occurs over the telephone or other non-contact communication tools. In many African countries including South Africa, the family refers to a wide network of individuals who are somehow related (Siqwana-Ndulo, 1998). In this context, the family network includes distant relatives and is usually characterised by the sharing of strong emotional, psychological, and physical bonds, taking form that deviates from Western concepts. Although Amoateng and Richter (2007) admit that the complexity around the definition of the family in the South African context is rooted in cultural and racial diversity and the process of modernisation in the country, they make an attempt at defining the concept as a "social institution with both ideational and concrete dimensions" (Amoateng and Richter, 2007: 14). Nkosi and Daniels (2007) further describe the South African family model, especially among the Blacks, as predominantly extended where the role of raising children is a shared responsibility. Davis and Friel (2001) aptly note the important roles played by the family unit in regulating adolescents' sexual behaviour. Adu-Mireku (2003) and Crosby (2006) acknowledge the fact that the family is the primary unit of socialisation which shoulders the responsibility of educating adolescents about sexuality and the risks involved.

From a sociological perspective, the family is responsible for addressing a myriad of societal ills including crime, drug abuse, teenage pregnancy, and adolescent sexuality. The sociology of the family is supported by several theories including the Structural Functionalism Theory, the Symbolic Interactionism Theory, the Social Exchange Theory, the Feminist Theory and the Conflict Theory (Hammond et al., 2015). In this study, the Structural Functionalism Theory took precedence over the other theoretical underpinnings. The Family Structural Functionalism posits that the family is responsible for the socialisation of children. In South Africa, just like in many other countries globally, the family has not remained static, but has diversified. In South Africa, the family has come a long way, as it went through colonialism and apartheid and survived to the current democratic state. In one way or the other, the policies that were implemented at various stages impacted on the family the most. According to Mokomane (2014), the different racial groups in South Africa were compelled to adopt the Western family model. Seedat-Khan et al. (2015) add that South African families suffer the brunt of the negative socioeconomic circumstances owing to poverty, epidemics, and the

absence of fathers and all these can be linked to the country's historical past that has been characterised by inequality, segregation, and deprivation.

1.3 Statement of the problem

The preponderance of risky sexual behaviour has posed a huge problem for South Africa, resulting in high HIV prevalence rates and a significant escalation in unplanned pregnancies among Black African adolescents (Amoateng et al., 2014; Manzini, 2001). The situation is apparently dire basing on the alarming HIV prevalence rates, a soaring adolescent pregnancy rate and other poor health outcomes highlighted in the preceding sections. Undoubtedly, the health of future generations is under serious threat owing to risky health-related behaviours exhibited by young people during the adolescence stage, although this determines the quality of life in later stages.

The problem of risky adolescent sexual behaviour is escalating and if it is not resolved urgently, it apparently continues to threaten the realisation of developmental goals (Amoateng et al., 2014). Rutenberg et al. (2001) further aver that unsafe sexual and reproductive behaviours exhibited by adolescents have long-term consequences at socioeconomic and personal levels as far as the shaping of the future of the AIDS epidemic is concerned. Currently, the energies committed to addressing unsafe adolescent sexuality and attempts to acknowledge the family's role in informing sexual choices have not been fruitful (Meinck et al., 2017). The rationale for the study's adoption of the mixed methods research approach, therefore, was to ascertain the existence of a relationship between various familial factors and adolescent sexual behaviours and choices in the context of South Africa, with reference to the need to establish whether the family structure, the household's socioeconomic status, parent-child communication and parent-child closeness influence certain sexual behaviours. The study also intends to solicit for the perceptions of both adolescents and parents or caregivers regarding familial roles in shaping adolescents' sexual behaviours. These perceptions are vital against the background of diminishing familial roles which are being supplanted by technology. Amoateng et al. (2014) concur on the view that the problem of unsafe and spontaneous adolescent sexuality among South African adolescents demands intensified and concerted efforts to highlight the factors that best explain adolescent sexual choices. This study seeks to address the overall problem of risky adolescent sexual behaviour within the South African context by tracing its origins to the family environment. Amoateng et al. (2007) justify the imperativeness of reconsidering familial roles in determining adolescents' sexual behaviour in South Africa, further arguing that the socio-political and demographic developments have indeed impacted on families, a scenario that has a domino effect on the well-being of adolescents (Amoateng

et al., 2007). Gaining more insights into the relationship between familial factors and adolescent sexual choices and behaviour as well as the perceptions of the respondents could help influence policy and therefore acknowledge the family as an important socialisation entity which is instrumental in reaching out to adolescents to curb the high prevalence rates of STIs among adolescents.

1.4 Research questions

The key research questions are:

I). How does family type influence adolescent sexual behaviour?

II). Is there any connection between household socioeconomic status and adolescent sexual behaviour?

III). Is there any relationship between parent-child communication, parent-child closeness, and adolescent sexual behaviour?

IV). What are the perceptions of adolescents and parents on the role of the family in shaping adolescent sexual behaviour?

Research questions I-III will be answered quantitatively using data from a pre-existing data set and research question IV will be explored qualitatively from focus group discussions and in-depth interviews with both adolescents and parents.

1.5 Research problem and objectives

Worldwide, risky adolescent sexual behaviours have been posing a huge problem due to their negative health outcomes, especially the high HIV prevalence, unplanned pregnancies, and poor health outcomes among young people (Govender et al., 2020). According to Ramraj et al. (2018), approximately 2 million adolescents worldwide are living with HIV and 82% of them are in the SSA region. In SSA region, South Africa together with Nigeria, Kenya, Mozambique and Tanzania accounts for the highest prevalence rate of HIV, unplanned pregnancies and poor sexual health outcomes among adolescents (Dellar et al., 2015; Johnson et al., 2017; Ramraj et al., 2018). In South Africa, Western Cape province where Cape Town is located, has higher proportions of women of reproductive age and adolescent girls and young women (AGYW) living with HIV (Moyo et al., 2020). Despite adolescent sexual behaviour being linked to many social factors, it remains a fact that the family environment plays the most critical role in shaping sexual

behaviour among adolescents (Davis and Friel, 2001). Globally, studies have found that the family environment impacts significantly on adolescents' sexual choices. For instance, studies by Farahani et al. (2011), Goldberg (2013a), Pilgrim et al. (2014) found out that family structures and processes promoted early sexual debut, which in many instances, manifested as premarital sex. Therefore, an informed understanding of the relationship between the family environment and adolescent sexual choices and perceptions could help place the family at the forefront in the fight to eradicate poor sexual health outcomes among adolescents in South Africa.

In this study, the objectives were:

1. To investigate the link between family structure, family type, family financial circumstances and parental engagement with their children, and adolescent sexual behaviour.
2. To highlight the effects of selected family variables on adolescent sexual behaviour for both female and male adolescents.
3. To investigate the perceptions of adolescents and parents on the role played by the family environment in shaping sexual behaviour.

1.6 Significance of the study

It is against the backdrop of the alarming magnitude of risky adolescent sexual behaviours and poor sexual health outcomes among South African adolescents that this study investigates the relationship between family variables and adolescent sexual behaviours. This exploration was important for numerous reasons.

Firstly, families in the young South African democracy are likely to experience a complexity of challenges and opportunities and it is fundamental to investigate how these influence adolescent sexual choices among the youth. The undermining of the extended family, a sharp decline in marriage rates and upward cohabitation trends and household poverty resulting from unemployment and underemployment pose some of the gravest challenges that are threatening the well-being of families in post-apartheid South Africa (Amoateng, 2007; Amoateng et al., 2007; Amoateng and Richter, 2007; Casale and Desmond, 2007; Kalule-Sabiti et al., 2007; Rudwick and Posel, 2013). Rudwick and Posel (2013) attribute the decline in marriage rates in South Africa to the preponderance of single-parenthood and cohabitation especially among Black South African women, and therefore, this justifies the need to determine how this informs adolescent sexual choices. Previous studies are suggestive of the fact that the marriage of biological parents has the potential to avert premature sexual initiation among adolescents (Davis and Friel, 2001; Farahani et al., 2011; Manning and Lamb, 2003; Miller et al., 1999). Also children residing with both parents regardless of marital status

have been found to be more likely to delay sexual debut than those living with separated parents (McCutcheon et al., 2018). These findings significantly resonate with the South African context where cohabiting has become a common phenomenon and where many marriages are typically traditional. Other familial factors such as the household's financial status, parent-child closeness and the household's communication patterns have also been recognised as significant in determining sexual choices and behaviours among adolescents (Bell et al., 2008; Miller et al., 1999; Wu, 1996). As such, Kirby (2001) advises that the urgency with which workable remedies should be developed and implemented to protect adolescents from the adverse effects of poor sexual health outcomes ought not to be overstated.

Secondly, an understanding of the relationship between familial factors and adolescent sexual choices can help divulge family-based factors that promote healthy sexual behaviours among adolescents in South Africa. This will help in identifying familial factors that influence sexual decisions, which makes it easier to reinforce those factors that foster positive sexual behaviours as well as finding ways of eliminating those that encourage negative sexual behaviours. Thirdly, subjecting both male and female adolescents to scrutiny will help design gender sensitive intervention programmes. Fourthly, the study will unearth the consensus among researchers confirming that the familial factors that influence adolescent sexual behaviours are conventional to the West, suggesting a gap in African-based knowledge on the topic (Ball, 2013; Defo and Dimbuene, 2012; Sooryamoorthy and Chetty, 2015). Arguably, revealing the fundamental familial factors influencing adolescent sexual conduct and choices will bridge this knowledge gap. The results from this study will therefore contribute to the existing body of literature on Family Sociology particularly the importance of family variables that shape adolescent sexual behaviours within the African context.

Fifthly, the current family studies conducted in South Africa and other SSA countries have applied either the qualitative or quantitative methods in investigating the effects of family dynamics on adolescent sexual behaviour and fewer studies, if any, have adopted the mixed methods approach to unlock the link between familial environment and adolescents' sexual behaviour (Mushunje, 2014; Odimegwu and Adedini, 2013; Simons et al., 2013; Yaseri et al., 2016). Moreover, many of the studies have applied quantitative methods and a huge proportion of them have used cross-sectional data to examine the consequences of the family environment on the well-being of children. However, this has not done justice in quantifying efforts to fully comprehend the consequences that the family environment has on adolescents' sexual choices. Defo and Dimbuene (2012) confirm that such consequences are investigated more effectively using panel data as they show transformational dynamism over time. Therefore, studying adolescent sexual behaviour and choices using both panel and qualitative data, instead of relying merely on cross-sectional data, provided an in-depth appreciation of the effects of familial factors on adolescent sexual behaviours and choices (Wight et al., 2006).

Lastly, the study is set to highlight the basic adolescent sexual behaviours in the post-apartheid era. This is important in so far as it enhances the provision of SRH services and the designing of programmes that foster safe sexual behaviours. Against the backdrop of this topical discussion around comprehensive sexuality education in schools, another important implication of the study borders on how policies can be designed to encourage families to adopt a proactive role in shaping the sexual behaviours of adolescents.

1.7 Dissertation structure

This section outlines the structure of the dissertation. The chapter lays the foundation for this study, in so far as it seeks to investigate adolescent sexual behaviour and its relationship with the family environment in the case of Cape Town in South Africa. The dissertation comprises seven chapters which are outlined as follows:

Chapter 1: This is the introductory chapter of the dissertation in which the background information on adolescent sexual behaviour and some of its common consequences in the country are presented. The chapter also presents the study context and the state of the family in South Africa; this is followed by the statement of the problem. The research questions that guided this study are also presented in Chapter 1. The research problem and the objectives of the study are presented in this chapter together with the significance of the study. The chapter winds up with the conclusion section.

Chapter 2: This chapter reviews the literature related to the family and how it influences adolescent sexual behaviours. Initially, the study reviews global literature on adolescent sexual behaviour. This is then followed by a review of the literature from the SSA region, which is presented concurrently with the related literature from South Africa.

Chapter 3: The chapter presents theories that underpin and foster an understanding of adolescent sexual behaviours. It then focuses on the Life-Course Perspective Theory that guided this study. The chapter further presents the justification for selecting the Life-Course Perspective Theory ahead of other theories that have been used to explain adolescent sexual behaviour.

Chapter 4: This is the methodology chapter, and it describes in detail the research design and the mixed methods approach used for this study.

Chapter 5: In this chapter, the study presents both the quantitative and qualitative results and an in-depth analysis thereof.

Chapter 6: This chapter is a continuation of results noted in this study. It presents both quantitative and qualitative results and meta-inference of the results noted in both arms of the study.

Chapter 7: This chapter comprises a detailed discussion of the results that were elicited during the data collection process. The findings are discussed in detail and their implications to the body of knowledge are synthesised and articulated. The chapter concludes the study by making policy recommendations based on the results.

1.8 Conclusion

The objectives of the study are to investigate the link between family structure, family type, family financial circumstances and parental engagement with their children, and adolescent sexual behaviour. The study also seeks to highlight the effects of selected family variables on adolescent sexual behaviour for both female and male adolescents. Lastly, the study seeks to investigate the perceptions of adolescents and parents on the role played by the family environment in shaping sexual behaviour. This chapter established the background to the study, the context of the study, statement of the problem, research questions, research problem and the objectives of the study. The chapter also outlined the significance of this kind of study in the South African context. The chapter vindicated the importance of having to outline this background information on South Africa, and it explained how the problem of adolescent sexual behaviour arose in the country. Although the study explored the phenomenon from one province of the country, the results can be useful in informing policy implementers in South Africa as well as other African countries as they seek to address issues of risky adolescent sexuality. The results from the study can also assist other researchers in their quest for an understanding of adolescent sexual health. The next chapter looks at similar studies conducted globally, in Africa and South Africa.

Chapter 2: Literature Review

2.1 Introduction

Exploring adolescent sexual behaviour forms the basis for identifying potential strategies to address the effects of sexually transmitted infections (STIs), including HIV, in this group. Many researchers have investigated contextual dynamics predisposing adolescents to risky sexual behaviours. Luke et al. (2011) have discussed adolescent sexual behaviour from a social exchange perspective. Others, for example, Brown and Rinelli (2010) and Adu-Mireku (2003) tackle how the family environment influences adolescent sexual behaviour. This chapter reviews the existing global, regional (Sub-Saharan Africa [SSA]), and local (South Africa [SA]) literature, focusing on the salient gaps.

2.2 Literature review methodology

Literature covering the diverse manifestations of adolescent behaviour and its familial environment was identified using online search engines such as Google Scholar, WorldWideScience.org, and POPLINE. Traditional library searches were also conducted. The limited available literature in SSA necessitated the decision to focus on literature from other regions. The literature review was guided by the study questions, namely:

I). How does family type/structure influence adolescent sexual behaviour?

II). Is there any connection between household socioeconomic status and adolescent sexual behaviour?

III). Is there any relationship between parent-child communication, parent-child closeness, and adolescent sexual behaviour?

IV). What are the perceptions of adolescents and parents on the role of the family in shaping adolescent sexual behaviour?

2.3 The concept of adolescent sexual behaviour

Health and social challenges associated with risky adolescent sexual behaviour include STIs, unplanned pregnancies, unsafe abortions, and school drop-out. These raise the need to identify and intervene on the individual, socio-demographic, and economic factors influencing adolescent sexual behaviour. The family institution is one factor which plays an important role in shaping personality and behaviour owing to its proximity to children (Mollborn and Lawrence, 2018). The institution has however recently experienced instability and disruption of ties (Fomby and Osborne, 2017), leading to the delegation of child-rearing functions including sexual and reproductive health education to other structures such as teachers and the Internet. However, without effective mechanisms for collaboration between families and the delegated institutions, the health and well-being of adolescents is jeopardised. It is therefore important to understand how these dynamics have affected adolescent risk sexual behaviour in the South African context. The present study focused on ascertaining the relationship that exists between the adolescents' family of orientation and their sexual behaviours. Additionally, the study sought to offer insights into the relevance of the contemporary family institution and its role in regulating adolescent sexual behaviours given the decreasing parent-child closeness due to schooling and work commitments. The sections below look at literature which support the objectives of the current study.

2.4 The role of the family

Although behaviour can be moulded through other social networks, the family remains the most crucial in influencing growth and development of, and fostering behaviour change in children. As a platform for socialisation, it imparts socio-sexuality education, moulds children into responsible citizens, shapes children's adult life and how they react to or cope with life situations and achieving a healthy, cohesive society (Roberts et al., 2016). Studies have highlighted how negative family situations can prompt non-school–attendance, alcohol and substance abuse, aggressiveness and other anti-social behaviours (Cambron et al., 2017; Crandall et al., 2017; Fomby and Osborne, 2017).

The family also teaches about responsibilities and safety in relationships. However, in contemporary societies, where families are facing many challenges, adolescents are left to navigate life challenges, including those related to their life transitions, on their own. The family structure has also been undergoing evolution in recent times, to the extent that children can now have multiple parents (Golombok and Tasker, 2015). Wider forces such as the globalisation of both youth culture, easy access to the internet, tourism and the world's economy have also been competing to impact the behaviour of adolescents (Ozer et al., 2017). Given these changes, an important question to ask is: What family environments work best during the transition period from childhood to adulthood?

Literature has drawn attention to the greater focus being given to female adolescents compared to their male counterparts, even though the latter also face sexual and reproductive health (SRH) challenges. A study by Miller et al. (2017) that was conducted in Soweto, South Africa, found out that more male adolescents than female reported early sexual initiation as well as casual and unprotected sexual intercourse, a dimension usually neglected by many researchers. Another study by Odimegwu et al. (2018) also highlighted the importance of engaging male adolescents in order to address adolescent pregnancy among female adolescents. This showed that male adolescents are not innocent by standers when there are efforts to address risky adolescent behaviour. The next sections focus on the global, SSA and South African literature and provide details on familial factors that influence adolescent sexual behaviour.

2.4.1 Global Literature on family structures and adolescent sexuality

Globally, studies have described how the family environment and structures shape adolescent sexual choices and influence sexual behaviours such as the timing of sexual initiation, condom use, multiple and concurrent partnerships as well as other risky and non-risky sexual behaviours (Ajayi and Somefun, 2019; Bengesai et al., 2018; Crandall et al., 2017; King et al., 2018; Pettifor et al., 2018). Parental marital status has been found to exert influence on children's behaviour. Family structures including same-sex and transgender families formerly considered taboo but now commonplace in Western settings are now being increasingly researched (Cenegy et al., 2018; Knight et al., 2017). Another newer family forms consist of social parents and parents who use a surrogate mother to host a pregnancy (Van Rijn-van Gelderen et al., 2018). These family forms have raised questions about the socio-emotional well-being of the children raised within it (Jadva et al., 2015).

Many studies have examined sexual behaviour differentials among adolescents with reference to the extended and the nuclear family, or other family structures (Gonzalez et al., 2017; Grossman et al., 2019). Specifically, studies have compared how family structures determine life trajectories due to opportunities and non-thereof. Access to resources and education impact on adolescents' career paths. A study by Härkönen et al. (2017) found that adolescents living with biological parents irrespective of parents' marital status fared well in all aspects of their lives, including health. Frantz et al. (2015) systematically reviewed studies conducted in various African settings. They found that family structures and processes positively impacted on sexual behaviours. Earlier, Amoateng et al. (2007), Manning and Lamb (2003), and Palermo and Peterman (2009) found that being raised in non-traditional households elevated adolescents' risk of engaging in unprotected sex. However, a comprehensive analysis by Davis and Friel (2001) did not establish a direct link between family structure and adolescent sexuality.

In the West, a nuclear family structure has been glorified as the most perfect one, and the gold standard against which all other family types are assessed (Golombok and Tasker, 2015). Hammond et al. (2015), argue that this perfect image has largely been driven by the media and marketing gimmicks, which always present a mother, a father, and children. In Western countries as well as some countries in the global South, the nuclear family structure is being threatened by declining marriage rates, low fertility, feminism and escalating divorce rates, and global familial policies (Amoateng et al., 2014; Bales and Parsons, 2014; Carr and Springer, 2010; Popenoe, 1993; Posel et al., 2011). For example, the decline in marriage rates in South Africa has been linked to the economic freedom women are enjoying in the post-apartheid era (Hosegood, 2013) while in China, it was due to the one child policy.

A cross-sectional study conducted in Sao Paulo by Peres et al. (2008) with a sample of 296 young people aged 13 to 24 years, revealed that adolescents brought up in a family with both parents were less likely to engage in risky sexual behaviour compared to those brought up in single-parent families. Pilgrim et al. (2014) compared the age of sexual debut for children raised in a nuclear family versus those raised in an extended family structure. They concluded that the nuclear family structure's stability helps delay children's sexual debut, facilitate self-protection when engaging in sex, and reduces the number of sexual partners (Pilgrim et al., 2014). Other benefits of nuclear family include the socioeconomic stability due to fewer members who compete for resources (Carlson and Corcoran, 2001; Morantz et al., 2013), and the room married parents have to jointly mould and adequately monitor children's behaviour directly and indirectly. However, where it lacks resources, the nuclear family becomes more exposed because of its isolation.

Single parenthood, which is the other family form, equally has advantages and disadvantages when it comes to raising children. Among the advantages is the physical and mental health that adolescents acquire in this set up, particularly compared to being raised in a violent two-parent family (Hook, 2020). It has also been argued that growing up in a single-parent family ensures that adolescents participate in family decisions and acquire independence (Mariani et al., 2017). The study by Brown (2006) also found that adolescents who moved from a cohabiting household into a single-parent household experienced a better well-being, suggesting that single-parent households can be hugely beneficial to the well-being of children in some instances. For example, Brown (2006) found that adolescents who moved from a single-parent household into a stepfamily household had poorer health outcomes compared to those who moved from a stepfamily into a single-parent household. These results seemed to conquer with results from a review of literature by Valiquette-Tessier et al. (2016) which highlighted the stereotypes associated with some forms of parenthood such as single parenthood. Single parent families are in many cases are disparaged.

However, Hofferth and Goldscheider (2010) found that men and women who reported having lived with single parents also reported experiencing early sexual debut. The disadvantages associated with growing up

in a single-parent household include fragility and financial difficulties usually arising from having one source of income (Hofferth and Goldscheider, 2010; Rudwick and Posel, 2013). Most of the single-headed households are headed by women and in many instances, women are excluded from the labour markets, have lower incomes, and lack educational skills necessary to secure meaningful employment. Therefore, women single-headed households face financial difficulties, impacting negatively on the psychological well-being of children (Casale and Desmond, 2007). Financial constraints faced by single-parent households might in turn drive children into negative and unsafe sexual behaviours, including early sexual debut and non-condom use (Nieuwenhuis and Maldonado, 2018). Chan and Koo (2010) posit that in a single-parent household, the responsibility of both monitoring and fostering the development of children falls squarely on one parent and rules tend to lax as a result, sometimes due to fatigue and being overwhelmed by many responsibilities.

Furthermore, DeLeire and Kalil (2002) observed that not all children living in a single parent household are likely to engage in risky sexual behaviours; instead they found that children living in single parent households headed but have grandparents present were more likely to delay sexual debut compared to those living in a household with married parents. Dunifon and Kowaleski-Jones (2007) also found that living with a single parent and a grandparent benefited children and young people. Langley (2016) studied African-American adolescents living in single parent families, and found that having a father figure in such families significantly reduced early sexual debut. Gumede (2015) suggest that communication between single parents and their adolescent children significantly helps in averting negative sexual behaviours. Generally, it has been noted that father absenteeism negatively impacts on the behaviour of adolescents. A study by Freeks (2019) found that the children of absentee fathers faced a much higher risk of developing delinquent behaviours compared to those whose fathers were present. Although studies have focused on single parenthood and the negative outcomes for adolescent sexual behaviour, most of these studies have focused on female single parents, disregarding male single parents. This has resulted in scant knowledge about the well-being of children raised by single male parents.

There are many types of extended families. The extended family can be made up of closely related family members including grandparents or cousins; but it can be inclusive of distant relatives. It can also consist of reconstituted family members for example, a divorcee parent and his/her children from a previous relationship coming together to form a family with stepparents and stepchildren. Thus, extended families can extend vertically or be multigenerational, or extend horizontally through marriage. Extended family ties serve many purposes including providing the economic and psycho-social support to, and enabling division of labour among, its members (Aldous, 1962; Glick and Van Hook, 2011; Ruggles, 2011). The extended family structure also serves the purpose of helping with monitoring of children by many family members. Dunifon (2013) and Dunifon and Kowaleski-Jones (2007) found that in multigenerational households with

grandparents, adolescents were likely to fare better in behaviour than their counterparts raised in the nuclear family structure, owing mainly to monitoring by multiple family members (Dunifon, 2013; Dunifon and Kowaleski-Jones, 2007). Conflict may however arise when extended family members hold divergent opinions on various family issues including ways of monitoring children.

The extended family structure has however been shrinking especially in developed countries (Glick et al., 1997). While in the United States of America (USA), it was widespread in the 19th century but in 2001 only 9% of children lived in an extended family household (Monserud and Elder Jr, 2011), mainly among immigrant families where it offers economic support (Glick et al., 1997). Even in developing regions such as Africa where the extended family structure has been the dominant form, it has also been declining for several reasons. These include migration due to work, climate change, war among other reasons, modernisation, and education and growing financial independence especially among women (Golombok and Tasker, 2015).

It is worth noting, on the other hand, that the stepfamily or blended family version of the extended family structure has been on the increase worldwide due to changing norms regarding marriage and divorce, and couples opting out of unhappy marriages to pursue matrimonial happiness (Johnstone, 1985). These family transitions and remarriage of parents can have implications for children's well-being and behavioural outcomes. Results from earlier studies indicate that adolescents brought up in stepfamilies may be more predisposed to risky sexual behaviours (Brown, 2006; Golombok and Tasker, 2015; Hetherington and Jodl, 1994; Hetherington, 1993; Hetherington, 1992). Other studies have established that adolescents, especially girls, raised in stepfamilies were more likely to engage in sexual activities at an early age than those living with both of their biological parents (Pilgrim et al., 2014). Another study by King et al. (2015) highlighted the issue of belonging which can impact negatively on adolescents, further noting that adolescents in this family type may feel left out, which then impacts on their behaviour.

Same-sex families have gained recognition and rights and widespread visibility in many advanced economies. Statistics suggest that this family type is likely to compete for attention with other family types. According to Smith and Gates (2001), the number of same-sex families in the USA grew steeply from approximately 145,130 same-sex households in 1990 to 601,209 by 2000. Indeed, an increasing number of countries are legalising same-sex marriages, in both developed and developing countries and same-sex partners are being allowed to adopt children or have their own children either through surrogacy or artificial insemination. Only thirty years ago, same-sex marriages were criminalised in many developed countries, and issues related to how same-sex parents raise their children were rarely researched (Biblarz and Savci, 2010). Current studies are now highlighting the psychological and social well-being of children raised in same-sex families (Perales and Todd, 2018; Prendergast and MacPhee, 2018) .

In spite of these developments, same-sex couples still face stigma and discrimination especially with regard to raising children (Goldberg et al., 2011). In many societies where homophobia is still rampant, same-sex families are being persecuted when they try to raise their own children. Even in research, same-sex families still face discrimination and behavioural challenges faced by adolescents raised in same-sex families are rarely researched (Welsh, 2011).

Cohabitation has been increasing especially in developed countries. A significant number of children in the USA today are born and raised in cohabiting families (Bulanda and Manning, 2008). Manning (2013) estimated that in the USA, cohabitation rose by approximately 82% between 1987 and 2010 for women in the 19-44-year age group. Cohabitation has also been described as synonymous with a 'trial marriage', or a matrimonial arrangement where couples refer to themselves as 'unmarried partners' and live together as a married couple though not legally married to each other (Kennedy and Fitch, 2012). Cohabitation has the advantage of sharing of resources to the benefit partners and children within that family set-up. However, the relationship between cohabiting couples is not always beneficial to children due to its lack of stability given that cohabitation lasts for only about 18 months on average (Manning, 2013). The full effects of cohabitation on children's well-being remain hazy owing to lack of research (Brown, 2006; Bulanda and Manning, 2008). Nevertheless, the few studies that have been conducted have drawn a connection between parental cohabitation and negative adolescent sexual behaviours (Brown, 2006; Bulanda and Manning, 2008; Manning and Lamb, 2003). Thorsen (2017) observe that parents who cohabit tend to model non-marital sexuality to their children. Furthermore, such parents may lack proper mechanisms of supervising children.

2.4.2 Family socioeconomic status and adolescent sexual behaviour

Parents and the family environment equip children with the resources they need to succeed in life. Failure by the family to provide for basic needs and necessities of the children can result in them seeking resources elsewhere. Studies have shown that adolescents from a low socioeconomic background are for example at a higher risk of engaging in transactional sexual activities than those from a rich socioeconomic background (Amoateng et al., 2014; Mathews et al., 2009). Honig (2012), found that in the United Kingdom, 30% of teen pregnancies were occurring among adolescents from poorer families compared to the 4% representing adolescents raised in economically well-off families. Earlier, studies by Hogan and Kitagawa (1985), Santelli et al. (2000),Wu (1996) and Wu and Martinson (1993) revealed that adolescents residing in households experiencing financial crisis were more inclined towards engaging in premarital sex and having a premarital birth than those from well-off households. Yeo et al. (2019) recently conducted a study involving 10,810 South Korean adolescents and the results confirmed that adolescent sexual behaviour is linked to the family's

socioeconomic status. Adolescents who reported belonging to low socioeconomic status were also likely to report having initiated sexual intercourse early. Conversely, a study conducted by Wight et al. (2006) among Scottish adolescents revealed that adolescents who had more pocket money to spend were more likely to have many sexual partners than those who were given little amounts of pocket money.

2.4.3 Family processes and adolescent sexual behaviour

In this study, family processes involve parent-child communication, parental characteristics (including parenting style) and parent-child closeness. Longmore et al. (2009) found that in many instances, adolescents experience their sexual debut through dating mates. It is at this important stage that parental characteristics matter the most. Longmore et al. (2009) contend that during the adolescence stage, adolescents receiving positive reinforcements from parents are likely to internalise positive behaviours and therefore refrain from initiating sexual intercourse at an early age. The results from the study by Longmore et al. (2009) indicated that adolescents who received greater parental care were less likely to initiate sexual intercourse early. Bradley-Stevenson and Mumford (2007) argue that communication with adolescents can be a mammoth task especially when it involves sexual matters as adolescents tend to keep to themselves thinking that communicating sexual and reproductive health matters with an elder in the family is a taboo. This observation is supported by the results from a study conducted by Sevilla et al. (2016) in Colombia involving a sample of 711 fathers/mothers and 566 male/female students. This qualitative study found that although families were obliged to converse on matters of sexuality with adolescents, such discussions abort due to fear of 'embarrassment'. Although communication between the adolescent and the parent is fundamental in fostering positive sexual behaviours, other studies have shown that this facet is hindered by many factors particularly the kind of relationship existing between the adolescent and family members. Although there are diverse opinions regarding the role of parent-child communication in shaping adolescent sexual behaviour as noted by Biddlecom et al. (2009), many studies conducted in different contexts reiterated the indispensability of parental characteristics such as parent-child connectedness in shaping adolescents' sexual behaviour (Adu-Mireku, 2003; Aspy et al., 2007; Biddlecom et al., 2009; Crosby, 2006; Wight et al., 2006). Another literature review conducted by Bastien et al. (2011) showed that in many studies, communication between parents and/or primary caregivers and adolescents played an important role in influencing adolescents' sexual choices.

Familial processes that relate to adolescent sexual behaviour include parent-child communication, parent-child connectedness, parental control, parental characteristics, and parenting style. The literature review conducted by Miller et al. (2001) depicts familial processes and adolescent behaviour outcomes as having

received significant attention from researchers in the USA and other regions. To some extent, most of the social ills being perpetrated by young people have somehow been attributed to the family environment especially 'inadequate parenting' (Chan and Koo, 2010). The same authors found that in the United Kingdom (UK), legal obligations sometimes held parents answerable for their children's behaviour. Parents found neglecting their parenting duties were required to attend parenting classes (Chan and Koo, 2010). The results from a study conducted by the same authors showed that parenting style positively correlated with young peoples' anti-social behaviours.

Communication between parents and/or primary caregivers and adolescents stands out as one of the most important factors that influence adolescents' sexual choices. In fact, Bastien et al. (2011) view communication as pervading several studies and has been described as playing a critical role in protecting adolescent sexual and reproductive health, including providing protection from HIV infection. Current issues emerging from literature reviews conducted by Mullis et al. (2020) and Bastien et al. (2011) in different periods attest to the fact communication between a parent and/or caregiver and a child regarding sexual matters yielded positive outcomes. These two reviews show that many of the reviewed studies had found adolescents' greater attachment to, and communication with family as yielding positive sexual behaviours. Studies established that children who maintained open communication with their parents were less likely to engage in sexual intercourse early whereas closed communication was associated with a high risk of adolescent pregnancy among female adolescents (Evans et al., 2020; Padilla-Walker, 2018).

The results reported by Evans et al. (2020) and Padilla-Walker (2018) resonated with the findings by Wight et al. (2006) who found that late sexual debut correlated with parent-child communication among Scottish adolescents. Wight et al. (2006) also noted that parents, especially educated mothers, were more likely to communicate with their adolescent children about their sexuality. In a similar study, Faudzi et al. (2020) noted that mothers' communication with their adolescent children impacted positively on adolescent sexual choices. The results obtained from the reviewed studies showed that when mothers or both parents openly discuss sexual issues, their adolescent children tend to gravitate towards using protection and avoidance of early sexual activities thereby averting early pregnancies and STIs. Another dimension of parent-child communication that emerged from a study conducted by Aspy et al. (2007) in the USA showed that adolescents who were empowered by their parents to object sexual advances were more likely to turn down sexual advances in their relationships.

Many of the studies which explored parent-child communication focused on mother-daughter or mother-son relationships and rarely acknowledged the part played by fathers in communicating with their adolescent children. However, the few studies that have investigated father-daughter and father-son communication have found that fathers too play an important role in teaching or modelling adolescent children's sexual

behaviours. In a study conducted by Hutchinson and Cederbaum (2011), daughters who reported having briefly discussed sexual relationships with their fathers felt that if their fathers had dwelt on sexuality at length , it would have averted their decisions to have sex early.

Family values and beliefs around issues of sexuality have been found to shape adolescents' sexual behaviour (Kirby, 2001). The literature reviewed by the same author revealed that many studies identified a positive link between the sexual behaviour of parents or siblings and the behaviour of adolescents. The findings show that adolescents whose parents and siblings had initiated sex at an early age were also inclined towards initiating sex at an early age. This intergenerational transfer of sexual behaviours and norms goes even further to influence the choice to use protection and prevent early pregnancies and STIs (Kirby, 2001). According to Miller (2002b), having older and sexually active siblings or pregnant teenage sisters is likely to influence younger adolescents into engaging in sexual activities. The results from the current study seemed to confirm this perception, as some of the adolescents reported having been influenced by their parents.

Parent-child closeness is regarded by Scharp and Thomas (2018) as the unconditional love between a parent and a child. It can also mean that a parent and a child are connected (Scharp and Thomas, 2018). According to Lang et al. (2017), parent-child closeness is affected by three parenting strategies and these are being either authoritarian, authoritative or being permissive. An authoritarian parenting strategy involves the use of harsher parenting skills. On the other hand, authoritative parenting strategy believes in open communication between a parent and a child. The last strategy as noted by Lang et al. (2017) is the permissive parenting strategy which has no clear boundaries between parent and child. Of the three strategies, the authoritative parenting strategy is highlighted as the one which is beneficial in protecting against dangerous behaviours. A study by McElwain and Bub (2018) shows that a decline in parent-adolescent closeness was associated with increase in engagement in sexual behaviours by adolescents. Similar results were noted from a study conducted by Oluyemi et al. (2017) which also noted a significant increase in risky adolescent sexual behaviour among adolescents who did not have a close relationship with their parents.

2.4.4 Sub-Saharan Africa and South African literature on family structures and adolescent sexual behaviour

The nature of adolescent sexuality in the SSA context differs from other parts of the world due to the prevalence of early marriages, whether forced or consensual. In this region, some of these early marriages are instituted by cultural and religious beliefs that encourage both early and arranged marriages. These practices are responsible for exposing young people especially adolescent females to early sexual activities. In addition to early marriages, the region records high levels of sexual violence among the youth. Some

studies have shown that female adolescents in the region are expected to initiate sex, get pregnant, drop out of school, and get married at a very young age. In-depth interviews conducted by Grant (2012) showed that Malawian parents reportedly lacked the hope that their girl children would make it in school as, they expected them to drop out of school due to pregnancy. The current study confirms similar results, as parents expressed the perception that they also expected their girl children to get pregnant and finally drop out of school. Grant (2012) indicates that adolescents, especially female adolescents, lack encouragement and motivation from immediate families to prove themselves in their endeavours and therefore avoid pregnancy. These challenges that face adolescents are unique to the SSA region, making adolescent sexuality a more complicated issue in the region compared to other regions (Pilgrim et al., 2014). Furthermore, it has also been noted that in SSA, like in many parts of the world, early sexual initiation has become somewhat acceptable as young women and men delay marriage. Hofferth et al. (2001) note that the transition to adulthood is now mainly marked by parenthood rather than marriage. Premarital sex has ceased to be a taboo as it is gradually becoming a norm.

Furthermore, the issue of adolescent sexuality is contentious in SSA as evidenced by rampant denial and secrecy surrounding the topic (Chikovore et al., 2013). Precisely, adolescents in the region often conceal issues of sexuality (Chikovore et al., 2013). This tendency should not be blamed entirely on the adolescents themselves but on the environment in which they grow up. As noted in the study conducted by Chikovore et al. (2013), discussion around adolescent sexuality in the region is shrouded in taboos and secrecy. As a result, adolescents and parents refrain from discussing the issues of sexuality at all costs. However, the high costs manifest themselves through the prevalence of poor sexual health outcomes among adolescents as numerous studies have confirmed. Many studies have shown that adolescents and young people in the SSA region are vulnerable to risky adolescent sexual behaviour as the statistics presented in Chapter 1 indicate.

This section presents literature on some familial issues that have been found to influence adolescent sexual behaviour within the SSA region in general and South Africa in particular. Although fewer studies have been conducted in Africa on the link between the family environment and adolescent sexual behaviour in comparison with those studies conducted in the rest of the world, these few studies have established the existence of important links between adolescent sexual behaviour and the family environment. The literature reviewed by Frantz et al. (2015) focusing on studies conducted in the African context, revealed that many studies have found a positive link between family environment and risky adolescent sexual behaviour. The findings from this review supported the results from an earlier review conducted by Eaton et al. (2003) which examined studies conducted among South African youths. Eaton (2003) found that adolescents' behaviour is informed by proximal and distal factors such as the family and peers. Other studies conducted by Amoateng et al. (2007), Manning and Lamb (2003), and Palermo and Peterman (2009) all highlighted how

growing up in non-traditional households elevated adolescents' risk of engaging in unprotected sexual encounters.

In South Africa, like in many parts of the world where colonisation took place, the family was shaped and reshaped by the political landscape and other social events. According to Sooryamoorthy and Makhoba (2016), the family institution in South Africa has since shifted from being predominantly extended to being almost nuclear due to forced labour migration, colonisation, apartheid and the harsh laws that legalised these politically motivated developments. This assertion by Sooryamoorthy and Makhoba (2016) has been echoed by several other researchers who have investigated the family in the South African context. Hosegood et al. (2009) noted that the policies of the apartheid regime were to some extent as anti-family as they were anti-marriage, especially for Black South Africans and this assertion is also supported by Mokomane (2014).

In recent years, family types have been affected by other factors such as a high divorce rate, high adult mortality, and high costs of bride-wealth, migration, and unsupportive attitudes towards the family. Authors such as Ziehl (2001) have supported the idea that Black South African extended families had indeed metamorphosed into nuclear ones due to urbanisation, industrialisation and other transformative factors. Other authors such as Greeff (2013) have claimed that family structures in South Africa have been influenced by the obtaining socioeconomic circumstances. Greeff (2013) argues that well-off families were largely nuclear in nature whereas those who are poor were inclined towards an extended family structure as a way of cushioning members against severe poverty. According to Casale and Posel (2005), migration and the participation of women in the labour force continued to increase in the post-apartheid era and these developments coincided with disparaging attitudes towards traditional family formations. The subsequent paragraphs dwell on some of the family structures and processes prevailing SSA and in South Africa. It is imperative to review the family structures and processes to ascertain the existence of any links between them and adolescent sexual behaviour.

In SSA, the family size is generally large due to high fertility rates, close kinship ties, and polygyny, although the three determinants have been undergoing some transformation due to global forces including the influence of religion (Therborn, 2004). Kinship ties within the extended family nevertheless remain very strong in the region (Mokomane, 2013).

Other family structures that are unique to SSA are the child-headed and grandparent-headed households, which have emerged predominantly out of the high AIDS-related adult mortality (Bicego et al., 2003). Children in such households assume the twin burden of caring for the sick and fending for their siblings. Several studies have pointed out how children raised in such households are at a higher risk of engaging in risky sexual behaviours. It has also been noted that children from child-headed and grandparent-headed households are more vulnerable to coercive sexual intercourse than those from families where either parents

or at least where one parent are still alive. A study by Kidman and Anglewicz (2014) shows that orphan hood has exacerbated adolescent sexuality in the SSA region, and that orphaned adolescents show higher intensions of getting pregnant compared to their peers who were not.

Studies from SSA region on the role of the family in adolescent sexual behaviour reiterate those from other parts of the world. Studies conducted by Goldberg (2013b); Goldberg (2013a) in South Africa and Kenya respectively indicate that family instability and/or adverse changes in the family environment can trigger negative sexual habits among both male and female adolescents. A study conducted by Chae (2013b) found that boys whose fathers died at an early age were more likely to engage in sexual activities at a younger age compared to those whose fathers were alive.

The presence or absence of a fatherly figure in a family has also proved to influence sexual behaviour. Pilgrim et al. (2014) found that out-of-school adolescent girls raised in a household with a biological father were less likely to engage in multiple sexual partnerships compared to their peers from families without biological fathers. Other studies also investigated the presence of fatherly figures in the family and the impact that this had on early sexual debut and multiple sexual partnerships (Honig, 2012; Richter et al., 2010; Pilgrim et al., 2014; Posel and Davey, 2006). Such studies were conducted against the backdrop of data from South Africa Demographic and Health Surveys (SADHS) suggesting that many children are growing up in family environments without father figures. A study by Chuong and Operario (2012), which used data from South Africa Demographic Health Surveys of 2003/2004, indicated that about 63% of South African children were not living with their biological fathers. Complementing this observation, Clowes et al. (2013) posit that many adults in South Africa grew up in a fatherless family. Relating the importance of absent fathers to adolescent sexual behaviour, Dimbuene and Defo (2011) noted that adolescents who lived in a family with both of the biological parents, regardless of their marital status, delayed sexual debut compared to those living with foster parents.

The extended family structure is the commonest within the SSA region (Mushunje, 2014). Although this family structure has managed to withstand external pressures much longer in the SSA than in other parts of the world, current trends point to its disintegration. This family structure has been a source of protection and psychosocial support for its members since time immemorial (Mokonane, 2013). Traditionally, this family structure was mainly propped by the fact that relatives would choose to live within proximity or as polygynous entities. However, in recent years, the family structure has been necessitated by other factors such as escalating adult mortality, forcing children to live with patrilineal or matrilineal relatives. In addition to the roles played by the extended family in other parts of the world, in SSA, uncles and aunts have the responsibility to educate adolescents about sex and sexuality (Mushunje, 2014).

As is the case at global level, while the extended family structure has advantages, it also has disadvantages, chief among them negligence and abuse of children. A study by Morantz et al. (2013) found that children who resided in extended families were likely to experience physical abuse, neglect as well as psychological abuse. All these factors can act as catalysts for risky adolescent sexual behaviours if they are not checked.

In the SSA region, South Africa is unique in many ways. Contrasting sharply with many countries in the region where marriage is still almost universal, marriage rates in South Africa are declining. This trend prevails significantly among Black South Africans and young people (Posel et al., 2011) . According to Posel et al. (2011), the decline in marriage rates in South Africa has coincided with the increase in cohabitation rates. Very few studies have attempted to investigate the effects of cohabiting on children in the SSA region in general and in the South African context in particular, despite evidence showing cohabitation as being on the increase (Kalule-Sabiti et al., 2007; Posel et al., 2011). Studies, especially those conducted in South Africa, suggest that cohabitation is now more acknowledged and tolerated than before (Kalule-Sabiti et al., 2007; Posel et al., 2011). In fact, most unregistered marriages in the region are suggestive of the rise in cohabitation unions. Besides these new trends, it is equally important to recognise the traditional marriages that are predominantly characteristic of the marriage institution in the region. These marriages are mainly monogamous and polygamous. In the case of polygamous marriages, one spouse could be recognised as wife while the rest are regarded as cohabitation partners. Lack of studies on the effects of cohabitation on children can be attributed to seemingly obscure distinctions between married and cohabiting couples in the African context. An earlier study conducted by Odimegwu et al. (2002) in Nigeria found that adolescents living with cohabiting parents were at risk of exhibiting negative sexual behaviours. One of the reasons the study alluded to was the instability that prevails in many cohabiting family settings (Goldberg, 2013a; Odimegwu et al., 2002).

The decline in marriage rates also exposes many children to mishaps caused by interrupted living arrangements. The results from a study by Goldberg (2013b) seem to support this assertion as they indicated that children who had experienced family instability during childhood were more likely to find it difficult to make choices in terms of pathways to adulthood and family formation. Owing to low marriage rates, many children are being raised in single-parent families. The most common single-parent household in South Africa is the female-headed household (Hosegood et al., 2009). Davids and Roman (2013) estimated that approximately 40% of children and adolescents lived in mothers only single-parent households. Posel et al. (2011), Rudwick and Posel (2013) and Hosegood et al. (2009) partly link the increase in single parenthood to the negative perception towards marriage and the high costs of lobola[2] or bride price. Although it is now apparent that many children and adolescents are being raised in single-parent households in SSA and South

[2] Bride price paid to the family of a potential spouse, mainly paid by the one asking for a hand in marriage

Africa, information on the link between living in such households and adolescent sexual behaviour is still vaguely known. What is known about children and adolescents living in these families is that they generally live in poorer conditions compared to those in nuclear families. A study conducted by Clark et al. (2017) in Namibia found that single mothers had to depend on kinship ties for monetary support as most of them were unable to fully support their families. It is in this context that adolescents are likely to be at risk of engaging in unsafe sexual relationships as a way of bringing food to the table (Djamba, 1997a).

The child-headed family type became common in SSA in recent times mainly due to high incidence of adult mortality and also the tremendous volume of migration as parents search for greener pastures among various other reasons (Ruiz-Casares, 2010). According to Mturi (2012), family structures in Africa have undergone dramatic changes owing to the HIV/AIDS pandemic. Simultaneously, the extended family structure that formerly catered for the needs of orphans experiences severe stress resulting in orphaned children being forced into child-headed families (Mushunje, 2014). The collapse of traditional family structures that provided custody to children has meant that children and adolescents living in families affected by adult mortality or adult absenteeism grow up in a poverty-stricken environment. Furthermore, children and adolescents that grow up in an environment prone to societal stigma and poverty can be pushed into risky sexual behaviours (Mturi, 2012; Germann, 2006). Mogotlane et al. (2010) noted that children and adolescents living in child-headed households assume the responsibility of breadwinners often forcing most of them to drop out of school to look after their siblings. As adolescents find themselves out of school and burdened by responsibilities, they tend to gravitate towards risky behaviours. A study by Cluver et al. (2011) indicated that orphaned girls who lived in child-headed families faced higher chances of sexual exploitation and engage in transactional sex. An earlier study conducted by Thurman et al. (2006) revealed that generally, orphaned adolescents were likely to engage in sexual activities at a much earlier age than non-orphaned adolescents.

Mtshali (2015) aptly notes that grandparents remain important cogs in the African family structures. In the wake of migration and divorce or death of parents, grandparents usually adopt the children and instantly assume the role of caregivers. Despite the important role that grandparents' play in raising grandchildren, gaps still exist in the knowledge about the behaviour outcomes of adolescent children raised in grandparent-headed families. What is apparent, however, is the fact that adolescents undergoing an important transition into adulthood under the supervision of grandparents indeed face challenges that are different from those faced by adolescents in families with both parents. This particularly holds sway for adolescents raised in grandparent-headed families in some African countries where social welfare systems are either too inadequate to cater for children's daily needs or completely non-existent. Studies conducted in Africa and elsewhere have detailed how grandparent-headed families are usually poorer than families with parents

(Dunifon, 2013; Dunifon and Kowaleski-Jones, 2007; Williams, 2011). The poverty faced by adolescent girl children in grandparent-headed families might force them to source money from boyfriends or engage in transactional sex.

Studies found an association between parental divorce and poor health outcomes among children and adolescents (Chapman, 1991). Precisely, family disintegration has been responsible for the suffering of many children worldwide and African children are among the most vulnerable (Manjengwa et al. (2016). Despite these findings, Chae (2013a) rightly notes that the effects of divorce on children have been given little attention by researchers in the SSA region. The results from focus group discussions held by Sekiwunga and Reynolds-Whyte (2009) with Ugandan adolescents revealed that family disintegration causes parental failure, which is inclusive of the failure to deal with children's sexuality. According to Davis and Friel (2001), once parents are divorced, they lose the respect of their children as the adolescents tend to gravitate towards other sources of social support. Another study conducted by Pilgrim et al. (2014) in Uganda concurs with these findings as the study also found that adolescent girls from a divorced family had higher risk of initiating sex earlier than adolescent girls from intact families.

Same-sex marriage partnerships are illegal in many SSA countries and in cases where these partners declare themselves publicly as gays and lesbians, they risk being persecuted or killed in worse scenarios (Matolino, 2017; Nduna et al., 2017). Therefore, a few studies have dared to focus on the effects of same-sex partnerships on children. The existence of same-sex families has remained a dangerously hidden phenomenon in many African countries. Nevertheless, South Africa offers a rare glimpse of this family type, as it is one of the few countries that legalise same-sex partnerships and same-sex families can even have and raise children. In many other countries in SSA, same-sex relationships are totally banned and therefore criminalised. In-fact, according to Togarasei and Chitando (2011) South Africa is one of the few African countries where same-sex relationships are not criminalised. Apart from the South African scenario, Saez (2011) notes that same-sex relationships are slowly gaining recognition the world over, adding that forty years ago, same-sex couples had no legal protection, hence, they were not recognised. Nevertheless, the situation has somewhat changed in many countries although the level of tolerance is still very low. One unfortunate thing around same-sex families is the lack of studies that investigate the welfare of children in these relationships (Biblarz and Savci, 2010).

2.4.5 Family socioeconomic status and adolescent sexual behaviour in SSA and South Africa

Family conditions and processes include the family's socioeconomic status and parent-child connectedness and these have also been identified as contributing to adolescent sexual behaviour (Amoateng et al., 2014). Poverty is widespread in the SSA region, with almost 50% of the population living below the poverty line. A study conducted by Kassie et al. (2014) indicated that smaller families in some SSA countries were subjected to extreme poverty. Since the SSA region largely depends on agriculture for survival, it has witnessed severe droughts, forcing many families to live in abject poverty as severe food shortages set in. Coupled with many other challenges already alluded to, poverty and food shortages may eventually drive adolescents into early sexual encounters. One of the reasons researchers mentioned as exacerbating transactional sex between adolescents and older sexual partners is household poverty (Djamba, 1997a; Luke, 2005). Aspy et al. (2007), note that in many instances, as parental income increases, adolescents' chances of engaging in risky sexual activities decrease. On the contrary, when parental income decreases, adolescents become more susceptible to risky sexual activities. Amoateng et al. (2014) argue that families facing economic challenges might actively encourage adolescent sexuality for monetary gains. Another study conducted by Cluver et al. (2014) seems to reiterate the importance of financial stability in curbing risky sexual behaviours among adolescents. The results from the study indicated that adolescents who had received a cash transfer were less likely to engage in risky sexual behaviours.

Casale and Desmond (2007) argue that a large proportion of households in South Africa still survive on low earnings and hence, they lack the basic amenities. This situation is far from being unique to South Africa as the entirety of SSA faces the same challenges. The manner in which family members, specifically adolescents, cope with household economic challenges has been investigated by several researchers such as (Amoateng et al., 2014; Dodoo et al., 2003; Luke, 2003). A literature review conducted by Kirby (2001) found that in many studies, the family's economic status had a profound impact on adolescent sexual choices. Adolescent daughters from financially disadvantaged families face a more elevated risk of engaging in transactional sex as a way of securing money for the family compared to boys (Dodoo et al., 2003; Luke et al., 2011). However, a study conducted by Dunkle et al. (2007) in South Africa among male adolescents seems to suggest that male adolescents are equally at risk of engaging in transactional sex, a finding later confirmed by the current study as male adolescents reported having engaged in transactional relationships in a bid to battle financial challenges at home. Nevertheless, the scantiness of the knowledge necessitates the need to investigate this phenomenon further as suggested by Varga (2001). Furthermore, Wamoyi et al. (2011) noted that in instances where the adolescent is the breadwinner, parents become too emasculated to control the sexual behaviours of such an adolescent to whom they look up for financial upkeep. The results from focus group discussions conducted with young people aged between 14 and 24 and parents showed that economically disadvantaged parents were too incapacitated to curtail inappropriate sexual behaviours

(Wamoyi et al., 2011). This reversal of roles meant that parents or other family members could hardly enforce controls over their children's sexual behaviours.

Studies indicate that the more young women are economically empowered, the more they become capable of negotiating for safe sex, limiting the number of sexual partners and delaying sexual debut, thereby promoting healthy sexual behaviours (Luke et al., 2011). Apparently, the existence of transactional sex between adolescents and older partners has been identified as one of the relentless challenges derailing efforts to curb the spread of HIV in SSA (Leclerc-Madlala, 2008). The results from a study conducted by Luke et al. (2011) in Kenya involving a sample of 551 adolescents aged between 18 and 24 found that young women who financially depended on their older male partners were less likely to protect themselves compared to their peers who were not financially dependent on male partners (Luke et al., 2011). These results confirm that young women's vulnerability to STIs is exacerbated by their financial dependency on male sexual partners and that financial independency correlates positively with condom use in relationships. The family's low socioeconomic status also contributes towards overcrowding which can elevate adolescents' risk of engaging in premature sex. This is supported by the results from a study by Spengane (2015), which found that for adolescent girls, the risk of engaging in premature sex increased drastically in proportion to living in overcrowded spaces.

2.4.6 Family processes and adolescent sexual behaviour in SSA and South Africa

Parent-child communication in general and communication around sexual and reproductive health matters in particular are very important in addressing negative sexual health outcomes among adolescents (Bastien et al., 2011). Numerous studies established that adolescents who communicated with parents or older members of the family about their sexuality were more likely to practise safe sex, thereby promoting healthy sexual behaviours (Babalola et al., 2005: Kajula, 2016 ; Muthengi et al., 2015; Odimegwu et al., 2002). Furthermore, a study conducted by Adu-Mireku (2003) in Ghana, involving school going adolescents, revealed that sexually active adolescents who communicated about HIV/AIDS matters with their families were more likely to use protection during sex than those who were uncommunicative. Similarly, Odimegwu et al. (2002) found that adolescents who discussed life issues with parents were less likely to be engaged in sexual activities prematurely compared to those who had never discussed life issues with their parents (Odimegwu et al., 2002). Nevertheless, Chilisa et al. (2013) observed that communication ought to be augmented by modelling behaviour exhibited by mothers and older siblings for this communication to yield positive results.

Despite the controversy that surrounds the role of parent-child communication in influencing adolescent sexual behaviour (Biddlecom et al. (2009), many studies conducted in different contexts were emphatic on the role that parental characteristics such as parent-child connectedness played in influencing sexual behaviour (Adu-Mireku, 2003; Aspy et al., 2007; Biddlecom et al., 2009; Crosby, 2006; Wight et al., 2006). The literature review conducted by Bastien et al. (2011) reinforced the view that communication between parents or primary caregivers and adolescents played a central role in influencing sexual choices among adolescents. The review revealed a significant improvement in communication between parents and their adolescent children on sexuality matters in SSA, though an authoritarian tone pervades these discussions. Nevertheless, Gumede (2015) noted that communication between adolescents and parents must go beyond mere negative messaging around sex for it to be effective. These results seem to agree with what was noted earlier by Bastien et al. (2011) and Roman et al. (2012) who found that the harsh tone that parents use in communicating with their children can yield unintended consequences. According to Roman et al. (2012), communication which tends to lean towards too much authoritarian control can exacerbate negative sexual behaviours. Therefore, parents or caregivers often find it a challenge having to strike a balance between positive communication and communication perceived by adolescents as aimed at facilitating too much control. The challenge remains on how best parents can be engaged so that they understand the need to consistently open discussions around sexual matters with their adolescent children. A study conducted by Adu-Mireku (2003) in Ghana among school-going adolescents revealed that sexually active adolescents who communicated about HIV/AIDS issues with their families were more likely to exercise sexual protection than those who lacked communication.

A qualitative study that was conducted by Mbugua (2007) among high school learners in Kenya, indicated that although educated mothers are more likely to communicate more effectively with their adolescent children, this does not always hold sway across time and space. The results from the study exposed dilemmas and cul-de-sacs faced by mothers as they attempt to communicate with their children about sexuality. Some of the impediments that prevented mothers from speaking openly about HIV and other STIs with their children were rooted in their socio-cultural and religious backgrounds. Similar results were noted in a study conducted in South Africa by Vilanculos and Nduna (2017), which found that parent-child communication about SRH is impeded by cultural and religious taboos. Unfortunately, this has resulted in parents neglecting their role of spearheading communication with their children about adolescent sexuality. However, the system of delegating such roles is no longer functional due to several reasons such as the disintegration of the extended family and migration. Similar results were noted in the current study, as both adolescents and parents expressed discomfort talking about sexual matters despite their consciousness of the dangers of circumventing an honest discussion around the topic.

Sex education among some African communities has somewhat remained taboo, standing in the way of communication between parents and adolescents about sexuality education. Historically, sexuality education was delegated to older family members such as aunties, uncles, grandmothers and grandfathers and trusted community members (Muyinda et al., 2003). In some of these African societies, initiation schools assumed this critical role. Lately, however, a gap has been created as kinship ties are broken due to modernisation and the gradual gravitation of families towards the nuclear family type, leaving sex education in the hands of the parents or some other social systems such as schools and peers. Notwithstanding the strong relationship often existing between parents and children, there are fears and uncertainties about who should initiate conversations on sexuality and the possible adverse reactions to such conversations, and such fears are worsened when the parent-child relationship is marked by physical and emotional distance (Delius and Glaser, 2002; Kuo et al., 2016; Motsomi et al., 2016). Kuo et al. (2016) also noted that initiating sex-related communication between parents and children is often perceived as disrespectful besides being regarded as culturally inappropriate by the parents and some adults. Adolescents tend to fear initiating sex-related conversations with parents as they might be punished and considered too inquisitive (Rutenberg et al., 2001; Soon et al., 2013). A study conducted by Motsomi et al. (2016) in South Africa also found that parents were uncomfortable to discuss sexuality matters with their children as they perceived that doing so might give adolescents the green light to engage in sex.

Poor communication leaves adolescents confused by mixed messages at a crucial time when their bodies are undergoing physical changes which coincide with the development of sexual drives and desires (Crockett et al. (2003). Literature reviews of studies conducted in different contexts indicate that communication between parents or caregivers and adolescent children regarding sexual matters yielded positive outcomes (Bastien et al., 2011; Kirby, 2001). The results from a recent study conducted by Spengane (2015) in South Africa indicated that adolescents who initiated sex early attributed the development to poor communication and lack of supervision by parents.

2.5 Conclusion

Chapter 2 looked at current literature on the role family variables in altering adolescent sexual behaviour. This was done in line with the objectives of the study that were to investigate the link between family structure, family type, family financial circumstances and parental engagement with their children, and adolescent sexual behaviour. The literature reviewed highlighted the effects of selected family variables on adolescent sexual behaviour for both female and male adolescents, which is one of the study objectives.

Lastly, the reviewed literature included studies that have investigated perceptions around the role played by family environment in shaping adolescent sexual behaviour. This was in line with the third objective of the study, which seeks to investigate the perceptions of adolescents and parents on the role played by the family environment in shaping sexual behaviour. The next chapter, which is Chapter 3 looks at the theoretical framework that informed this study.

Chapter 3: Theoretical Framework

3.1 Introduction

This chapter presents the theoretical perspectives underpinning this study. Prior to the presentation of the theoretical framework that underpins this study, it suffices to outline an overview of some of the theoretical perspectives that have previously been used to explain the relationship between adolescent sexual behaviour and the familial environment. The goals of the study included the need to investigate the connection between adolescent sexual behaviour and familial environment particularly focusing on the family structure, the household's socioeconomic status as well as parent-child closeness and processes. Section 3.2 dwells on the theories that have been used to foster an understanding of adolescent sexual behaviour. Section 3.2.5 of the study presents the Life-Course Perspective Theory as the most suitable theory in enhancing an understanding of the relationship between adolescent sexual behaviour and the familial environment. At this juncture, it is important to present a clear definition of a theoretical framework in order to justify its significance to this study, Abend (2008) defines a theoretical framework as:

> "a general proposition, or logically-connected system of general propositions, which establishes a relationship between two or more variables."(Abend, 2008: 177).

The definition by Abend (2008) highlights the indispensability of a theory in research as it informs and directs the course of the research study. The same definition depicts the theoretical framework as the backbone of a study as it holds the study together. Hence, this chapter is bent on presenting and justifying the theory underpinning this study.

Drawing from both primary and secondary data, the broad objective of the study was to determine the role played by the familial environment, that is, family structures (married, single, divorced, widowed, cohabiting), the household's socioeconomic status, parent-child communication, and parent-child closeness in influencing adolescent sexual behaviours which manifest themselves in early sexual debut, condom use tendencies, multiple partnerships, age-disparate relationships, and adolescent pregnancy. The specific objective was to find out the perceptions of both adolescents and parents regarding the role of the family in shaping adolescent sexual behaviour in South Africa.

3.2 Theories explaining adolescent sexual behaviour

Several theories from different research fields explain adolescent sexual behaviour. These theories include the Modelling Hypothesis, the Life-Course Perspective, the Ecological Perspective, the Social Exchange Theory, the Anthropological Perspective, the Rational Adaption Theory, the Developmental Perspective, and the Social Disorganisation Theory. Most of these theories are rooted in either Psychology or Sociology. Some of these theories explain sexual behaviour from an individual perspective, while others look at the various systems that surround an individual; for instance, the family, the community, religious institutions, and various other factors that directly affect the conduct of an adolescent. The study commences by presenting a few selected theories that have been used to explain adolescent sexual behaviour, starting with the Modelling Hypothesis Theory.

3.2.1 The Modelling Hypothesis Theory

According to Moore and Chase-Lansdale (2001), the Modelling Hypothesis Theory posits that adolescents living with cohabiting or dating parents mimic certain behaviours from their parents in all the aspects of their lives. The theory explains not just sexual behaviours, but an array of other behaviours such as eating behaviours. For example, Snoek et al. (2007) aver that the theory perfectly explains adolescents' emotional eating behaviours. The argument, therefore, borders on how parents change their children's behaviour through exhibiting certain behavioural traits in the presence of the children. This theory presupposes that the moulding of children's behaviour is solely the parents' responsibility. It equally blames risky behaviours such as risky sexual behaviours on parents as it assumes that children imitate their parents' behaviours. If parents are promiscuous and have multiple sexual partners, their adolescent children will certainly copy such behavioural traits. However, the theory is watered down by its narrow assumption that the behaviour of individual adolescents is solely shaped by parents. The theory grossly fails to acknowledge other factors that may be in contact with adolescents.

3.2.2 The Multi-Systemic Perspective Theory/Social Ecology Theory/Ecological Theory

The Multi-Systemic Perspective Theory perceives adolescent sexual behaviour as a direct result of interplay of self, family and extra-familial systems (Kotchick et al., 2001). The Multi-Systemic Perspective Theory,

which is also referred to as the Social Ecology or Ecological Theory is a theoretical framework traceable to Bronfenbrenner. The theory suggests that adolescent behaviour is shaped by several interlinked factors or systems, which are the micro-system (individual being/self), the mesosystem (a system which is interlinked with other systems that have direct contact with the child), the exo-system (the third layer of the environmental system that has an indirect impact on the development of a child) and the macro-system. This theory maintains that behaviour must be understood by taking into cognisance all the systems that impact on an individual. It suggests that behaviour is initially influenced by the biological and immediate social relations existing at the micro-system level. It is in the mesosystem level where the family finds its space. Lastly, the theory looks at the influence of the macro-system, a level synonymous with the broader social environment. It is at this level where institutions like religion, schools, neighbourhoods, and peers which play a role in moulding behaviour come into play. The argument the theory advances is that various systems complement each other in determining behaviour and therefore, behaviour is a 'multi-determined' phenomenon (Henggeler et al., 2009). As noted by Henggeler et al. (2009), the Multi-Systemic Theory differs from other familial theories as it attempts to understand behaviour beyond the precincts of the family circle. The theory blames anti-social behaviours on different layers of systems that influence an individual.

The Ecological Perspective Theory is cognisant of how external forces affect the family system and describes how this in-turn affects children (Bronfenbrenner, 1982; Bronfenbrenner, 1986). The theory links individual traits to the social environment. Nevertheless, explaining adolescent sexual behaviour using this theory is weakened by the reality that it seems to exonerate certain individuals for exhibiting certain behaviours and actions. Rather, the theory blames anti-social behaviour on all the other institutions even the ones that are non-dysfunctional. Studies that applied this theory to explain adolescent sexual behaviour include the one conducted by Miller et al. (1999).

3.2.3 The Family Systems Theory

The Family Systems Theory avers that the behaviour of family members affects each member, adding that family members' actions are intertwined (Bowen, 1974). Although the theory acknowledges uniqueness in the behaviours of individuals, it presupposes that an apple does not fall far from the tree. Indicating how exhibited behaviour is a reflection of the family of origin. Titelman (2014) observes that since the family is a multigenerational emotional unit, individual behaviours are influenced by the behaviours of other family members. Familial influence cuts across generations, hence the family is subject to a 'multigenerational transmission process'(Titelman, 2014). Behaviour can be influenced by both immediate and extended family members and any anti-social behaviour exhibited by one person is bound to corrupt the entire system. The

theory attributes this to the family's emotional oneness (Titelman, 2014). What this then entails is an avalanche of anti-social behaviours which span across generations. As noted by Jurich and Myers-Bowman (1998), the theory has been useful in explaining sexual dysfunction. As much as the theory attempts to explain sexual behaviour, like most theories, it tends to blame individual behaviour on multigenerational factors and other players thereby exonerating individuals from their own behaviours. Failure to make individuals acknowledge their disorders may result in them failing to transform their behaviours in a positive way, as there is always someone else to blame for anti-social actions.

3.2.4 The Social Exchange Theory

Some researchers have applied the Social Exchange Theory to explain adolescent sexual behaviour exhibited especially by female adolescents (Baumeister and Vohs, 2004; Djamba, 1997a; Djamba, 1997b; Djamba, 2003; Luke et al., 2011). The Social Exchange Theory suggests that most relationships are transactional (Thomas and Iding, 2012). The perception underpinning the theory is that relationships and interactions are guided by the concept of maximising rewards while minimising costs. This theory has been used by Djamba (1997a); (Djamba, 1997b; Djamba, 2003) to explain sexual behaviour as mainly driven by economic need particularly on the side of females, who are portrayed as being obliged to trade sex for money. The authors mentioned above advance the view that sex is a commodity which can be exchanged for goodies; and as such, the females try to maximise rewards simultaneously minimising the costs of attaining what they desire in life. The Social Exchange Theory can be traced back to the fields of Sociology, Psychology and Anthropology (Heath et al., 1976). According to Heath et al. (1976), theorists such as Simmel, Blau and Davis refined the theory and are therefore, regarded as the proponents of the Social Exchange Theory. The theory originated from Economics as it tries to base certain social behaviours on economic needs. The theory proposes that most of the social behaviours or relationships are based on the give-and-take principle. The proponents of the theory, particularly Homans (1961, 1974), believe that many everyday relationships and interactions are guided by this give-and-take mentality, which manifests in exchanged gifts that can be tangible or in kind. As mentioned earlier, researchers have used the theory to explain young people's behaviour, especially young women who reportedly feel compelled to engage in sexual relationships with men or women in order to obtain money and other gifts from them (Djamba, 1997a; Djamba, 1997b). The theory presupposes that behaviour for both the givers and takers is reciprocal as the giver provides material or tangible things and in return expects sexual favours from the taker. However, the theory falls short when it comes to explaining all adolescent sexual behaviours as it fails to recognise other relationships that are not based on the give-and-take principle but might be based on genuine affection between adolescent sexual

partners. Further, this theory seems to ignore male adolescents since it simply assumes that female adolescents are solely susceptible to engaging in transactional sexual relationships.

3.2.5 The Life-Course Perspective Theory

This study adopted the Life-Course Perspective Theory as its main theoretical framework for its ability to explain the role of the familial environment in informing adolescent sexual behaviour. Unravelling the history of the theory enhances an informed understanding of this important theory which seeks to understand human behaviour and actions. The Life-Course Perspective Theory is among an array of theories that explain human behaviour and it can be split into two versions. The first version of the theory is the Classical Life-Course Perspective, which emanated from the Chicago School of Sociology in the early 20th century, when the theory was formulated to explain the transitions and trajectories of research participants from life records (Kulu and Milewski, 2007). Researchers such as Nilsen et al. (2012), have linked the Life-Course Perceptive Theory to the biographical approach developed by W.I Thomas and Znaniecki in 1958. On the other hand, the Contemporary Life-Course Perspective Theory, according to Bengtson and Allen (1993), can be linked to sociologists such as Rossi (1985), Riley, Johnson and Foner (1972); Bengtson and Black (1973); Dannefer (1984); Elder (1975;1991); and Featherman (1983). The Contemporary Life-Course Perspective Theory emerged in the 1960s when researchers started using longitudinal data to predict the life paths of cohorts (Kulu and Milewski, 2007). Hutchison (2011) acknowledges the efforts of other researchers such as Glen Elder, who advanced the theory to its current status. While its rudiments can be traced directly to Sociology, the theory has been applied in Psychology, Social Work, Gerontology, Criminology, Historical Studies and Epidemiology to explain the effects of life events on adult life and disease-related risks. The applicability of the theory to other fields does not only attest to its multidisciplinary conformity, but its ability to explain many challenges in different fields is quite apparent.

According to Bengtson and Allen (1993), some of the scholars mentioned above were instrumental in explaining the interconnectedness between life events, individual development, and the life-course. The Life-Course Perspective Theory has lured the attention of family sociologists especially those in developed countries. It focuses on transitions as part of a nexus of other things rather than solely on stages. Hutchison (2011) perceives the Life-Course Perspective Theory as concerned about how events unfolding across time and generations impact on the behaviour outcomes of future generations. George (1993), describes the theory as preoccupied with delineating the manner in which historical and social events intersect. Hutchison (2011) further highlights that the Life-Course Perspective Theory focuses on the number, timing, and sequencing of important family-related transitions that occur during individuals' lives and how these events shape an

individual's life outcomes. It also focuses on the family, other social institutions, the environment, culture, social movements and other proximal factors and their effects on an individual's life course (Carr and Springer, 2010; Hutchison, 2011). Researchers who interrogate the effects of the family on behavioural outcomes concentrate on the relationship between family members and behavioural outcomes of those family members (Price et al., 2000). Hutchison (2011) argues that understanding an individual's behaviour depends on one's ability to understand what that individual previously went through and the transitions that have occurred in their lives. Researchers who subscribe to the theory unanimously contend that an in-depth understanding of behaviour outcomes entirely depends on the need to understand an individual in totality as opposed to just having a snapshot of that individual and make hurried conclusions about his/her behaviour. Just like any other theories, the Life-Course Perspective Theory has central tenets as noted by Hutchison (2011). The central tenets for this theory are discussed in the subsequent paragraphs and researchers who apply this theoretical framework in their works, attempt to understand the behaviour of an individual from developmental and familial standpoints. According to (Hutchison, 2011: 30), the basic tenets of the theory are as follows:

(1). Interplay of human lives and historical time: Individual and family development must be understood in historical context.

(2). Timing of lives: Particular roles and behaviours are associated with particular age groups, based on biological age, psychological age, social age, and spiritual age.

(3). Linked or interdependent lives: Human lives are interdependent, and the family is the primary arena for experiencing and interpreting wider historical, cultural, and social phenomena.

(4). Human agency in making choices: The individual life course is constructed by the choices and actions individuals take within the opportunities and constraints of history and social circumstances.

(5). Diversity in life course trajectories: There is much diversity in life course pathways, due to cohort variations, social class, culture, gender, and individual agency.

(6). Developmental risk and protection: Experiences with one life transition have impact on subsequent transitions and events and may either protect the life course trajectory or put it at risk.

The centrality of concepts such as cohorts, trajectory, life events and transition are apparent in the contemporary study of the life course of individuals (Elder Jr, 1994). The cohort concept posits that cohorts differ in size and opportunities (Hutchison, 2011), and that each cohort is influenced by political, conflicting, musical and other trends happening around that particular cohort (Giddens and Sutton, 2014). The shaping of behaviour depends on the size of each cohort and the opportunities presented to it. It is further noted that

a new phase manifests itself in life-course, that of young adulthood who is too financially unstable to live alone but lives independently within the family setup. The trajectory concept suggests that each generation takes pathways that are different from the ones taken by the preceding generation. Within this framework, generations are dissimilar and the concept is based on the appreciation of the predictability and unpredictability of life circumstances that follow different cohorts (Hutchison, 2011). Individuals within each generation take changing pathways with peculiar consequences and choices; hence, Shanahan et al. (2016) aptly note that cohorts create social change. As cited in (Marshall and Mueller, 2003), Riley (1979) clearly delineates how different cohorts effect social changes. According to Hutchison (2011), an individual's life course is a path characterised by multiples of 'twists and turns'. George (1993) adds that life course patterns vary across time, space, and populations. The concept of transitions posits that an individual experiences change throughout his/her life course; hence, at any given point, the status undergoes a degree of transformation. Hutchison (2011) further highlights the point that transitions are related to age; for example, the age at which an individual starts school, the age of menarche, the age of sexual debut and so on. The concept of life events contends that the events that occurred in ones' life affect that individual's behaviour. Hutchison (2011), avers that such 'abrupt' life events include divorce, mortality, pregnancy, birth in a family, migration, acquiring work or losing one's source of income.

The rationale for using this theoretical framework to guide this study is its relevance arising from its acknowledgement of the family institution as an important cog in the socioeconomic transformations responsible for the resultant behaviour (Giele and Elder Jr, 1998). The main role played by the family is managing transitions into adulthood (Giele and Elder Jr, 1998). One other important reason for adopting the theory is its ability to explain the different values and beliefs to which different cohorts adhere and how these translate to behaviour change. Shaw (2010) note that early sexual initiation and becoming pregnant at an early age and out of wedlock are no longer stigmatised as before. This testifies that society has changed significantly, and adolescents are exploiting such advantageous changes. Furthermore, the suitability of the theory is because it looks at the life experiences of different cohorts and how they facilitate behaviour changes whether positive or negative. For example, while the older generation associated sexual encounters with marital union, this might no longer apply to the younger generation simply because they are a different cohort with different life experiences. According to Giddens and Sutton (2014), life courses are subject to cultural influences and material circumstances obtaining in any given society. A study by Biddlecom et al. (2006) revealed that nowadays, adolescent sexuality does not necessarily correlate with individuals' marital statuses, suggesting that attitudes towards adolescent sexuality are undergoing a gradual change through the life course and they might be influenced by the material circumstances pitted against adolescents residing in South Africa. Furthermore, Shanahan et al. (2016) assert that individual behaviours do not occur in isolation but are socially constructed and; therefore, can be better understood by examining their connection with

social institutions such as the family and the life course. The importance of understanding the social forces that create patterns and how behaviour is negatively influenced by dysfunctional social forces has also been underscored. The Life-Course Perspective Theory is also useful in understanding life courses for different genders, which is normally referred to as gendered life course. In the South African context, this perspective helps us comprehend why female and male adolescents debut sexual intercourse at different ages. It helps to unlock why one gender is more at risk of engaging in risky sexual behaviours than the other. Moreover, since familial environments are generally changing, this phenomenon has coincided with change of attitudes regarding adolescent sexuality. Shanahan et al. (2016) rightly note that a gender revolution is usually accompanied by several changes that affect familial roles and that in turn affects the socialisation of children. Issues related to socialisation and the way historical events shape the behaviours of individuals are strong indicators of the relevance of the Life-Course Perspective Theory in the South African context. Considering the historical past of the short-term and long-term family disruptions propelled by migration, this theory best explains the adverse consequences of unstable family circumstances wrought on family members, especially children (Sooryamoorthy and Makhoba, 2016). One other justification for using this theory to explain adolescent sexual behaviour in the context of family environment is that some studies have used the theory to study other transitions such as age at school entry, leaving home and marriage, none of them has attempted to apply the theory in explaining adolescents' transitions to early and risky sexual behaviour. The Life-Course Perspective Theory, therefore, demonstrates beyond doubt, its relevance in explaining the consequences of families on members' behaviour, especially adolescents and vice versa. One would argue that the theory perfectly explains that transitional behaviours such as sexual initiation are offshoots of developmental processes (Shanahan, 2000).

As already alluded to, the Life-Course Perspective Theory articulately explains transitions and behaviours of cohorts, clearly delineating how the present cohorts differ from the previous ones. The theory competently explains what Riley (1998) terms counter-transitions. These transitions occur at the family level and have a bearing on immediate family members. For example, transitions like divorce, marriage, and death in a family impact on family members. Therefore, the theory explains sexual behaviour among South African adolescents who might have experienced some of these transitions. Furthermore, the theory can articulate the sexual behaviours of adolescents whose perceptions on sexual relationships differ significantly from those of the older generations since they belong to different cohorts. As rightly noted by Umberson et al. (2010), social ties in earlier life and the life course do impact on individuals' health outcomes later in life. Furthermore, the concept of diversity in life course trajectories is embedded in the Life-Course Perspective Theory, which is unequivocally relevant in so far as it sufficiently explains pathways for the younger cohort in South Africa. Historically, South Africa went through harrowing colonial and apartheid experiences, rendering it problematic to juxtapose the sexual behaviours of adolescents born in the post-1994 era with

those belonging to the preceding cohort. South African adolescents and young people are currently presented with opportunities missed by generations that were born during the apartheid epoch. This view is supported by Riley (1998) who asserts that members of different cohorts grow older in different ways. For example, adolescent girls who happen to experience pregnancy are currently more likely to remain enrolled in school and complete their studies than members of the older cohort due to a paradigm shift in policies that now allow girls continued enrolment into school despite being pregnant. The South African Schools Act (SASA) of 1996 and the Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000) allows pregnant adolescents to remain in school and that they are not discriminated against (Willan, 2013). The same policy framework and act also obliges parents to support pregnant girls whilst in school. Besides policies, modern mothers to the adolescent girls are evidently more forthcoming with childcare to allow girls who become pregnant to continue with their education. This particularly obtains in developing countries where education serves as the gateway out of poverty. Furthermore, mothers to today's adolescents are likely to be less strict than their children's grandmothers or great grandmothers. Consequent to this scenario, pregnancy hardly implies end of the girl child's educational career; therefore, there are no major undesirable consequences meted out to unplanned pregnancy. Furthermore, the post-apartheid South Africa has also witnessed significant changes within the family institution and children born during the post-apartheid era are likely to leave home earlier in search of employment or due to academic advancement than their parents. In addition, these children are more independent and technologically savvy than their parents. The current cohort of adolescents has also experienced higher levels of family disruptions attributable to adult mortality, divorce and migration, which are important transitional events (Hutchison, 2011). All these historical events have fostered the transformation of the family in South Africa and it is imperative to ascertain whether they indeed impact on adolescent sexual behaviour. According to Nilsen et al. (2012), the Life-Course Perspective Theory posits that besides life course transitions being influenced by social class, level of education, income and family support also ought to be considered important variables. Social change is vital in studying the relationship between adolescent sexual behaviour and familial environment as it helps in unpacking the similarities and differences in behaviour among different age groups. Besides that, an understanding of the impact of life course on adolescents enhances one's understanding of adolescents' behaviours in their various forms including both risky and non-risky adolescent sexual behaviours. Hutchison (2011) echoes the same sentiments, positing that the Life-Course Perspective is better placed to plausibly explain the effects of both desirable and undesirable life events on the behaviour of family members in general and children and adolescents in particular. The 'timing of lives' concept is related to the Life-Course Perceptive and it clearly explains adolescent sexual behaviour (Hutchison, 2011). The author refers to the timing of lives as age-specific expectations by society or age-specific transitions. According to George (1993), under the timing of lives concept, the concepts of 'off-time' or 'on-time' describe transitions which depend on social norms.

Applying these within the context of South Africa works perfectly well, as young South Africans who engage in sexual activities earlier can be 'off-time' since social norms expect them to concentrate on their studies and not engage in sexual activities. On the contrary, young people in South Africa nowadays are likely to experience early menarche, which often exerts pressure on them to act or behave like adults.

3.2.5.1 Strengths and weaknesses of the Life-Course Perceptive Theory in explaining adolescent sexual behaviour

According to George (1993), the Life-Course Perspective Theory is among the best theories that can effectively foster an understanding of behaviour including adolescent sexual behaviour. This assertion is also supported by Elder et al. (2003) who reiterate the view that the Life-Course Perspective Theory has captivated studies on behaviour in recent years. Furthermore, Giele and Elder Jr (1998) hail the theory for approaching the study and understanding of behaviour in a holistic manner, which sharply contrasts with other theoretical approaches that take a 'snapshot' view of human behaviour. Despite it being a preferred theory, which explicitly explains behaviour, it has both strengths and flaws. Among the strengths of the theory, is the fact that it is applicable across different disciplines. Another notable strength is that when investigating adolescent sexual behaviour, the theory can link the effects of life events and processes with adolescent sexual behaviour. This observation is supported by Goosby (2010), who perceives the Life-Course Perspective Theory as one theory that successfully integrates an investigation of the effects of several family situations including the family's economic well-being and children's behaviour outcomes. Therefore, one concept of the Life-Course Perspective Theory which appealed to this study is the change of attitudes among different cohorts in response to the changes in socioeconomic circumstances. Therefore, applying this theory makes it easier for the researcher to trace problem behaviours and identify where exactly they start as it is usually compatible with panel and longitudinal data. The other important strength of the theory lies in its ability to explain the effects of orderly, chaotic, unpredicted and predicted life changes on the life outcomes of individuals (Bengtson and Allen, 1993).

Despite these strengths, researchers are consensual on the fact that the theory is watered down by its emphasis on the issue of heterogeneity. Researchers have argued that variations inherent in data collected at different points often present a challenge in terms of comparison. This is particularly true as changes in situations are likely at any given time and these changes impact on behaviour. These changes arise from expected transitions that result from migration, mortality, marital status, ageing and changes in individuals' economic status among other transitions. Hutchison (2011) criticises the theory for its supposed general assumption that any changes that occur during an individual's life course certainly trigger undesirable outcomes, yet

changes may at times be beneficial to an individual. A typical example is how divorce has been found to be beneficial to children who were being brought up in violent families (Pilgrim et al., 2014). Giele and Elder Jr (1998) argue that researchers using this theoretical approach must have the capacity to use it competently, failure of which the results can be seriously flawed.

3.3. Conclusion

This chapter has presented the theoretical framework that informed this study. Besides tracing the historical background of the theory, the chapter also examined the relevance of the theory in its bid to explain adolescent sexual behaviours in the context of South Africa against the backdrop of the recent social changes that have occurred at the family level. The theoretical framework review was done taking into cognisance the study's objectives that included investigating the link between family structure, family type, family financial circumstances and parental engagement with their children, and adolescent sexual behaviour. The theoretical framework chapter also looked at different frameworks that have been used to explain the effects of family variables on adolescent sexual behaviour for adolescents, which is one of the study objectives. Different theoretical frameworks have equally attempted to explain perceptions around the role played by family environment in shaping adolescent sexual behaviour. To that effect, the chapter presented several other theories that are applicable to the study of adolescent sexual behaviour. Even though most of the theories cited here attempted to understand behaviour, they had weaknesses that made them unsuitable for underpinning this study. These weaknesses include the fact that most of these theories delved into other factors that influence behaviour such as the family, peers and society but tended to overlook the contribution of individual traits. Other theories examined individual traits but glossed over the need to acknowledge the factors surrounding an individual. On the other hand, the Life-Course Perspective Theory is holistic in its approach as it examines the history, family and the individual's reactions to natural transitions that are inevitable. This vindicates the researcher's choice of the theory as it is ideal and comprehensive in explaining adolescent sexual behaviour. In the next chapter, the study presents the research methodology for the study.

Chapter 4: Research Methodology

4.1 Chapter introduction

This chapter presents the methodology used to achieve the study's goals and objectives, and to answer the key research questions. According to Creswell and Plano Clark (2011), data gathering can be done using different methods. These can be grouped into three broad categories of quantitative, qualitative, and mixed methods. The current study employed a mixed methods approach, which is a combination of both qualitative and quantitative strands to answer research questions. Although the mixing of approaches is seen by some researchers as confusing, researchers who have used the mixed methods approach have proved that mixed methodology is pragmatic and can answer research questions thoroughly, especially when compared to solely using either a qualitative or quantitative approach. Presented in this chapter are the research approach, rationale, source of quantitative data, the qualitative study, sampling methods and data collection procedures. The specific research questions that were answered by the current study are:

I). How does family type influence adolescent sexual behaviour?

II). Is there any connection between household socioeconomic status and adolescent sexual behaviour?

III). Is there any relationship between parent-child communication, parent-child closeness, and adolescent sexual behaviour?

IV). What are the perceptions of adolescents and parents on the role of the family in shaping adolescent sexual behaviour?

The current study employed a mixed methods approach, specifically the sequential explanatory mixed methods approach, which included the extraction and analysis of secondary data from the Cape Area Panel Study (CAPS) dataset as the first component. The CAPS data were downloaded from DataFirst portal of the University of Cape Town, after being given online permission to do so by university. The CAPS is a longitudinal study that was conducted in Cape Town between 2002 and 2009 by the University of Cape Town, University of Michigan, and Princeton University (telephonic follow-up interviews to capture those missed in 2009 ended in 2010). The second component of the current study involved the collection of qualitative data using three (3) focus group discussions (FGDs) with adolescents and parents and 15 in-depth interviews with adolescents. Therefore, the CAPS provided quantitative data, while FGDs and in-depth interviews complemented the study with qualitative data. Data from the CAPS were extracted and analysed

in STATA, while an interview schedule were used for the collection of qualitative data. Analysis of qualitative data was conducted using NVivo 11.

Purposes of using mixed methods, include triangulation, complementarity, developmental, initiation and expansion (Creswell, 2003). In this study, mixed methods were used for three distinctive purposes and these are, triangulation, complementarity, and diversity. Triangulation was used to determine any converging issues between quantitative and qualitative data, therefore these two approaches complemented each other in efforts to understand adolescent sexual behaviour. Results that emerged from the CAPS were compared to the findings that were generated using FGDs and in-depth interviews, providing a plethora of views around the issue of adolescent sexual behaviour and familial factors.

The selection of a sequential explanatory mixed methods approach was mainly driven by the objectives of the study, which sought to establish the links that exist between adolescent sexual behaviour and familial factors. Therefore, this approach allowed for a combination of numerical measurement and in-depth exploration of familial factors that influence sexual behaviour and investigated adolescents and parents' perceptions regarding the role of the family in regulating sexual behaviour.

Chapter 4 starts by presenting the research approach, where the study hypotheses, research setting, rationale for using mixed methods is discussed and the sampling. Under section 4.3, the study presents the quantitative component of this study. Issues of data sources are covered, as well as motivation for selecting that data set are discussed. Under the section, limitations of using secondary data are discussed. Also presented under section 4.3 are the methods used for analysing secondary data. Section 4.5 presents the qualitative component of the study where qualitative as a method of research is presented. How the sample was selected, and data collection techniques are also presented under section 4.5. Subsections 4.4.4, 4.4.5, 4.4.6, and 4.4.7 discusses criteria for selection of participants, FGDs, face to face in-depth interviews and how qualitative data were analysed.

4.2 Research approach

The study employed the mixed methods approach to meet research objectives. The sequential explanatory mixed methods approach, which was utilised in this study, is one of the several mixed methods approaches available to researchers. This approach entails collection and analysis of quantitative and qualitative data independently and sequentially. The first step is to collect quantitative data and results from the quantitative enquiry that informs further enquiry using qualitative methods. This is done for several reasons that include

verification or further understanding of the research topic under study (Plano Clark and Creswell, 2008). In this study, since quantitative data were obtained from a pre-existing dataset, the first step was to extract and analysis of quantitative data, which was followed by collection of qualitative data. The study adopted the dominant-less dominant model of mixing data, where the dominant design was quantitative method complemented with qualitative data which was gathered using focus group discussions and face-to-face in-depth interviews. The primary goal of the qualitative study was to explain and elaborate what was being noted in the quantitative component of the study as suggested by Creswell and Plano Clark (2011). According to Bowen et al. (2017), the sequential explanatory design is used to validate results observed from one strand.

The process of sequential explanatory mixed methods is illustrated in figure 4.1 below. Results and findings from the quantitative and qualitative analyses were triangulated and integrated according to each research question. Results from both quantitative analysis and qualitative analysis, were clarified, and presented, both numerically and textually. This process of triangulation and integration of results is also referred to as meta-inference. As noted by Tashakkori and Teddlie (2008), meta-inference is an important component in the mixed methods approach, as it is at this stage when the study can confirm or dispute results that have been noted with one strand. This stage is important because it is after this stage that one can make conclusions and have a deeper understanding of the topic. In this study, meta-inference was incorporated into the presentation of results.

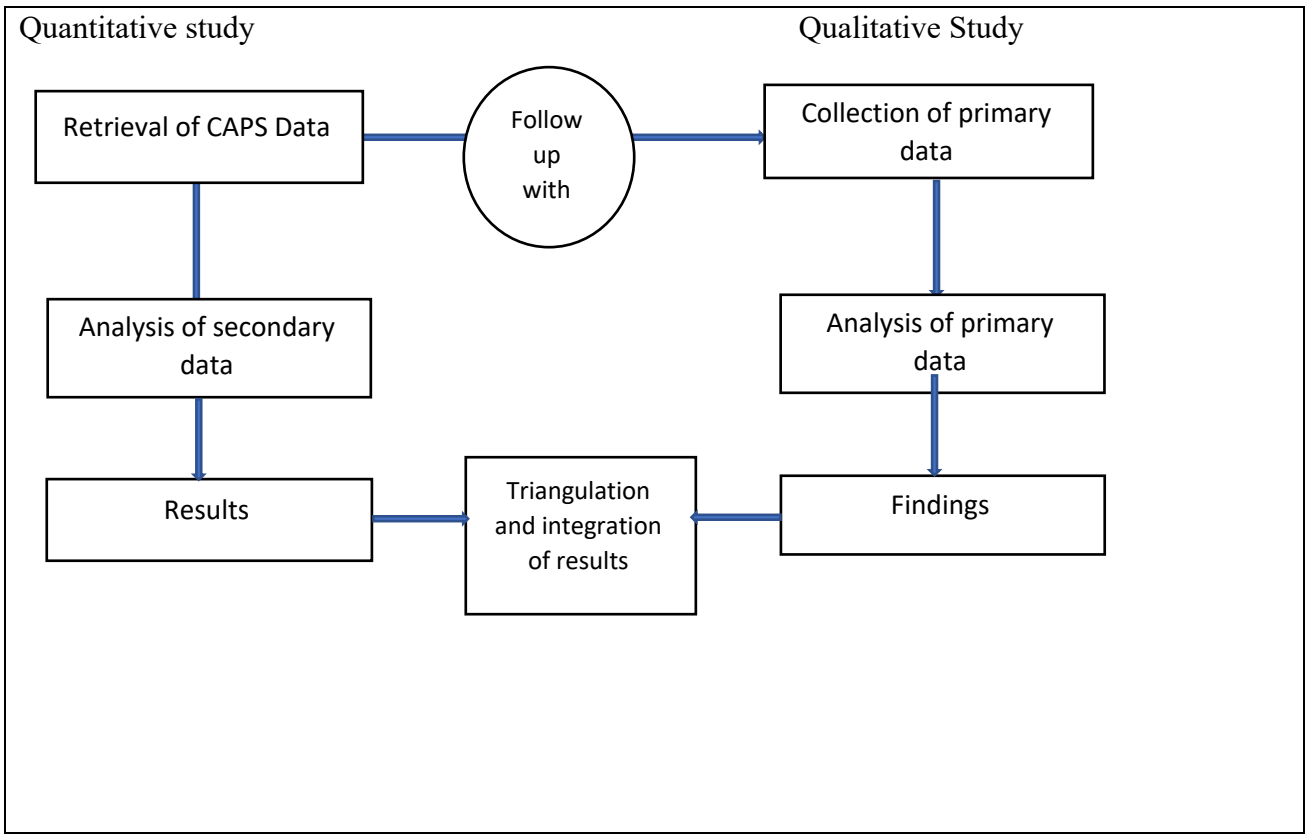

Figure 4.1: **Sequential explanatory mixed method typology**

4.2.1 Study hypotheses

In this study, the dependent variable adolescent sexual behaviour is measured by indicators of behaviour (age of sexual debut, pregnancy, condom use, age-disparate relationships, and multiple sexual partnerships). The independent/explanatory variables are family structure, family socioeconomic status and parent-child processes. Therefore, the hypotheses of the study were:

1. Null Hypothesis: Independent/explanatory variables have no significant effect on dependent variable.
2. Alternative Hypothesis: At least one explanatory variable has a significant effect on dependent variable.

4.2.2 Research setting

Both secondary data that were analysed quantitatively and qualitative data were collected in the city of Cape Town in the province of Western Cape. The quantitative component of this study analysed pre-existing data

provided by adolescents recruited from 5,250 households across the city of Cape Town who participated in the CAPS. Participants for the qualitative component of the study were recruited from four high schools and three institutions of higher learning across Cape Town. Before the collection of qualitative data, a pilot study was conducted with participants recruited from schools that were not being sampled. The city of Cape Town was selected as the research site for qualitative data because quantitative data which formed the basis of this study were collected in Cape Town. In-order to maintain homogeneity, participants for the qualitative component had to experience similar environment.

4.2.3 Rationale for using a mixed methods approach

Understanding adolescent sexual behaviour from more than one source was important in efforts to have a better understanding of what works to address unsafe adolescent sexual behaviour in SSA, and South Africa (Cape Town) in particular. More so, it was important to 'gain new insights' as noted by Axinn and Pearce (2006) into the problem of adolescent sexual behaviour since the study was using a secondary dataset, which the researcher was not involved in collecting. By so doing, qualitative and quantitative data were made to complement each other in the quest to have a deeper understanding of adolescent sexual behaviour and its link to familial environment.

Secondly, a mixed methods approach was important in eliciting diverse views on the role played by the family environment in facilitating adolescent sexual behaviour. After a thorough literature review, the researcher noted that most studies that focused on adolescent sexual behaviour have either used quantitative or qualitative approaches, with none venturing into the novel mixed methods approach to understand the problem of adolescent sexual behaviour. From the studies reviewed, it was clear that different researchers believed that there are underlining issues that push adolescents to behave in certain ways. Some have explored the proximal determinants while others focused on distal determinants of adolescent sexual behaviour. It was therefore imperative to investigate adolescent sexual behaviour and links to the family environment using a method which has been neglected until now to understand what the driving force behind unsafe and risky sexual behaviours among adolescents in the South African context could be.

Axinn and Pearce (2006: 26) calls for 'producing a comprehensive empirical record about a topic'. So far, we cannot claim however, that adolescent sexual behaviour is fully understood when yet other methods to investigate the topic have not been used to confirm or disconfirm the causes, perceptions that push adolescents to behave in the ways they do. Furthermore, Axinn and Pearce (2006: 24) highlight some of the reasons for the use of a mixed methods approach and these are:

(1) Redundant measurement of an association using different methods is useful for assessing the role of method specific bias in producing that association.

(2) Comprehensive measurement is useful for discovering potential mechanisms responsible for producing an association.

Another reason why a mixed methods approach was chosen in conducting this study is the fact that using secondary data alone to answer research questions was not going to do justice in efforts to understand adolescent sexual behaviour in Cape Town. For a start, the researcher needed to have insights and first-hand experience with the adolescents and have a better understanding of the forces that motivate them to engage in sexual activities and their perceptions of the role of the family. This was in line with Axinn and Pearce (2006) who encouraged researchers who use secondary data to include a component of primary data as a way of having 'introspection'.

4.2.4 Sampling

The quantitative data that were used in this study emanated from an existing panel dataset, the CAPS dataset. The CAPS data were collected between 2002 and 2009. In 2010, efforts were made to contact participants who were not successfully interviewed in 2009 and telephonic follow-up interviews were then conducted with such participants in 2010. Although the original dataset collected information on 4,752 adolescents, this study only used information on 4,746 adolescents who had complete information on sexual and reproductive health in Wave 1. Qualitative data were collected in 2018 using three focus group discussions (FGDs). Two of the FGDs were with adolescents and one FGD was with parents. Fifteen (15) in-depth interviews were then conducted with adolescents. The number of participants for the FGDs was 29, of which 10 participated in the FGD for female adolescents (age 14-22 years), 10 participated in the FGD for male adolescents (age 14-22 years) and nine participated in the FGD for parents (age 35-49 years). Breakdown of the mixed study sample is presented in table 4.1.

Participants for the FGDs were recruited using the snowballing technique from the same clusters used for the CAPS. Participants for in-depth interviews were selected from those who had participated in the FGDs using confirming-disconfirming sampling strategies in line with Kuper et al. (2008). Sampling of this nature involves "sampling both individuals or texts whose perspectives are likely to confirm the researcher's developing understanding of the phenomenon under study and those whose perspectives are likely to challenge that understanding" (Kuper et al., 2008:688).

Participants selected for in-depth interviews were informed about confidentiality issues and they were asked to sign a consent form (Appendix D) or have a consent form signed by a parent or guardian for those under 16 years. Mechanisms or a backup plan was put in place to link participants who might have experienced psychological problems during interviews to professional counselling services. In case of reports of violation of a child's right such as sexual abuse, referral to a health care provider and law enforcers were to take precedence. However, no incidences were reported during the study.

Table 4.1: Breakdown of mixed study sample

Stage	Type of data	Sample size
1. Extraction of secondary data	Quantitative	4,746
2. Focus group discussions	Qualitative	2 sex sensitive groups as highlighted below: • Female Adolescents (n=10) • Male adolescents (n=10) 1 sex combined • Parents (n=9)
3. In-depth interviews	Qualitative	15 with adolescents: • Female adolescents (n=8) • Male adolescents (n=7)

4.3 The quantitative component of the study

Quantitative research is one of the three approaches used in social research. According to Creswell (2003), the quantitative approach tests objectivity of theories by examining correlations among variables. It produces numerical data, which is analysed using statistical procedures. Descriptive as well as logistic regression analyses are the statistical procedures that were employed in the current study. Quantitative data used in this study were extracted from a pre-existing dataset. A detailed description of the dataset is presented first under sources of secondary data and sampling. This is followed by the motivation for selecting the dataset. After that, limitations of secondary data that were relevant for this study are presented. In section 4.2.4, there is a presentation on how secondary data were analysed, followed by the statistical procedures that were utilised in this study. Issues of reliability and validity are presented before defining terms that were used in the study.

4.3.1 Sources of secondary data and sampling

As was previously highlighted, the quantitative data that were used in this study were extracted from an existing panel dataset, the CAPS dataset. The target population for the CAPS study were adolescents from the age of 14 to 22 years. From this population, 4,752 adolescents were randomly selected from 5,250 households (Lam et al., 2012). The same sample was re-interviewed in subsequent waves and information regarding other members of the adolescent household was also collected (Lam et al., 2012).

The longitudinal study focused on adolescents and young people in the city of Cape Town, South Africa (Lam et al., 2008). The objectives of the CAPS were to collect information on adolescents that included sexual behaviour, intergenerational support system, household socioeconomic status, family relationships and transitions such as work transitions and transitions into adulthood. It also included marital status and age at sexual debut. Apart from the adolescents themselves, data were also collected from all the family members such as co-resident parents and guardians of the adolescents who took part in the panel study. This was done in Wave 3 of the study. In Wave 5, HIV test was administered among Black African respondents (Lam et al., 2012).

Permission to use the CAPS data was granted online by the University of Cape Town, the custodians of the dataset. Secondary data were retrieved electronically from DataFirst portal on the University of Cape Town's website.

Table 4.2*:* CAPS household and adolescents sample

Population Group of Enumeration Area	**Household members**		**Households**		**Young Adults**	
	Number	*%*	*Number*	*%*	*Number*	*%*
African	9,565	42.3	2,260	43.0	2,126	44.7
Coloured	9,884	43.7	2,036	38.7	1,879	39.5
White	3,182	14.1	960	18.3	747	15.7
Total	**22,631**	**100**	**5,256**	**100**	**4,752**	**100**

Source: Lam et al. (2012).

4.3.2 Motivation for selecting dataset

The selection of the dataset was not coincidental but was done after examining many datasets that were available. Some of the datasets that were overlooked by this study include the South Africa Demographic and Health Surveys (SADHS) that are nationally representative household surveys that collects information

on health in general, HIV, nutrition, and sexual and reproductive health (SRH) data and the South African National HIV Prevalence, Incidence, Behaviour and Surveys (SABSSM). Both SADHS and SABSSM are cross-sectional studies and therefore collect data on participants at a single point in time compared to panel studies such as the CAPS that collect data on an individual at different points. According to Stewart and Kamins (1993), identifying secondary data to be used in a study is the first step that is important for researchers who use secondary data. Therefore, the CAPS dataset was selected due to its relevance to the current study as it also focused on adolescent wellbeing and the family environment at different points as adolescents experienced several transitions in their lives. Further, this dataset has many advantages that have been noted by scholars. One of those advantages, as noted by Vartanian (2011), has to do with minimized time and costs for conducting the study.

Furthermore, results from secondary analysis of data are important because they form the basis for the collection of primary information. Secondary analysis of data is therefore attractive to researchers such as student researchers who might not have enough resources to collect large quantities of primary data (Vartanian, 2011). The other advantage of using secondary data as noted by Kiecolt and Nathan (1985), is avoidance of cumbersome data collection procedures and protocols which again can be frustrating to a novice researcher. This was particularly true for this study as the researcher had to work with limited resources but at the same time wanted to find out what had been observed by other studies that were conducted on the topic. Secondary data therefore became a starting point to understanding the problem of adolescent sexual behaviour in Cape Town and its link to family environment. The purpose of the CAPS was like that of the current study, hence the selection of this dataset as the source of secondary data.

4.3.3 The limitations of secondary data

Although it is faster and cheaper to use secondary data to answer key research questions, it does not mean that using secondary data is free from problems. The disadvantages of secondary data include the fact that the researcher has no control over the collection of data, since the researcher is using data collected by someone who had different objectives (Vartanian, 2011). According to the same author, therefore, it is difficult to mitigate the problem of adopted researcher bias (Vartanian, 2011). Seemingly, Axinn and Pearce (2006) support this assertion and note that besides adopted researcher bias, the use of secondary data puts 'strong barriers between the researcher and the subjects of that study.' Axinn and Pearce (2006) assert that, as much as the collection of primary data is cumbersome, it is important because it gives the researcher some insights about the problem being researched. These authors further contend that as much as secondary data

is important, it lacks the insights of a researcher who collects primary data. As a result, hypotheses and conclusions do not represent the actual problems on the ground.

The last Wave of the CAPS was collected 8 years prior to the qualitative study; hence this could have an impact on the results. Using information that was collected a long time ago can make the information irrelevant in explaining the current behaviour of the current cohort of adolescents. In this regard, it is important to acknowledge that the behaviour that was exhibited by adolescents 10 years ago is different from what is being exhibited currently by adolescents.

4.3.4 Analysis of secondary data

Data analysis and data extraction processes were intertwined. The study used STATA version 14, a statistical computer programme that allows for extraction and analysis of relevant data from the dataset. The Cape Area Panel Study (CAPS) data from different waves were stored in long and wide formats. Data analysis was done in three stages, and each stage had its own steps that were followed. The first stage involved the merging of data that were saved in different folders. Since the data were stored in different folders, several merges were created before coming up with one merged dataset. For example, data on adolescents' sexuality was saved in the CAPS12345 derived dataset and information such as household income and relationships between adolescents and parents were saved in different folders. The first stage therefore, involved identifying folders with the information which needed to be combined. Firstly, a one-to-many merging using data from the CAPS12345 dataset with Wave 1 household public data was conducted and 4,746 observations matched. Simple descriptive analysis of data in wide format and summarizing variables of interest was then conducted using the merged dataset.

The second stage of analysis involved conducting univariate and bivariate analysis to explore the relationship between dependent variable and each independent variable, using the chi-square test to determine association between variables. Since the study sought to determine the correlation between components of adolescent sexual behaviour and selected family variables, logistic regression analysis was later conducted. Applying logistic regression analysis was the third stage of analysing quantitative data and it involved the construction of models or logits that predicted the odds of an event occurring. The statistics used in this study are described in detail below.

4.3.5 Descriptive statistics

According to Holcomb (2016), descriptive statistics are used to organise and perform summarization of data, allowing the researcher to conduct comparisons between variables and conduct a trends analysis helping with the systematic organization of data. According to Holcomb (2016), the sole purpose for descriptive analysis is to give a description of the sample. Therefore, descriptive statistics can be classified as univariate, bivariate or multivariate depending on the number of variables being compared. In this study, all the three descriptive statistics were used.

The univariate analysis was the first to be conducted, followed by bivariate and logistic analysis. Univariate analysis was essential to perform because it provided some simple insights on the data and determining patterns within variables. To this end, percentage tables and graphs were constructed. Furthermore, as noted by Mouton (1996), univariate analysis can be useful as a data quality check mechanism and this was particularly true for this study. The researcher needed to do a data quality check of her own to see if the data were suitable for this kind of a study and identify if there were any irregularities. After the univariate analysis, the researcher conducted multivariate analysis.

Logistic regression analysis, which is one of the multivariate statistical methods, was used to conduct detailed analysis of data. The dependent variable, which is adolescent sexual behaviour was defined generally as sexual choices and was measured by components that included age of sexual debut, condom use, multiple sexual partnerships, adolescent pregnancy, and age-disparate relationships. The independent variables included components of the family environment, family structure (married, cohabiting), household socioeconomic status, parent-child communication and parent-child closeness were used. Univariate analysis produced the frequency tables and percentages. Chi-square and pairwise testing were also conducted to test goodness of fit and degrees of freedom.

4.3.6 Logistic regression

Since multivariate analysis was conducted to determine relationships between and among variables, it is important that in this section, the type of multivariate analysis that was used is presented in detail. The multivariate method that was used for the study is the binary random effect logistic regression analysis model. Logistic regression is a predictive statistic procedure, which calculates the probability of an event occurring. Logistic regression analysis (LRA) was selected ahead of the other multivariate analysis methods because of its versatility and capacity to handle models. Using LRA, the study was able to produce log

likelihood statistics and create models. The study modelled the predictors for age at sexual debut, condom use, age-disparate, multiple sexual partnerships, and teenage pregnancy, given the various family environments. The odds of experiencing adolescent sexual behaviours were measured against the family environment covariates.

Logistic regression analysis belongs to a family of multivariate regression methods that are used to establish existing relationships between and among variables. It is one of the few statistical techniques which conform to the dichotomous dependent variable, which was the case with this study. All the components of adolescent sexual behaviour that were being measured were dichotomous. Unlike linear regression analysis, logistic regression can handle several predictor variables at once. Logistic regression is a predictive model which is used to estimate likelihoods, probabilities, odds ratios (OR) and log-odds of an event occurring.

For this study, LRA was used to estimate the OR of engaging in risky sexual behaviour for adolescents between the ages of 14 to 22 years and the odds were presented as OR having adjustments for confounders. These OR that are produced with logistic regression analysis highlight the degree to which there is an association between the dependent and independent variables of interest. Another purpose of the analysis using logistic regression analysis was to assess the effects of multiple explanatory variables on the outcome variable as already alluded to above. The p-values or the levels of significance that are produced by running a logit test for independent variables in STATA, give an indication of whether the variable is significantly different from 0 (Marsh and Elliott, 2008).

Therefore, in this study, levels of significance are presented for each model to show the significance of the independent variable when holding other variables constant. Garson (2012) also points out that logistic regression can be useful when predicting a dependent variable and when determining the significance of an independent variable on the outcome variable. Goodness-of-fit tests were measured using the likelihood ratio generated in STATA. The mathematical equation of predicting the probability of an event occurring using logistic regression analysis when investigating the effects of independent variables is as follows:

Equation 1: Logistic Regression equation

$$\log\left[\frac{\pi_i}{1-\pi_i}\right] \rightarrow Y = \beta o + \beta_i X_i = \beta o + \beta_1 X_1 + \beta_2 X_2 + \cdots,$$

$i = 1, 2, 3 \ldots$

(1)

Where π_i is the proportion of success (having experienced risky sexual behaviour) and 1 - π_i is the proportion of failure that is not having experienced risky sexual behaviour. The odds ratio, defined by $\frac{\pi}{1-\pi}$, describes the odds of having experienced risky sexual behaviours against non-risky sexual behaviour, and the Log Odds (i.e. Logit) illustrates a logistic regression model. This model analyses the relationship between the dependent variable Y and multiple independent variables (Xi) and their level of influence on Y. In this case, these 'Xi's are the effects of familial factors that include family structure, family socioeconomic status, parent-child communication, and parent-child closeness. βo represents the model intercept and is used to check the significance of the model (whether we have chosen the right model), and the 'βi's are coefficients of the various independent variables.

For interpretation of logistic regression using odds, anti-logs were applied to equation 1 to have the model as:

Equation 2: Anti-logs equation

$$\frac{\boldsymbol{\pi_i}}{\boldsymbol{1-\pi_i}} = e^{\boldsymbol{\beta o+\beta_i X_i}} = e^{\boldsymbol{\beta o}}\left(e^{\beta i}\right)^{\mathrm{Xi}}$$

(2)

Where the two constants multiplied by each other are raised to the power X imply that an additional explanatory variable added on to the regression has a multiplicative effect on the odds of engaging in risky sexual behaviour.

For this study, several models were constructed for each of the sexual behaviours, starting with the age at sexual debut, followed by having experienced an adolescence pregnancy, condom use, age-disparate relationships with partners and multiple partnerships. The models were labelled model I, II, III and so on. However, due to missing information with some variables, the number of participants differs per model. Initially, the study was set to examine several family structures but due to fewer cases per family structure, the researcher had to pull cases and focused on two family structures that is married family or cohabiting and single family.

In this study, the researcher constructed models for age of sexual debut, adolescent pregnancy, condom use, age-disparate relationships, and multiple sexual partnerships. For each of the sexual behaviours, the first models investigated the effects of demographic factors which are age, gender race, place of birth (urban/rural) and marital status of the adolescent. In the subsequent models, family structure, family type, household socioeconomic factors, parent-child communication patterns and other parental processes that have been known to influence sexual behaviour were introduced at a time. This was done to measure the impact of each variable to any given sexual behaviour. The process of adding variables to models is known

as Simpson paradox (Marsh and Elliot, 2008). As already indicated, it is the process of introducing variables at different stages in-order to see the relationship between or among variables (Marsh and Elliott, 2008). Some variables that were similar were dropped due to the problem of multicollinearity.

4.3.7 Ensuring reliability and validity

On the one hand, reliability is the degree to which an assessment tool produces similar results over time. On the other hand, validity is the extent to which research results can show that there is a cause and effect relationship between and among variables and that results can therefore be generalised to the entire population (Creswell and Plano Clark, 2011). Even though, in this study, the intention was not to generalise results to the entire population but to see if results are transferrable to other South African settings, validation was still necessary. Validity can be internal validity, face, or external validity. There are different ways of testing validity and reliability depending on which strand one is using. Both validity and reliability are important in research as they determine whether results from a study can be inferred to the general population.

In this study, the reliability of secondary data was measured by checking for erroneous values in the dataset and consistency of variables across waves. This process included opening several folders that had data from the five waves and carefully understanding different variable codes that were used for different waves. The process of locating similar variables was also done as part of checking for reliability of the data. To ensure face validity, the researcher downloaded the data collection tool from the University of Cape Town's DataFirst open data portal and assessed the tool for consistency and checking if the instrument measured what it intended to measure.

Factors that might compromise external validity include the fact that the study uses data provided by youth from the same geographical area; therefore, the data is from a homogenous group. This could mean that results reflect individuals facing similar challenges and therefore the results could not be a true reflection of all South African adolescents and young people. The metropolitan area where both quantitative and qualitative data were drawn is the second richest metropolitan in South Africa, suggesting that experiences of adolescents living in Cape Town could be different from experiences of adolescents from other metropolitans or provinces in South Africa. Again, the fact that data were collected in a metropolitan area only means that experiences of adolescents living in rural areas were excluded; this has potential to limit generality of the findings but can be transferrable to other settings.

Another threat to validity is the difference in time periods when quantitative and qualitative data were collected. From 2010, when data from the last wave was collected to 2018 when qualitative data were collected is a huge time difference. There is bound to be some changes in terms of behaviour between adolescents who were interviewed between 2002 and 2010 and those interviewed in 2018. Yet another threat to validity is how adolescents who participated in the quantitative strand were asked to recall events that happened a long time ago. Responses therefore would suffer from recalling bias. As noted by Marsh and Elliott (2008), recalling bias can affect the quality of data. Another common threat to validity when using panel data is the omitted variable bias due to attrition as mentioned in the previous section.

One problem that has been associated with panel data is the problem of attrition and how to treat cases that exit the project before it ends. The problem of attrition also impacted this study as the dataset that was used had some missing information for follow-up years. There are several ways of handling missing data, which include listwise deletion, pairwise deletion, dropping of variables and linear interpolation among other methods. Each method has its own advantages and disadvantages. For this study, to address the situation of missing data, listwise deletion analysis was selected ahead of other methods due to the programme used for data analysis. STATA automatically drops observations with missing data. However, typically listwise deletion tends to reduce sample size and exaggerating sample means thereby reducing power.

4.3.8 Operationalization of variables: Dependent and Independent variables

According to Creswell and Plano Clark (2011), the dependent variable, also known as the outcome variable or response is the variable of interest, which the research intends to measure. In other words, it is the effect which is caused by one or a group of independent variables. In this study, the dependent variable sexual behaviour is measured using indicators of sexual behaviour. These are age at sexual debut, condom use, the number of sexual partners, age-disparate relationships, and teenage pregnancy. On the other hand, independent or predictor variables have been described by Creswell and Plano Clark (2011) as a set of variables that the researcher can manipulate to see their effect on the dependent variable(s).

In this study, the independent variables of interest are the components of family environment that are family structure, family type, family socioeconomic status, parent-child connectedness, and parent-child communication patterns. The intervening variables were age, race, gender, area of birth and marital status. In this study, adolescent sexual behaviour is operationalized as the sexual behaviour of adolescents aged 14 to 22 and is measured by age at sexual debut, condom use, multiple sexual partnerships, age-disparate relationships, and adolescent pregnancy. Familial environment refers to the various components of the

family that are family type/structure (married/cohabiting, not married), household socioeconomic status (refers to the family income), parent-child connectedness (refers to the degree of closeness between a parent and a child), and parent-child communication patterns (refers to the communication patterns between a parent and a child, which can be either open or closed).

4.4 The qualitative component of the study

According to Creswell (2003), qualitative approach is an approach used to explore and have deeper insights of a research problem. The approach collects narratives, stories and pictorial data that emanate from several sources (Creswell, 2003). Qualitative data is collected in natural settings in search of social reality. There is no attempt by the researcher to control the environment. Therefore, the approach is exploratory in nature. Another distinctive feature of qualitative approach is the role of the researcher as the key instrument. Kvale (1996) equates the qualitative researcher to a miner looking for pieces of precious information and the researcher must be skilful in mining the information.

The analysis and interpretation of qualitative data is done inductively when the researcher presents a detailed description of the results. The qualitative study presented here complemented the quantitative study by highlighting and providing additional knowledge on the important role played by family variables in regulating adolescent sexual behaviour. It also explored perceived, continued role of family in regulating adolescent sexual behaviour in the context of changing family environments in South Africa, using Cape Town as a case study.

After noting some limitations associated with using secondary data to answer research questions, it was fundamental to explore the issue of adolescent sexual behaviour using qualitative, primary data. Instead of generating another quantitative dataset, the researcher decided to have both qualitative and quantitative data in efforts to have a better understanding of adolescent sexual behaviour and its link to family environment in Cape Town. Qualitative data used in this study were collected using two data-gathering strategies and these are; two gender segregated focus group discussions (FGDs) with adolescents, one combined FGD with parents and 15 in-depth face-to-face interviews with adolescents. Components of the qualitative approach presented here include the research instrument, pilot study, sample and data collection procedures, data collection methods (focus group discussions, face to face in-depth interviews), data analysis, ethical considerations, and trustworthiness of the study.

4.4.1 Research methods and instruments

Research instruments are the tools used for data collection. There are several data gathering tools that can be utilised in a qualitative study. These include FGDs, in-depth interviews, documentary analysis, participant observations and archival research. Each one is unique, and the use of one over the other is determined by the type of data one wants to collect. In this study, two data gathering strategies were used. The study used FGDs and in-depth interviews. According to Morgan (1998), an FGD guide consists of a predetermined set of open-ended questions to be asked during the FGD. For this study, two research instruments were used. One was a focus group guide (Appendix A) and the other one was an in-depth interview schedule (Appendix G). Both instruments were designed to guide the researcher during data collection. The structured guides included key questions and topics that were to be covered during FGDs and in-depth interviews. Both guides used open-ended questions to yield detailed responses from the participants (see Appendix A and G).

4.4.2 Pilot study

A pilot study is a benchmark study conducted with selected participants from a similar study population. According to Maxwell (1996), pilot studies serve the purpose of testing the research tool before it is used with the selected sample. The interview schedule that was used for in-depth interviews as well as the topic guide for FGDs were first pilot tested with young people of the same age group as the participants. The participants for the pilot study were recruited from a non-participating school within the same study context. Ten in-depth interviews, one FGD with adolescents and one FGD with parents were conducted.

Pilot testing the study instruments was done for many reasons that included testing of the instruments and gauging the appropriateness of the research approach and identify hindrances that had potential effects on the validity and reliability of the study. Another important role of a pilot study is the refining of the instrument. As a result of the pilot study, many ambiguous questions were dropped. Results from the pilot study eventually informed the final instruments versions that were used for this study. A pilot study is important in research as it puts ideas to the test (Maxwell, 1996). It also helps the researcher to understand the population under study. Because of pilot testing, some of the schools that had been selected to participate in the study were eventually excluded from the study. This was after it was realised that these schools were not easily accessible. Further, it was during the pilot test that the coding scheme for data entry was refined. The pilot study was done from the second week of February to the first week of March 2018. The actual data

collection was done two weeks after the pilot study. Focus group discussions were conducted first, followed by in-depth interviews.

4.4.3 Sample and data collection procedure

The qualitative data collection process started at the beginning of February 2018 after having secured both ethical clearance from the University of KwaZulu-Natal (Protocol reference number: HSS/0267/017D) and gatekeeper permission from the Western Cape Department of Education in 2017. Obtaining these critical documents was vital because they served as the official permission to gain access to the study population (see Appendix page 194). The pilot study was done from early February to the first week of March and the actual data collection started at the end of March 2018.

Focus group participants were recruited using the snowballing technique from the same clusters used for CAPS. Snowballing sampling methods were used because of the nature of the study and the sensitive nature of the topic. Furthermore, the study needed to recruit participants who had thorough knowledge on the topic of adolescent sexual behaviour and its link to family environment, so that they would provide rich information on the topic (Patton, 1990). Participants for in-depth interviews were selected from those who had participated in FGDs using confirming-disconfirming sampling strategies in line with Kuper et al. (2008) as highlighted under section 4.1.3. Participants selected for in-depth interviews were also informed about confidentiality issues and they were asked to sign a consent form or have a consent form signed by a parent or legal guardian for those under 16 years.

4.4.4 Selection of participants

Selection of participants for the qualitative component of this study was done after serious considerations. For example, the selection of participants from the same cluster as CAPS was done to ensure that both qualitative and quantitative data were compatible. Participants were recruited with the help of a qualified research assistant who was not known to the study participants. Recruitment of participants was done using a screening criterion. Participants had to be between the ages of 14 to 22 for the adolescents, and their parents/guardians were automatically included. Efforts were made to include adolescents from different social-economic backgrounds in-order to get information from diverse sources. In high schools, upon seeing the study objectives in all instance principals would direct the researcher to Life Orientation educators.

Sampled learners were then given consent forms that were to be signed by parents for learners less than 16 years old. Besides consent forms to be signed by parents, underage learners were also asked to sign an assent form (Wassenaar, 2006) (Appendix E).

For learners above 16 years, their signed consent was enough for them to be part of the study. Accompanying the consent forms was a brief description of the study. For the safety of learners, the researchers were asked by teachers not to include the phone numbers of learners when collecting participants' demographic information (Appendix C). Educators were involved in the organization of learners and interviews were conducted within the schools and college premises; this was done for the safety of both the participants and researchers. Interviews were conducted in the afternoon after classes to avoid interfering and disturbing the learning process. To further protect participants' confidentiality, pseudonyms were used during the interviews.

The use of a local skilled researcher was necessitated by the fact that participants were more likely to be comfortable discussing sensitive issues with someone who spoke the vernacular language. Schools and colleges were used as entry points to identify potential participants. Permission to approach schools was sought from the Western Cape Department of Education first and then gatekeeper's letters were asked from selected participating schools and colleges.

4.4.5 Focus group discussions

According to Hennink (2013), FGDs are interviews that are conducted with a group of participants to collect information on a given topic. Furthermore, O. Nyumba et al. (2018) point that the uniqueness of focus groups when compared with other qualitative tools is that the discussions encourage participants to converse with each other, questioning and discussing each other's views. In terms of the number of participants that can make up a group, Hennink (2013) recommends that the groups be made up of a manageable group of participants. This was followed in this study as each group had not more than ten participants (Adolescent girls n=10, adolescent boys n=10 and parents n=9), therefore groups were manageable. Participants recruited for a FGD should also share common circumstances or experiences (Hennink, 2013).

According to Hennink (2013), one of the purposes of conducting FGDs is to explore clearly defined issues. Conducting FGDs help with problem identification, planning, implementation, and assessment of a chosen common issue guided through the process by the interviewer. As noted by Morgan (1998:11), FGDs produce 'a rich understanding of participants' experiences and beliefs. In this study, FGDs were deemed appropriate

to generate useful beliefs on the role of family environment and adolescent sexual behaviour among South African adolescents.

Multiple-category design FGDs were conducted with three groups: one FGD with female adolescents (n=10), another FGD with male adolescents (n=10), and the third with parents to participants (n=9). Parents' FGD had both male and female parents. Participants were recruited from four high schools and three institutions of higher learning. These were Inkamva, Vuyiseka, Sinethemba and Wildermere High Schools, Cape Peninsula University of Technology, College of Cape Town, and False Bay College. Only willing participants were recruited for both the FGDs and face-to-face interviews. Participants received a formal invitation, and their transport costs were reimbursed. They were required to sign consent forms before participating in FGDs. Initially, 50 participants were invited for the three (n=3) FGDs and 29 participants turned up for the FGDs as highlighted in Table 4.1.

FGDs and in-depth interviews were preferred ahead of other qualitative data collection methods. Scholars identify several reasons for using both FGDs and in-depth interviews including that the researcher can explore the issue at hand even deeper than it would have with one method. Morgan (1998) lists many other advantages of using focus group discussions over other qualitative methods including being suitable to research 'complex behaviours and motivations' (Morgan, 1998:58).

According to Hennink (2013), focus groups can be used in combination with other research tools or another methodology such as quantitative methods to have a better understanding of the problem. Since this study was about adolescents, FGDs were an ideal method because they can stimulate discussions on issues that affect 'poorly understood' participants (Morgan, 1998:12). Furthermore, focus groups can work out for participants who are not confident to have a one-on-one interview and being part of a group may give them assurance as noted by Guest et al. (2017). To achieve the objectives of the study, the focus group discussions were structured. Further, to ensure that important information was not misinterpreted during the focus group discussions, flip charts were used as aids.

4.4.6 Face to face in-depth interviews

In addition to the three FGDs that were conducted, 15 in-depth interviews were later completed with the same adolescents who had participated in the FGDs. The 15 adolescent participants were selected at the end of the FGDs based on their knowledge of the topic under discussion. Of the 15 participants that took part in the in-depth interviews, eight (n=8) were female and the other seven (n=7) were male. In-depth interviews were used to further explore the perceptions of adolescents in a non-intimidating environment (Michell,

1999). It was for this reason that in-depth interviews complemented FGDs; to have a deeper understanding of adolescent sexual behaviour and its association with family environment.

At the end, face-to-face in-depth interviews, the researcher was able to unearth hidden and unpolluted views on the topic as suggested (Kvale, 1996). These unpolluted views are those views that could not be expressed publicly in an FGD setting, either because of the participants' personality or they were considered taboo to share publicly. The length of in-depth interviews was between 90 minutes to 120 minutes. Interviews were conducted in Xhosa and English and were recorded using a digital audio recorder. Participants were requested to provide permission to being audio recorded.

4.4.7 Data analysis

The manner in which qualitative data is analysed differs from quantitative analysis (Maxwell, 1996). There are specific data analysis procedures that are associated with qualitative research and these are discussed here. The first step of qualitative data analysis was in line with (Maxwell, 1996). Recordings of the interviews and FGDs were listened to and interviews that were done in isiXhosa were translated to English and transcribed manually by the research assistant. Raw data were further cleaned, captured, and entered into NVivo 11 database and coded into different themes using the computer-based program by the researcher. Transcribing allowed the researcher to have a 'dialogue with the text'(Kvale, 1996).

One of the challenges identified by Kitzinger and Barbour (1999) when transcribing recorded data especially for FGDs is the issue of identifying individual responses and violating anonymity and confidentiality as participants had requested to be anonymous. To overcome this challenge, an analysis of group instead of individuals was implemented. Cleaning and coding were necessary as this allowed the researcher to categorize issues and make sense of emerging issues. Both FGDs and in-depth interviews were analysed using NVivo 11, a computer-based programme, paying attention to themes. The study used Thematic Analysis to analyse both FGDs and in-depth interviews. According to Terry et al. (2017), Thematic Analysis is a qualitative approach to coding and theme development exercise and it starts with familiarization with data. After familiarization with data, the researcher can move to theme building exercise and coding. Themes are guided by the theory and what is being researched (Terry et al., 2017). The themes can be decided before the coding process based on the theory driving the study.

In this study, the independent variable family environment was conceptualised in accordance with Miller et al. (2001) as the circumstantial wellbeing and structure of a family. These include the family structure (married, unmarried), household socioeconomic status, parent-child connectedness, and parent-child

communication patterns. The dependent variable, adolescent sexual behaviour regarded as risky sexual engagement by adolescents aged 14-22 years, was measured by sexual debut, condom use, age-disparate relationships, multiple relationships, and adolescent pregnancy. The intervening variables are variables used to describe the sample which in this study are age, gender, race, and level of education.

4.4.8 Researcher's role and Ethical considerations

According to Marshall and Rossman (2006), in qualitative research, the researcher is an instrument. By presenting him or herself to participants, the researcher is invading the participants' space in the quest to dig out important data. The duration of the stay by the researcher can present some ethical and bias concerns. In the case of this study, the researcher's stay was brief but fruitful hence bias was minimized. The researcher did not participate in the research but considered herself as an observer. This was done to ensure that the relationship between researcher and participants remained unbiased. As noted by Marshall and Rossman (2006), the researcher's role is also to reveal the purpose of the study to the participants. This was done during recruitment of participants.

Furthermore, an ethical clearance and gatekeeper's letter were sought from the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee and Western Cape Department of Education respectively before collection of qualitative data begun. As noted by Morgan (1998), ethical clearance is a vital process in research, which cannot be skipped. Ethical clearance protects the rights of study participants. Since this study used a mixed methods approach, information extracted from the CAPS datasets, and through in-depth interviews and FGDs was to be kept as confidential information (Morgan, 1998). Data from CAPS were stored and used in confidence without efforts to physically identify the participants. Recordings from the FGDs and in-depth interviews related to the study will only be used for the study and kept safely without them being played in public (Morgan, 1998).

All the protocols for collecting data were followed thoroughly, including seeking permission to conduct a study of this nature from the gatekeepers. Permission to work in schools and colleges in Cape Town was sought from the Western Cape Department of Education. Equipped with these two letters, selected schools and colleges were then approached before recruitment of participants commenced. Participants were informed that their participation was voluntary and that they had the right to refuse participation or withdraw from the study. Before taking part in the focus group discussions participates were asked to sign consent forms and information provided to them with the option of not participating in the study clearly stated (Kvale, 1996).

Since the topic is a sensitive topic, a compilation of resource centres was done before the group discussions and the list was handed to participants when they came for the discussions. This was done in case there were participants who would have required extra services such as counselling services. Although caution was taken to protect participants from physical harm to ensure the safety of participants, participants were informed about the potential dangers associated with participating in the study. Conducting focus groups poses another challenge in making sure that information discussed within the group does not have negative consequences for participants outside the group (Morgan, 1998). The issue of over-disclosure and the consequences of that disclosure have been identified as a potential threat to issue of confidentiality. In this study, participants were encouraged to make their own ground rules to protect each other's privacy (Morgan, 1998).

4.4.9 Trustworthiness

Trustworthiness in qualitative research refers to the standards or soundness of qualitative results and has been described as the equivalent of validity and reliability in a quantitative study (Lincoln and Guba, 1985). It is something that must be present in a study from the onset. The standard of qualitative results is measured through; credibility, transferability, dependability, and confirmability (Shenton, 2004).

Credibility in qualitative research is achieved when findings are produced after a protracted commitment and engagement with participants to understand their behaviour before collecting data (Lincoln and Guba, 1985). In this study, credibility was achieved when the researcher visited schools and institutions of higher learning several times to create rapport with both the educators and adolescents. Besides visiting adolescents in schools and higher learning institutions, the researcher visited homes to introduce the project to parents. Additionally, the study utilized data gathered using different tools before reaching conclusions. This process of triangulation was achieved by using secondary data, FGDs and in-depth interviews. Furthermore, to maintain credibility, participation in this study was voluntary. Therefore, there is conviction that those who participated in the study gave honest accounts of their experiences.

On the other hand, transferability refers to whether the study can be replicated by other researchers and in different contexts. According to Lincoln and Guba (1985), transferability can be achieved when the researcher provides detailed descriptions of both the participants and context. To enhance transferability, there was an attempt to give a detailed description of the participants who took part in this study and the city of Cape Town where the study was conducted.

According to Shenton (2004), dependability is achieved when the research process is detailed clearly, coherently and is so straightforward that it can be easily followed by other researchers. Other researchers who were not be part of the study should be able to critique the research process. Therefore, the researcher must be able to detail the steps that were followed before reaching certain conclusions for results to be dependable. In this study, all the steps that were taken during data collection and analysis are clearly stated. For example, the researcher and research assistant kept field notes detailing challenges and daily interactions with the study community. This audit of the activities kept the researchers on the same page. There were frequent telephonic meetings to discuss project milestones and ensure that the project remained on course. Furthermore, to improve dependability, other accomplished researchers reviewed the research process and the results from the study; they had the opportunity to critique the research process.

According to Shenton (2004), confirmability is the objectivity of the study. It addresses the fact that research results are a true reflection of the situation on the ground and is not tainted by researcher biases. Confirmability is achieved when the researcher acknowledges his or her own pre-existing biases that may cloud or taint the results. It can also be achieved when a researcher use triangulation and when weaknesses and strengths of the approach are embraced. In the current study, confirmability was achieved using information from three sources that were triangulated to capture different dimensions on the same topic.

4.5 Conclusion of the chapter

Chapter 4 presented the approach that was used to fulfil the study objectives, which were to investigate the link between family structure, family type, family financial circumstances and parental engagement with their children, and adolescent sexual behaviour. The third objective was to understand perceptions around the role played by family environment in shaping adolescent sexual behaviour. The study used a mixed method approach and justification of the choice of an appropriate approach was provided, coupled with explanations on how quantitative and qualitative data were mixed. This was done before presenting the quantitative and qualitative components of the study in detail. Under the quantitative approach, sources of secondary data, how secondary data were analysed, issues of validity and reliability were also discussed. The chapter also presented how the qualitative data were collected and analysed. The next chapter is the data analysis and presentation of the results.

Chapter 5: Data Analysis and Presentation of Results

5.1 Introduction and demographic information

This chapter describes how data analysis was conducted and presents the results of the study. The aim of the study was to investigate the role played by family-based variables in influencing adolescent sexual behaviours. The study used a mixed method approach to answer key research questions. Using secondary data from Cape Area Panel Study (CAPS) and primary data collected in Cape Town, South Africa, the study answered the following research questions:

I) How does the family type/structure influence adolescent sexual behaviour?
II) What is the link between the household's socioeconomic status and adolescent sexual behaviour?
III) What is the link between parent-child communication, parent-child closeness, and adolescent sexual behaviour?
IV) What are the perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour?

In this study, adolescent sexual behaviour was measured using five sexual behaviour outcomes. The five behaviours that were measured are age of sexual debut, adolescent pregnancy, condom use, age-disparate relationships, and multiple sexual partnerships. The family factors that were thought to influence behaviour are family structure/family type, father or mother's residence status, family socioeconomic status, parent-child processes (parent-child communication/parent-child closeness). The five behaviour indicators under study are presented in Chapters 5 and 6.

Prior to the presentation of the results for this study, it is worthwhile to capture the demographic information for adolescents who participated in this study. In Wave 1 of the CAPS, an initial sample of 5,291 adolescents was recruited from more than 5,000 households and the response rate was 90%, whereas the non-response rate was 10%. On the aggregate, 22,629 individuals were interviewed and complete information on 4,752 young adults (adolescents) was collected. The collected information included everyone's well-being, mental health status, sexual health and behaviour patterns, family environment, school experiences, political opinions, work experience and general outlook on life. For this study, the sample size involved 4,746 adolescents who had complete information on age of sexual debut in Wave 1. However, it must be noted that in subsequent waves, the sample size shrank due to attrition following migration, death, and loss of interest in continuing with participation in the project.

The quantitative data were complemented with qualitative data collected using three focus group discussions (FGDs) and 15 in-depth interviews.

In Wave 1 of the CAPS, 66% of the sampled households had 1 adolescent, 27% had 2 adolescents and 7% had 3 adolescents. Black African and Coloured households had the highest number of adolescents representing 58% and 35% of the respondents, respectively. White and Indian households had the least number of adolescents. The average age of adolescents who participated in the CAPS Wave 1 was 17, 9 years. Of the 4,752 adolescents who participated in the CAPS, 45% were African, 42% were Coloured, 13% were White and 1% were Indian, and 0.2% were classified as other. In terms of languages spoken, 23% spoke English, 43% spoke Xhosa, 33% spoke Afrikaans and 1% spoke other unspecified languages. In Wave 1, 4,654 (98.90%) adolescents reported that they had never married, 49 (1.04%) were married and 3 (0.06%) reported that they had divorced. Unemployment rate was high among the adolescents who participated in the CAPS. In Wave 1, 3,880 (81.70%) adolescents reported being unemployed, whilst only 18.30% reported that they were employed. In terms of their sex, 55% were female and 45% were male. Most adolescents (76%) were born in an urban area, while 24% of them originated from rural areas.

Since this study sought to examine the link between familial environment and adolescent sexual behaviour, a snap survey of the presence of parents in households was inevitable. The results indicated that 24% of the adolescents lived in a household where a mother figure was absent and 39% of them lived in a household where a father figure was absent. Many households were headed by single mothers, which concurred with the results from qualitative data, confirming that most participants lived with mothers and siblings. The factors that led to the preponderance of single-parent households included migration, separation, and mortality. In the absence of fathers, mothers assumed many roles including being breadwinners. The gap left by fathers is usually felt by children. A participant said;

"My mother shoulders all the responsibilities. I do not live with my father because he moved to Johannesburg. Here in Cape Town, I stay with my mother. Although she is not formally employed, she runs an informal business on which we survive. Precisely, she runs a shebeen[3] and sells braai meat. She is also a Loan Shark[4] or Mashonisa. That is how we survive. Although I wish to have been born in a normal family, I do not regret being in this family situation because my goal is to have a bright future" (*Male adolescent participant-15 years).*

[3] An illegal beer selling establishment

[4] Loan Shark or Mashonisa is a South African name given to a person who is in the business of lending money to people in the community. Loan Sharks are known to charge exorbitant rates and their use of unconventional ways to recover their monies from the borrowers.

The demographic background information for adolescents who participated in the qualitative study shows that of the 15 adolescent participants who participated in the in-depth interviews, eight (n=8) were female and seven (n=7) were male. All the participants were either enrolled into college or high school at the time of the interviews. Further, of the 15 participants who participated in the in-depth interviews, ten originated from Cape Town and had been staying in the city since their childhood, whilst five of them had migrated to Cape Town at some stage in their lives. Of the ten who had lived in the city, all their childhood, seven reported having changed residences from the time they were young. All the adolescents reportedly lived in various family environments. Some lived with mothers and stepfathers, while others lived with their mothers and siblings only; a few of them lived with both parents and extended family members, with others living with mothers and close family relatives. Other participants described their fathers as absent fathers with whom they had no relationships, while others indicated that despite being absent, their fathers occasionally visited them. Sources of household income included paid work, small businesses as well as various forms of government grants e.g. social, child and disability grants. Tables 5.1 and 5.2 below summarise the demographic characteristics of the participants who took part in the CAPS and the in-depth interviews, respectively.

Table 5.1: Demographic variables for adolescents who participated in CAPS waves

Demographic variable	Wave 1		Wave 2		Wave 3		Wave 4		Wave 5	
	N=4,752	**%**	**N=3,926**	**%**	**N=3,531**	**%**	**N=3,439**	**%**	**N=2,915**	**%**
Age										
14-16	1,591	33.48	683	17.4	49	1.47	3	0.09		
17-19	1,757	36.97	1,476	37.6	1,207	36.31	912	26.65	2	0.07
20-22	1,404	29.55	1,294	32.96	1,203	36.19	1,262	36.86	769	26.38
23+	0	0	473	12.05	865	26.03	1,246	36.04	2,144	73.55
Total	**4,752**	**100**	**3,926**	**100**		**100**	**3,423**	**100**	**2,915**	**100**
Gender										
Female	2,612	54.97	1,692	55	1,910	54.09	1,878	54.61	1,590	54.55
Male	2,140	45.03	1,382	45.	1,621	45.91	1,561	45.39	1,325	45.45
Total	**4,752**	**100**	**3,074**	**100**	**3,531**	**100**	**3,439**	**100**	**2,915**	**100**
Race										
Black	2,151	45.27			1,514	42.80	1,596	46.41	1,326	45.49
Coloured	2,005	42.19			1,673	47.30	1,583	46.03	1,425	48.89
White	596	12.54			337	9.53	249	7.24	153	5.25
Indian and other					7	0.37	11	0.32	11	0.38
Total	**4,752**	**100**			**3,531**	**100**	**3,439**	**100**	**2,915**	**100**
Place of birth										
Rural	993	21.08								
Urban	3,717	78.92								
Total	4,710	100								
Years of schooling completed										
0-7years	1,002	21.11								
8-12years	3,548	74.74								
13years and above	197	4.15								
Total	**4,747**	100								

Source of data: CAPS dataset

N= Total number of adolescents who completed the questionnaire.

Table 5.2: Characteristics of adolescents who participated in in-depth interviews

Participant	Gender	Race	Age	Level of education	HH size	Family type
1	Female	Coloured	22	College student	5	Single parent extended
2	Female	Coloured	19	College student	5	Extended
3	Female	Coloured	19	College student	7	Extended
4	Female	Black	21	College student	7	Reconstituted extended
5	Female	Coloured	21	College student	7	Extended
6	Female	Black	20	College student	5	Nuclear
7	Female	Black	14	Grade 9	7	Single parent extended
8	Female	Coloured	14	Grade 9	6	Nuclear
9	Male	Black	17	Grade 9	2	Reconstituted
10	Male	Coloured	16	Grade 9	7	Extended
11	Male	Coloured	14	Grade 9	5	Reconstituted
12	Male	Coloured	16	Grade 10	6	Extended
13	Male	Black	22	College student	3	Single parent
14	Male	Black	19	College student	6	Nuclear
15	Male	Black	21	College student	6	Extended

On average, the adolescents who participated in the qualitative study lived in big extended families comprising at least seven (n=7) family members. Data shows that 40% of the adolescents lived in extended families, while 20% lived in nuclear families. Thirteen per cent (13%) lived in the single parent extended family, where they lived with one parent and other relatives. Another 13% of the adolescents lived in reconstituted extended families, where they lived with one biological parent and a stepparent and other relatives. Seven per cent (7%) of them lived in a single-parent household, where they lived with a biological parent and siblings without other relatives. The other 7% lived in reconstituted families, where they were living with one biological parent and a stepparent without other relatives. Figure 5.1 below summarises percentages representing each family type.

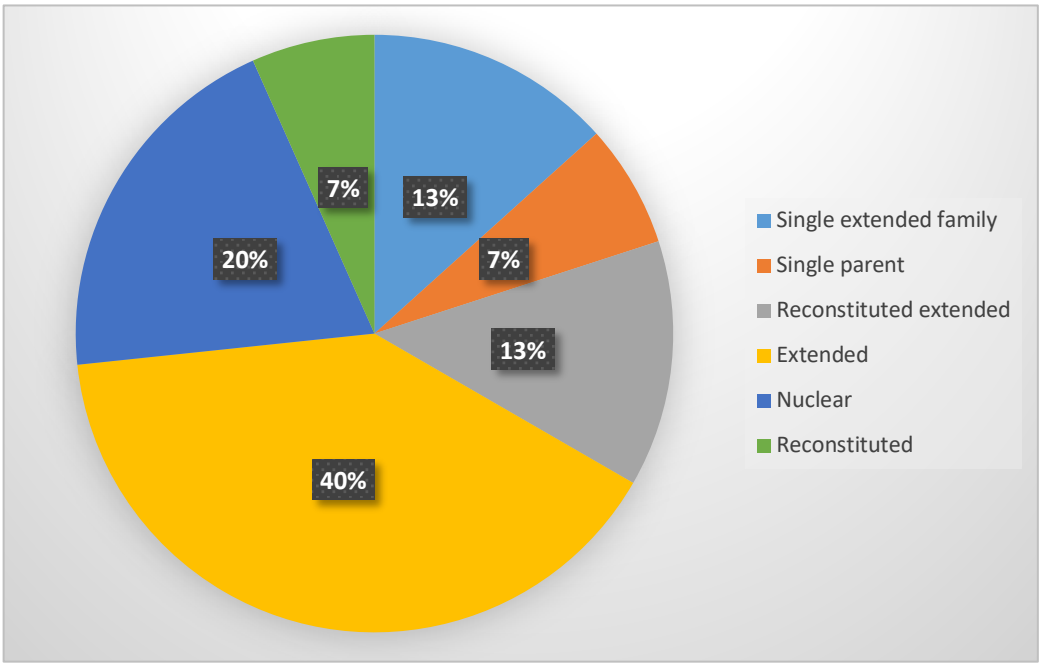

Figure 5.1: Participants' family structure

Chapter 5 starts by presenting the results related to age of sexual debut and its link to familial environment under section 5.2. Under section 5.3, the study present results related to adolescent pregnancy and the family factors linked to the behaviour. The last section of the chapter presents condom use and how it is linked to familial environment.

5.2 Age of sexual debut

Presented under section 5.2 and subsections 5.2.1 to 5.2.4 are findings related to the magnitude of age of sexual debut, which is one of the five sexual behaviour indicators that were investigated and its link to familial circumstances. Under subsection 5.2.1, the study answers research questions I and IV, which sought to understand how does the family type influence adolescent sexual behaviour (age of sexual debut)? And perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour (age of sexual debut). Although the initial intensions were to investigate the extended family structure separately, the data, especially CAPS data had fewer cases for extended family structure and as a result cases had to be pooled together. At the end, the study investigated two family structures; married and single parent family structures. Under married parents, the study then included parents who were either cohabiting or married and single parent family structure included divorced, widowed, and never married family structures.

Family type and family structure were then used interchangeably. However, perceptions regarding other family types/structures and their link to age of sexual debut were explored qualitatively. The study assumes that adolescents are engaging in early sexual debut and that their sexual behaviours are shaped by the family environment.

Both quantitative and qualitative data indicated that early sexual initiation is a huge problem that has affected both male and female adolescents in Cape Town. The results from this study was a glimpse of the problem of the decrease in the age of sexual debut in SSA also noted from other studies e.g Shisana et al. (2014) and Pilgrim et al. (2014). The results from the CAPS show that 14.85% of the respondents reported having their sexual debut when they were aged between 10 and 14. This is supported by qualitative reports and confessions indicating that adolescents had initiated sex when they were aged between 9 and 12 years. In this regard, some participants said:

"A 12-year-old child residing in my neighbourhood got pregnant at the age of 10 when she was a learner at the local primary school. She fell pregnant in 2016. On attempting to go back to school in 2017, she was turned away. Imagine, at the age of 12, she finds herself idle in the township, unemployed! She can't be out of school at that age!"(Female parent)

"Early sexual debut is a serious problem here in Cape Town, resulting in teenage pregnancy. There are so many factors contributing to this situation. I personally blame the home situation which is disorganised. We also have many cases of STIs around here. Teenage girls end up dropping out of school because they have fallen pregnant. It is a real problem". (Male adolescent participant)

Results from the CAPS indicated that 46% of the adolescents had initiated sex in Wave 1. In Wave 2, this percentage had risen to 64%, showing that more adolescents had initiated sex. In the subsequent waves, the upward pattern persisted as more adolescents reported having experienced sex for the first time. When asked to recall the age at which they initiated sexual intercourse, 61% of the adolescents reported having initiated sex when they were between 15 and 17 years old. Therefore, the mean age of sexual initiation by adolescents was 16.5 years for all the waves as shown by Figure 5.2. The results further indicated that 90% of the adolescents who had reported sex initiation in Wave 1 had consensual sex, while only 10% reported having been forced, tricked, or raped. In Wave 2, 93% of the adolescents who reported having experienced their first sexual encounter, which they indicated as being consensual, whilst 7% reported having experienced coercive sexual initiation. Of those adolescents who had initiated sex, 48% reported having unprotected sex, while the other 52% reported having used protection during sex. The subsequent waves show an increase in the number of adolescents who reported using protection during their first sexual encounter.

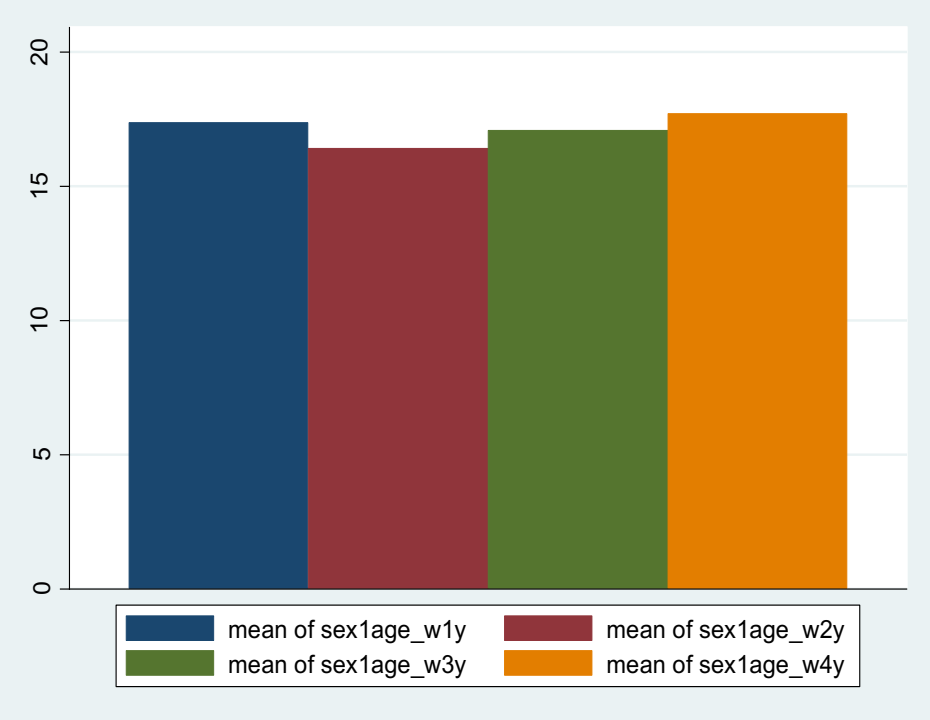

Figure 5.2: Mean age of sexual initiation by wave

Source of data: CAPS dataset

Evidently, early sexual debut has caused fear and anxiety among parents and adolescents as it correlates closely with pregnancy and the subsequent dropping out of school. These fears and anxieties are mirrored by the following perception by one of the parents:

"What I am afraid of is that these children will certainly get pregnant and have kids. This creates problems for the parent who must take care of the baby as the teenage mother is unemployed and worse still, she will have to drop out of school" (Male parent).

The cause for concern around early sexual debut and its consequences was further cemented by quantitative data showing the several trajectories related to this phenomenon. The results from a test of independence showed a correlation between school attendance and reports of having engaged in sex early. Reporting that one had initiated sex early was highly associated with not being in school as 74% of the adolescents who reported having initiated in sex early had dropped out of school.

However, reporting sex initiation showed dissimilar trends across racial lines, with Black African adolescents reporting the highest percentage of sex initiation at 61%. While 29% of the Coloured adolescents reported having initiated sex in Wave 1, White adolescents reported the lowest percentage of sexual debut

at 10%. Of all the adolescents who reported having initiated sex, 94% reported that they had engaged in sex more than once; the remaining 6% reported having engaged in sex only once. In addition, first sexual relationships appeared to last a short time, as only 41% of adolescents in the CAPS reported being in the relationship at the time of the survey. The remaining 59% of the adolescents reported having terminated the first sexual relationship between 0 and 42 months after it had started. The results further establish that the first sexual engagement involved a casual partner, a friend, a girlfriend/boyfriend, or someone an adolescent was engaged or married to. Some of the engagements were characterised as incest. It appears that the perception still holds sway as the percentage for females surpasses that of the males, comparatively. However, the gap appears to be narrower than what is widely perceived. The results from Wave 1 showed that 45% of those who reported early sexual debut were males and 55% were females. These results were collaborated by responses from adolescents who participated in the qualitative component of the study as male participants reported having initiated sex around the age of 14 years or earlier. One male participant said the following:

"I started dating when I was 9 and had sex at the same age. I first experienced sex when we were playing games with other children during replica family games. I always chose to be a father and the most beautiful girl in the group would be the mother. We used to have our own bedrooms outside the house, and one day I had sex with an older beautiful girl" (Male adolescent participant-17 years old).

The results showed that both male and female adolescents are equally at risk of engaging in early sexual activities. These findings confirmed earlier results from studies conducted by Harrison et al. (2005) and Masatu (2009), reiterating the finding that male adolescents also risk engaging in early sexual debut. The adverse consequences of early sexual initiation, as noted by the participants of this study, are best illustrated by Figure 5.3 which associates early sexual debut with adolescent pregnancy, dropping out of school and acquiring STIs including HIV.

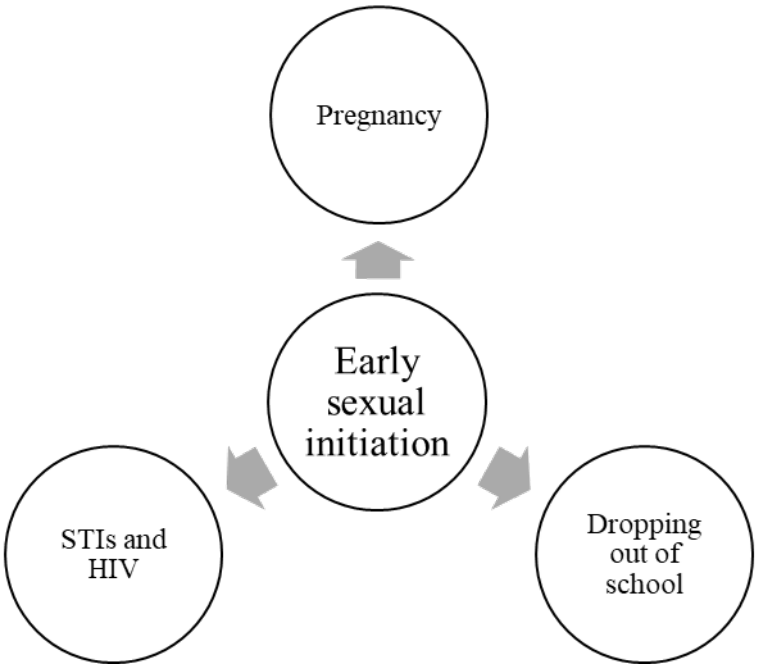

Figure 5.3: **Consequences of early sexual initiation**

5.2.1 Age of sexual debut and family variables

Presented under Subsections 5.2.1 and 5.2.2 are results related to research questions I and IV. To augment the descriptive analysis of quantitative and qualitative data, the study conducted a random effect logistic regression analysis using selected variables and tested the hypotheses for the study. Some of the independent variables of interest were dropped owing to issues of multicollinearity. Although the study sought to investigate different family structures, the chosen variable had few cases per each structure and using it would distort the results. As a result, the researcher ended up investigating two family structures; married/cohabiting family and single/divorced/widowed family using quantitative data. Consequently, the researcher investigated mother or father's residence status.

The random effect logistic regression analysis presented here is for age of sexual debut, which is one of the five sexual behaviour outcomes that were investigated. The random effect logistic regression analysis by selected demographic and family variables is represented in Table 5.3. In Model 1, the demographic characteristics are presented while other independent variables are held constant. In this model, all the presented demographic characteristics were statistically significant in determining sexual initiation. For instance, older adolescents represented the highest odds of reporting sexual initiation compared to the younger ones, which is normally the case due to longer periods of exposure to the risk of sexual engagement.

Adolescents aged between 16 and 19 years had 8.67 odds of reporting having initiated sex as compared to the 14-15 age group, which was the reference age group.

The above shows that adolescents aged between 16 and 19 years were 8 times more likely to report having initiated sex compared to the younger adolescents whose ages ranged between 14 and 15 years. For the older adolescents aged between 20 and 22 years, the odds of reporting having initiated sex were 10.55 times more than the odds of the adolescents aged between 14 and 15 years. The p-values for both age groups were 0.000 and the relationships were statistically significant at <0.05. The results indicated that the older the age group, the higher the risk of initiating sex. The results correlated with the descriptive statistics showing the mean age of sexual initiation at 16.5 years. The results indicated that although younger adolescents are at risk of early sexual initiation, older age is associated with the propensity towards initiating sex.

Demographic characteristics such as birthplace and marital status significantly contributed towards positive odds of reporting having engaged in sexual initiation. Both the age and marital status of adolescents were important risk factors in determining engagement in sexual initiation in the first model. Considering place of birth, the results suggested that adolescents who were born in a rural area and later migrated to an urban setting at some point in their lives represented 1.50 odds higher in terms of reporting early sexual initiation compared to adolescents born in urban areas. By implication, adolescents from a rural background were more likely to report early sexual debut than those from an urban background.

Furthermore, adolescents from Coloured and White communities had 0.230 and 0.159 lower odds respectively of reporting having initiated sex compared to Black adolescents. The p-values were 0.003 and 0.001 respectively and both odds were statistically significant at <.05. The results show how White and Coloured adolescents had reduced risk of reporting having initiated sex at young age compared to Black adolescents. These results were consistent with the results noted in the descriptive data analysis, where the number of White adolescents who reported having initiated sex in Wave 1 was lower compared to that represented by Black adolescents. Therefore, the propensity for sexual initiation was race biased.

In Model II, mother's and father's residence status were added to the model and these independent variables slightly altered the odds of reporting early sexual debut. Adding the two variables lowered the risk of reporting having initiated sex among adolescents aged between 16 and 19 years and those aged between 20 and 22 years. In this model, father's residence status is statistically significant at <0.05, while mother's residence status had no statistical significance. Adolescents whose father was resident represented 0.673 lower odds of reporting sexual initiation compared to those whose fathers were non-resident. The p-value

was 0.002. These results show that adolescents living in a household with a resident father had reduced risk of early sexual debut than those with a non-resident father. The results suggest that early sexual debut is prevented by having a resident father or father figure. These results were later confirmed by the qualitative data as participants echoed the same sentiments in their perceptions regarding the effects of the father figure in mitigating early sexual engagement among adolescents.

Family economic status was a new variable added in Model III. The household's economic status was measured based on the family income bracket. The addition of the variable slightly impacted on the odds of initiating sexual activities for adolescents in the age groups 16-19 and 20-22 years. Family income slightly changed other variables in the model and lowered the odds of reporting early sexual debut for all income brackets above R5, 000. Three income brackets were statistically significant while two had no statistical significance. Adolescents from a family with an income of R15, 001 to R20, 000 had 0.46 odds of reported having initiated sex in Wave 1. The p-value was 0.001 and was statistically significant at <0.05. A similar trend was noted in the income brackets R20, 001 to R25, 000 and R25, 001+, where adolescents had lower odds of reporting having their sexual debut. The lower odds indicate that adolescents from families with a higher income had reduced risk of reporting early sexual debut.

Models IV and V were added to investigate the effects that parental marital status, parental-child communication, and parent-child relationship had on reporting having initiated sexual intercourse. However, the models were affected by missing information. Parental marital status was a variable added to Model IV, which was constructed using information on whether the parents of the adolescents were ever married/cohabiting or single. Adolescents in a married/cohabiting family had lower odds of reporting having initiated sex compared to adolescents in single parent family. The odds of reporting having initiated sex for adolescents who had married parents were 0.901 lower than those adolescents whose parents were not married. This shows how adolescents who had married/cohabiting parents had 10% advantage and were less likely to report having initiated sex compared to adolescents whose parents were not married. Adding this variable slightly changed the odds of reporting having initiated sex, though the trend generally remained the same. Older adolescents represented the highest odds of reporting having initiated sex in comparison with the younger adolescents. This indicated how older adolescents were more likely to report having initiated sex than the younger adolescents. Coloured and White adolescents also represented lower odds of having initiated sex. In Model V, variables that included time spent between mother and child and mother-child discussion of life matters were incorporated. As witnessed in Model IV, adding these variables slightly altered the odds. Although adolescents who had spent a significant time with their mothers and had also discussed personal matters with them represented lower odds of reporting having initiated sex at the

beginning of the survey; the results had no statistical significance. Since parental marital status, household socioeconomic status and father's presence have a p-value significant at < 0.05 we reject the null hypothesis and conclude that at least one familial explanatory variable has significant effect on the dependent variable. Simply, parental marital status, household socioeconomic status and father's presence have a significant effect on lowering the age of early sexual debut.

Table 5.3: Age of sexual debut by selected variables (random effect logistic regression)

Variable	Model I		Model II		Model III		Model IV		Model V	
	(N)=4,666 Odds Ratio	Std Err	(N)=4,666 Odds Ratio	Std Err	(N)=4,666 Odds ratio	Std Err	(N)=4,609 Odds ratio	Std Err	(N)=4609 Odds ratio	Std Err
Demographic Factors										
Age (14-15)										
16-19	8.67***	2.46	6.95***	1.20	6.64***	2.82	7.16***	1.27	7.20***	3.44
20-22	10.55***	2.60	8.02***	1.50	8.00***	2.09	8.18***	1.27	8.17***	3.22
Gender (male)										
Female	.756***	.089	.767***	.061	.774***	.071	.770***	.061	.778	.077
Area of birth (urban)										
Rural	1.50***	.252	1.39***	.148	1.36	.168	1.36***	.148	1.41	.192
Race (African)										
Coloured	.230***	.106	.285***	.036	.318***	.093	.301***	.039	.316***	.103
White	.159***	.092	.210***	.034	.253***	.091	.241***	.042	.261***	.100
Marital status (Never married)										
Married/cohabiting	9.91***	1.87	8.86***	1.09	8.75***	1.53	8.88***	1.13	10.68***	5.28
Divorced/separated/widowed	8.70	1.74	7.14	1.84	6.94	1.18	7.41	1.19	1	
Family factors (Living arrangements)										
Mother res(non-res)										
Resident			.974	.090	.977	.089	.983	.093	1.01	.118
Father res(non-res)										
Resident			.673***	.058	.704***	.079	.731	.069	.705***	.086
Family socioeconomic status										
HH income bracket (<R5,000)										
R5,001-R10,000					0.87	0.10	.832	.089	.837	.102
R10,001-R15,000					0.61	0.12	.593	.098	.580	.127
R15,001-R20,000					0.46***	0.09	.457***	.089	.460	.090
R20,001-R25,000					0.33***	0.22	.333***	.220	.340	.225
Above R25,001					0.14***	0.45	.142	.489	.138	.475
Family factors (Parental marital status)										
Parents (Never married)										
Married							.901***	.091	.910***	.102
Family factors (Relationships)										
Time spent with mother (Never)										
Sometimes									.763	.141

Often					.771	.125
Discussed issues with mother (Never)						
Sometimes					1.13	.147
Often					1.15	.142
Log likelihood	*-2254.35*	*-2241.37*	*-2234.30*	*-2195.96*	*-2042.80*	

Source: CAPS Merged dataset
Variable statistically significance level- ***Highly significant at <0.05
Items in parenthesis are reference categories
Models have different number of cases due to elimination of cases with missing information
Std Err=Standard Error

5.2.2 Link between age of sexual debut and family structure

This section presents the findings that seek to ascertain the link between the age of sexual debut and the family structure and type and answer research questions I, II and V. The quantitative data tells us many of the adolescents reported living with their biological mothers across all the waves. In Wave 1, 66% of the adolescents lived in a household where there was a father and the number declined to 63% in Wave 4, indicating a significant effect caused by father absenteeism in many families. In Wave 1, 65% of the adolescents lived with both parents but in Wave 4, this percentage had declined to 61%. In the qualitative component of the study, parents suggested that the best environment where adolescent children can grow and develop smoothly into adulthood was staying with both parents. However, the study acknowledges the reality that this transition is made impossible by various factors such as labour migration, weak trial marriages and divorces. Most of the adult participants acknowledged being single parents themselves.

The results presented in Table 5.4 show that 61.40% of the adolescents living with a co-resident mother reported not having initiated sex at the time of the survey, whereas the remaining 38.60% reported having initiated sex. An even higher percentage was recorded in a family with a co-resident father, with 65.25% of the adolescents reporting not having initiated sex at the time of the survey. Furthermore, a chi-square test of independence was performed to examine the relationship between age of sexual debut and family environmental factors. The relationship between the age of sexual debut and mother's co-resident status was significant at <.05. This was also obtained between the age of sexual debut and a father's resident status. Adolescents co-residing with either parent seemed to have an advantage compared to those with non-resident parents. Nevertheless, this advantage seemed to be noticed among younger adolescents compared to the older ones. In Wave 5, as the cohort was older, the percentage of adolescents who reported having started sex also rises. These results were confirmed by the results from the random effects regression models which showed that adolescents living with resident fathers or resident mothers had lower odds of reporting having debuted sex at the time of Wave 1.

Table 5.4: Sex initiation by mother and father's resident status (Waves 1 and 5)

	Had sex						
Parent's residence status	**Yes**		**No**		**Total**		**Chi-square**
	N	**%**	**N**	**%**	**N**	**%**	
Co-resident mother (Wave 1)	1,238	38.60	1,969	61.40	3,207	100.00	0.000
Co-resident father (Wave 1)	697	34.75	1,309	65.25	2,006	100.00	0.000
Co-resident mother (Wave 5)	1,588	92.33	132	7.67	1,720	100.00	0.000
Co-resident father (Wave 5)	885	90.49	93	9.51	978	100.00	0.000
Co-resident both parents (Wave 5)	1,713	92.54	138	7.46	1,851	100.00	0.000

Source of data: CAPS merged dataset

These results were also supported by the perceptions of the participants on the effects of parental presence in preventing early sexual debut among adolescents. One participant intimated that she always desired to have sex from the age of 9, but because of the presence of her parents, she delayed sexual debut. She said:

"At the back of my mind, I always felt the urge to have sex. These feelings started when I was 9 years old, but I feared the stern warning my parents had given me regarding sex. I stay with both of my parents and the thought of disappointing them by going against what they had taught me was unthinkable" (Female participant-19 years).

The participant's perception resonated with what other participants felt about the contribution of the family structure in the monitoring of children's sexual behaviours. The family structure was also linked with modelling of behaviour, which either encouraged abstinence or non-abstinence. Some of the participants said:

"I think the family is fundamental because adolescents from broken families easily get astray. When both the father and the mother are present, a family tends to be balanced and respectful and children are scared and avoid messing up. Initiating sex stirs trouble when there are parents at home as they certainly ask you what you had been up to" (Male participant-22 years old).

"Parental marital status influences how adolescents behave especially regarding the decision to engage in sex. For instance, cohabiting parents cannot tell their adolescent children about sex before marriage because they are doing the direct opposite. The child can develop negative attitudes and disregard the parents' teachings about sex before marriage since they will be cohabiting" (Female participant-20 years old).

"In one way or the other, the family makes me steady because I live in an extended family, denying me the chance to engage in nonsensical activities. The idea of engaging in sex doesn't even cross my mind even when I am in the company of my friends because I am afraid of what my family is going to do about it if they were to find out that I had been messing around" (Female participant-14 years old).

These insights were supported by the evidence of slightly lowered odds of early sexual debut that was noticed among adolescents from households with married parents, suggesting that adolescents from married households are slightly advantaged than adolescents from single-parent and divorced households and are less likely to report early sexual debut. Nevertheless, other participants in the FGDs felt that tying parental marital status to adolescent sexual behaviour was not only outdated but also backward. The responses from both focus group discussions and in-depth interviews indicated that some adolescents felt that times have changed, and parents' marital status should not influence children's behaviours. Some participants argued that parental marital status did not matter to them and asserted that what mattered was the respect the parent showed to them. One adolescent said:

"I think that when parents respect us, we will also respect them regardless of their marital status and we will refrain from early sexual debut. I do not perceive marital status as an issue, currently" (Female adolescent participant-FGD-18 years old).

Some adolescents felt that the modern family institution in which they lived was too disorganised to mitigate premature sexual debut. Some parents believed that the problem does not emanate from broken families but from the values of modernisation and the family's tolerance of behaviours that were formerly intolerable. One female Black parent voiced concern over the extent to which Black people have been swayed by other cultural beliefs albeit with adverse consequences. She also blamed modernisation for affecting how parents deal with their children. She said:

"I think as Black parents, we are too flexible and understanding. The laws, social media and the television also play an important role. We are now different from the parents that brought us up. In some houses, a 12-year-old can tell her mother that she has a boyfriend and as parents, we entertain that stuff. We have moved too much in embracing the things usually done by Whites and Coloureds but failing to adopt some of the things they do, which make our children more susceptible to pregnancy than White children" (Female parent participant).

Apart from modernity and sexual permissiveness, both parents and adolescents singled out lack of monitoring of adolescents by family members as contributing to early sexual debut. Parents asserted that lack of proper supervision from the family results in adolescents behaving as they please, which creates a conducive environment for early sexual debut. The participants outlined the factors that contribute to early

sexual debut in Cape Town and lack of supervision by parents and drug and alcohol abuse were chief among them. Lack of parental supervision correlated with several factors including single parents being overwhelmed by a myriad of responsibilities. On the contrary, adolescents from households with married parents were reportedly more likely to delay sexual initiation due to a combination of high morals and increased monitoring by parents. Nevertheless, it was also opined that what matters the most in modern South Africa is not parental marital status, but the respect exhibited by parents towards their children. Despite modernity and new technology, children and adolescents expressed willingness to be directed by parents and the entire family in matters that relate to avoidance of early sexual initiation.

5.2.3 Links between the age of sexual debut and family socioeconomic status

Presented in this subsection are results related to research question II, which sought to determine the link between the household's socioeconomic status and early sexual debut. Prior knowledge suggest that adolescents from poorer households stand a higher risk of engaging in sex earlier in life compared to their peers from financially stable households (Thomson et al., 1994). Building on this prior knowledge, the study further investigated the link between early sexual debut and the household's socioeconomic status among adolescents in Cape Town using data from the CAPS and qualitative data generated through focus groups and in-depth interviews. The household's socioeconomic status was measured by the household's income bracket for the adolescents. Six household income categories were created using the total income bracket variable used in CAPS. The first household income bracket earned R5,000 and less; the second bracket earned between R5,001 and R10,000; the third earned between R10,001 and R15,000; the fourth earned between R15,001 and R20,000; fifth bracket earned between R20,001 and R25,000 and the last and sixth income bracket earned above R25,001. Sexual initiation and household income bracket were tabulated, and the results are presented in Table 5.5 below.

Table 5.5: Sex initiation status by family income bracket (Wave 1)

Sex initiation, Wave 1	Family income													
	0-R5,000		R5,001-R10,000		R10,001-R15,000		R15,001-R20,000		R20,001-R25,000		R25,001+		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No	1,423	47	720	64	203	69	77	83	55	75	65	70	2,543	54
Yes	1,606	53	399	36	92	31	16	17	18	25	28	30	2,159	46
Total	3,029	100	1,119	100	295	100	93	100	73	100	93	100	4,702	100

Source of data: CAPS Merged dataset

The descriptive statistics presented in Table 5.5 show that 53% of the adolescents residing in a household earning a low income of between R0 and R5, 000 per month reported having experienced sexual debut in Wave 1, whilst 47% of adolescents in the same income bracket had not initiated sex. As household income increases; reporting having initiated in sex declines. Thirty-six (36%) of adolescents living in a household earning between R5, 001 and R10, 000 reported having initiated sex and 64% had not. Twenty-five (25%) of adolescents living in a household earning an income ranging between R20,001 and R25,000 reported having initiated sex and 75% of adolescents from the same income bracket reported not having initiated sex in Wave 1. The same pattern persisted throughout the waves, as a high percentage of adolescents from poorer households continued to report having engaged in sex early compared to adolescents living in households with decent incomes. The logistic regression analysis seems to support these results as the risk of sexual debut were lower among adolescents residing in higher-income households. For example, adolescents in households earning an income ranging between R5, 001 and R10, 000 had 0.87 odds of reporting having initiated sex compared to those living in households earning an income of R5, 000 and below. In the income brackets R15, 001-R20, 000, R20, 001-R25, 000 and R25, 000+ the odds of reporting having initiated sex were 0.46, 0.33 and 0.15, respectively. The p-values were 0.004, 0.001 and 0.002, respectively. The odds reported indicate that adolescents living in families with a decent income had reduced risk of reporting having initiated sex in Wave 1. The results were later supported by the perceptions of the respondents who participated in the qualitative component of the study.

In the qualitative strand, the study asked both parents and adolescents about their perception of the role played by the household's socioeconomic status in informing early sexual debut. The responses showed that the family's socioeconomic status was responsible for the living conditions that exposed children to early sexual initiation. The parents were emphatic on the perception that poor housing and overcrowding contributed to early sexual activities among adolescents. To that end, one parent said:

"Sometimes children emulate certain sexual behaviours from their parents. For example, some families reside in houses that are subdivided into small compartments using linen. Despite lack of privacy, when the father, for instance, gets drunk, they tell the child to go and sleep while they rush to make love. The child hears everything and impatiently waits for dawn for her to have her boyfriend" (Male participant - parent).

Participants unanimously agreed that what the participant had said was a true reflection of many families in Cape Town. Besides families sharing small living spaces due to poverty, it also emerged that families were sometimes compelled to rent out part of their homes to strangers to supplement their incomes. All three FGDs concurred that this living arrangement was unsafe for children and adolescents. The participants expressed the view that overcrowding resulted in adolescents sneaking into back shacks and having sex without the family noticing. Moreover, other participants felt that the family's socioeconomic status ingrains

inferiority complex in adolescents, forcing them to behave in certain ways that are consistent with the expectations of their peers.

There was consensus among the participants who participated in all three FGDs and later in the in-depth interviews concerning the role played by the household's socioeconomic status in influencing early sexual debut. One participant said:

"In my case, no one works at our home. My grandma's boyfriend works but they are no longer together. Even though her son works, his salary can't support us, it can only support him. There is also my grandma's sister who gets a salary from SASA (disability social grants) because of her disability, so does her daughter. Though they both get a monthly stipend from SASA, this money is inadequate. As a young man, I sometimes get tempted to find a blesser[5] who can look after me" (Male adolescent- 16years old).

Poverty that characterises family life was also blamed for the lack of proper monitoring of adolescents by adults, which gives adolescents enough time to indulge in sexual activities. It emerged during FGDs with both female and male adolescents that parents sold beer to augment their meagre incomes. Adolescents expressed the view that due to poor family socioeconomic status, some parents established illicit beer outlets renowned as *shebeens*. However, this home situation was described as 'chaotic' by one adolescent, who indicated that their home was always flooded by people consuming alcohol, which was reportedly not good for her as a girl child. The same concerns were also voiced by male adolescents who described the selling of beer at home as prompting adolescents into consuming alcohol, which often results in risky sexual behaviours and early sexual debut. One of the participants mentioned that:

"I started experimenting with alcohol because it was readily available in the house. Our family had to sell beer to supplement the household income since my mother was unemployed and my father was working as a general hand at a school. When I saw people drinking, I felt the urge to start drinking as well and the more I drank, the more I wanted to act like an adult. I ended up engaging in sex with one lady who was our regular customer. This incident happened when I was only 14 years old" (Male adolescent- 17 years old).

Besides being exposed to age-inappropriate things, both female and male adolescent participants expressed the concern that adolescents living in financially disadvantaged families are pressured by circumstances to help their families financially. Though the responses varied from one participant to another, the common perception elicited from the interviews was that all the adolescent participants reported being under pressure to contribute towards the financial upkeep of their families due to meagre family resources. The pressure

[5] A South African term used to refer to an older partner who has sexual relationships with younger people in exchange of rewarding the younger person with money and material things Mampane JN. (2018) Exploring the "Blesser and Blessee" phenomenon: young women, transactional sex, and HIV in rural South Africa. 8: 2158244018806343.

seemed to be more intense in households with one employed adult compared to households with two or more employed adults. The results from both quantitative and qualitative data indicated that the family's socioeconomic status featured strongly among adolescent participants as one of the factors that contributed towards early sexual debut. The participants also reiterated that they were under pressure to provide enough resources for their families, despite the negative consequences that include spending less time with one another. Adolescents described how they grappled with the pressure to fit in, resulting in them engaging in premature transactional sex.

5.2.4 Link between age of sexual debut and parent-child communication

Studies indicate that parent-child communication and parent-child connectedness delay sexual debut (Davis and Friel, 2001; Wight et al., 2006). Therefore, one of the goals of this study was to ascertain whether this could also be the case for adolescents living in developing countries such as South Africa. The results presented in this section answer research questions III and IV. The question asked is: What is the link between parent-child communication, parent-child closeness, and adolescent sexual behaviour? The study further investigated perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour.

The parents who participated in the CAPS were asked to rate their relationship with their adolescent children. The responses showed that 49% of the parents reported having no relationship with their adolescent children, 48% reported having a rare relationship with the adolescents, 2% reported that they sometimes had a relationship with their adolescent children and a disappointing 1% reported that they often relate with their adolescent children. In terms of the time parents spent with their adolescent children, the results from CAPS indicated that 57% of parents reported that they spent more time with adolescents in the 12 months before the study, 34% reported that they sometimes spent time with their adolescent children, whilst 6.3% and 3% reported that they rarely or never spent time with their adolescent children respectively in the 12 months before the survey. In the CAPS, parents were further asked about how often their adolescent children had a conversation about personal matters with them. The responses indicated that 9.6% of the parents reported that they never had any conversation with their adolescent children, 8.2% reported rarely having a conversation with their adolescent children, 39% reported that they sometimes had conversations with their adolescent children and 43% reported discussing personal matters with adolescent children. The parents were further asked about how often they had discussed educational and sexual and reproductive health (SRH) matters with their adolescent children, and 57% of the parents indicated they had often discussed educational issues with adolescents, 23% reported that they sometimes discussed educational and SRH matters with their

children, 11% and 8% reported that they never and rarely discussed educational and SRH matters with their adolescent children, respectively.

Using the random effect logistic regression analysis, the study further investigated this relationship and as hypothesised, the results show that children who had rarely communicated SRH with a parent had 1.13 odds of reporting having initiated sex. This result had no statistical significance. In the in-depth interviews with both parents and adolescents, the participants were asked to share their perceptions regarding parental communication and early sexual debut. There was consensus among participants that parent-child communication regarding SRH matters is important and must be done at an early age. This was supported by the perceptions of the adolescents as expressed in the following quote:

"My mother was very open with me and she was frank with me when she told me that I was grown up and that if I sleep with a man, I will get pregnant. Therefore, she asked me to abstain until I meet the right person. What she said was also said by our teacher at school. So, I knew that I had to stay away from sex until such an age when I would be ready" (Female Adolescent-14 years old).

The participants in all three FGDs concurred that delaying communication with children about sexual matters can increase early sexual debut. They noted that parents rarely communicate about the dangers of early sexual debut due to various reasons, which included cultural beliefs and family dysfunction. Adolescents shared their thoughts on the matter. They said:

"Some of the parents communicate, but most of them refrain from talking about these issues because they think that when they talk about dating and sex, they will stimulate adolescents into experimenting with sex. Even if we avoid talking about sex, adolescents will do it anyway because they will learn about it from other sources" (Female adolescent-14 years old).

"Yes, my parents should talk to me about sex and the dangers it involves so that I understand these issues to empower me to explore my sexuality. I want my mother to act like my father because if she does not do likewise, the communication will not be effective. My father is braver with me when articulating issues around relationships and sexuality. He explains these issues in detail. But my mother is not brave enough" (Male adolescent- 16 years old).

Participants indicated that parents and other family members were inadequately creating an environment conducive for free communication. They underscored the need for communication between adolescents and parents in the ever-changing social environment. In this technological era, the participants felt that neglecting communication allows adolescents to access misleading information from Internet and peers. One of the participants said:

"Parent-child communication is important because our generation is already exposed to these things through Internet. The best thing is for parents and elders to educate adolescents and raise awareness about the dangers of these issues. As young people, we get into sexual activities because we want to experiment, but we may get guidance if our parents become more involved" (Male participant-21 years old).

Parents use different methods when communicating with adolescent children including drawing from their own experiences. A participant had to say:

"When I was in Grade 7 in 2010, I experienced my first menstruation and my mother taught me certain lessons drawing from her own experiences. She told me that she got her first child out of wedlock when she was 16. The child is my older brother she got from another relationship. When I told her about my menstruation, she took me to a certain woman who stayed in the same street with us. The woman, who worked as a nurse, told me that experiencing menstruation signified that I could get pregnant. She explained to me the whole ovulation process. She even advised me to visit the clinic for a family planning injection. I objected the advice because I felt that I was still very young, and my friends would laugh at me. It was so embarrassing. I kept on refusing until my mother suspected that I was sleeping with boys" (Female adolescent-20 years old).

Parents seemed to concur with adolescents on the need for parents to communicate with their children; nevertheless, the parents admitted that there were barriers to communication. Some female adolescents in both FGDs and in-depth interviews expressed fear of violence when discussing sexual and reproductive health matters with parents preferring to discuss such matters with siblings and friends instead. However, this fear was not one-sided, as parents also refrained from talking to their adolescent children about sex and delaying sexual debut. Male parents particularly exhibited serious hesitations when it comes to discussing issues related to sex with their female adolescent children, preferring to talk to male adolescent children instead. Fathers raised concerns around being misinterpreted amid escalating cases of child sexual abuse. However, most of the female participants and some of the male adolescents expected parents, especially mothers, to openly discuss the dangers of early sexual initiation with them. While female adolescents reported having discussed sexual matters with someone closer, some male adolescents reported facing challenges in this regard. Male adolescents regarded as taboo, discussions around sexual matters with parents or anyone from the family. Some male adolescent participants indicated that parent-child communication on sexual matters can be weird as initiating the discussion themselves may be misconstrued as disrespect. However, both female and male adolescents acknowledged the role played by other family members such as brothers, sisters, aunts, uncles, and grandparents in educating them about matters of sexuality. This is what some of them said:

"My grandfather warned me and encouraged me to watch everything I do because at that time I was addicted to alcohol and I was obsessed with girls. That had become my lifestyle. Every weekend I would go out with a new girl. My parents wouldn't speak to me because I didn't allow them to do so at that time" (Male adolescent- 16 years old).

"My aunt is a nurse, and she would always remind us to abstain or always use condoms if we could not abstain. She would say this even to the girls and warned them against leaving the house at night. She would plead with us to let her know about our outing so that she would lock the doors of her house for the sake of safety. She often added that if we were sleeping out, we should alert her of our destination so that she would know where to look for us if one would not come back. She has been open with us about these issues. She has told us to always use protection when having penetrative sexual intercourse. She has been giving us sex education and protection" (Male participant-19 years old).

Generally, mothers seemed to be more inclined towards fostering communication with their children than fathers, making them conveniently placed to discuss sexual and reproductive health issues with adolescent children. Mothers themselves admitted that society has placed too much responsibility on their shoulders and that men had the tendency to avoid speaking to their adolescent children about sexual issues. The incline to discuss matters with mothers was shown by these quotes by adolescents:

"When I started dating, I told my mother. I didn't tell my dad because he is very strict" (Female adolescent-20 years old).

"When I asked my mother about dating and relationships, she permitted me to have a boyfriend, but I thought I would only have one that following year" (Female adolescent-17 years old).

"As I have said, my mother and I have an open relationship. I can tell her anything and she understands me. Having such an open relationship is very important because you can express your point of view freely" (Male participant-16 years old).

During the FGDs, parents acknowledged the challenges involved in fostering communication between them and their adolescent children. One of the parents indicated that programmes should be developed targeting parents raising awareness that they should foster communication with their adolescent children. The parent's concern was that without the proper interventions, parents might feel too overwhelmed to deliver the right messages to their children. This is what the parent said:

"As parents, if we do not make efforts to speak to our children about the dangers of premature sex, this comes back to haunt us. First, as parents, we don't guide our children on issues around safe sex. The child traverses the adolescent's journey alone without our guidance. Remember they have friends out there! We

are always away. Some parents don't behave like parents and would stoop lowly at anything leaving children to their own devices. They ultimately act disgracefully. I feel that the Government should intervene to help regularise the situation" (Female parent).

The participants who had reported having an open communication with their parents or other close family members also indicated that the main reason for delaying sex was the fear of disappointing their families.

Other participants felt that cultural and religious beliefs impinge on open parent-child communication within the context of early sexual debut. The following quotes indicate that cultural and religious beliefs are lagging far behind the current trends and against the background of the deadly HIV/AIDS and other STIs, and this can be very costly.

"I think some of our African traditional norms and values are holding us back. In my Xhosa culture, it is taboo to talk to your child about sexual matters as a parent or for a child to talk about sexual matters with their parent. This is dangerous in the wake of tremendous changes society has undergone in contrast with tradition that has remained static. If we could accept modernity and its trends, life could be much easier and safer for young people" (Female participant-20 years old).

"My father is a traditionalist who religiously sticks to Xhosa traditional practices. It's difficult to instil in him aspects of modernity and as adolescents; we have our preferences and ways of doing things. Sometimes he understands. I think this is because he once saw me walking with a girl on the street. He kept quiet and when I had forgotten about it, he asked me whether I was dating the girl. He is like that; he doesn't want to interfere with issues of our times" (Male participant- 19 years old).

During in-depth interviews, the adolescent participants cited fear as the other barrier to parent-child communication on sexuality and reproductive health matters. They reportedly felt that the reason parents refrain from communicating with them on sexuality or reproductive health matters is encapsulated in fear of the unknown or in the assumption that by communicating sexual matters with their children, parents could be instigating early sexual indulgence among the adolescents. One participant had this to say about what she assumed were the reasons for lack of meaningful parent-child communication regarding SRH matters.

"Some parents feel that telling their children that they have reached puberty is like actually driving the child into active sexual life. That's the fear parents are grappling with. For example, telling a female adolescent child to go for family planning remedies might make her feel like she has been given the green light to indulge in unprotected sex. So, parents are worried about this" (Female participant-22 years old).

Other participants suggested that the other reason parent-child communication is difficult is that parents are failing to cultivate a relationship with their children from a younger age and initiating it at the adolescent

stage appears weird. This was particularly true for one male participant who reported not having had any meaningful relationship with both of his parents and as a result, he never expected them to communicate with him on sexual matters. He said that he had learned about sexual issues through observing community members. Another factor which significantly barred parent-child communication reported in this study is the strained relationship that may exist between parents and their children. Some participants indicated that they felt comfortable talking to one of the parents or any other member of the family provided they had a cordial relationship with them. Commenting on her relationship with her father, a female participant said that she could not figure out herself discussing sexual matters with her father. Precisely, she said:

"I have a strained relationship with my father. I do not feel like speaking with him about anything; but with my mother, we are now trying to develop a good relationship. However, my grandmother and I are good friends" (Female participant-21 years old).

The qualitative results presented in this section confirmed that adolescents get sexually active at an early age as was hypothesised. Adolescent sexual debut does not occur in a vacuum, but it is driven by social events occurring around an adolescent. This section has shown that the family still plays an indispensable role in retarding sexual initiation among adolescents. However, this role is being hindered by a multiplicity of forces operating at family and community levels. Poverty at family level, inadequate time, and lack of communication, technology and family separation were found to impact negatively on the adolescents, leading to early sexual initiation. The responses confirmed that adolescents were conversant with the pitfalls of early sexual debut albeit in somewhat abstract terms. All the participants mentioned that information regarding puberty was first imparted at school and later substantiated by family members when adolescents started to see the things, they had learnt about at school happening to them. The participants expressed the centrality of the role played by the family at a critical time as it could offer the much-needed support during such a confusing developmental stage. It was noted that family members especially mothers sometimes rally behind adolescents warning them against engaging in early sexual debut. In some cases, mothers are proactive and seek family planning services on for their adolescents.

Despite the challenges noted, there was a general agreement among the adolescents and parents who participated in the in-depth interviews that communication between parents and adolescents was important and must be developed at an earlier stage than later. The adolescent participants also indicated the need for communication to be frequent rather than being a once-off event. They underscored the need for parents to embrace change and move away from traditional ways of relaying information, adding that parents must exercise openness and flexibility in dealing with the current cohort of adolescents. Further, the adolescent participants alluded that parents are a good source of information on sexual and reproductive health, but they ought to cascade this information down to their children. Nevertheless, most of the participants felt that for

communication to occur, parents must spend time with their children and create a bond with them before discussing such sensitive issues as sex and sexuality. Adolescents reported that they often take the initiative by asking their parents to explain certain issues. Most of the participants who reported communication between themselves and a parent indicated that the discussion helped them delay sexual debut.

5.2.5 Summary of results on age of sexual debut and family circumstances

The results presented here show the relationship that exists between early sexual debut and various family circumstances including the family type and structure (Research Question I), the family's socioeconomic status (Research Question II) and parent-child communication (Research Question III) and perceptions (Research Question IV). The factors that were identified as influencing early sexual debut are presented in Figure 5.4 below. However, these factors were not aligned with study goals and the objectives and were not included in the analysis. Rather, only family factors were investigated in detail. The results show that adolescents living in a family where both parents were present (either married/cohabiting) enjoyed advantages of delaying sexual debut compared to those living in alternative households.

The effects of other family structures such as extended family structures could hardly be assessed using quantitative data. However, qualitative data provided the insights that supported the fact that adolescents raised in extended family structures received information about the dangers of early sexual debut from many sources and were better placed to avert early sexual initiation. The other main reason was that better supervision of adolescents and better role modelling by older family members were guaranteed by both married and extended family structures. The links between the family's socioeconomic status and early sexual debut among adolescents were established through both quantitative and qualitative data. The participants consistently attributed early sexual debut among adolescents to the household's socioeconomic status. The family's socioeconomic status affects adolescents' decision to engage or not to engage in sexual activities. While a decent income seemed to have a protective effect on adolescents, a low income seemed to have the opposite effect.

It also emerged that parent-child communication was central in averting sexual debut though it depended on the quality of relationship before the communication on SRH issues. Adolescent participants argued that attempts by parents to open channels of communication when children are already adolescents may be misconstrued as an intrusion of privacy. Besides the diversity of opinions on the matter, it clearly emerged that parent-child communication in the context of modern Africa has magnificently improved. Figure 5.4

presents some of the social systems that were identified by participants as impacting either positively or negatively in terms of engaging in early sexual debut.

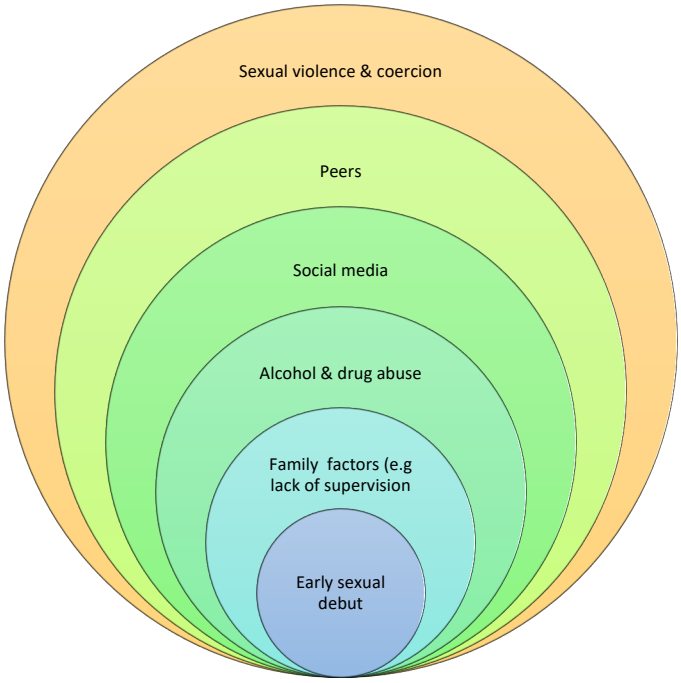

Figure 5.4: Factors contributing to early sexual debut in Cape Town

5.3 Adolescent pregnancy

Presented under Section 5.3 and Subsections 5.3.1 to 5.3.4 are findings related to the magnitude of adolescent pregnancy and its link to familial circumstances. Under Subsections 5.3.1 and 5.3.2 the study answers research questions I and IV, which sought to understand how living in a nuclear or extended family structure influence adolescent sexual behaviour, and the perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour. What was explained under Section 5.1 also applied to this section, the CAPS dataset had fewer cases for extended family structure and as a result cases had to be pooled together and two family structures were investigated instead. The two were married/cohabiting and single/divorced/widowed family structures. Additionally, mother's and father's residence status were investigated. Family type and family structure were then used interchangeably. However, perceptions regarding other family structures and their link to adolescent pregnancy were investigated using qualitative data.

Adolescent pregnancy was consistently reported by adolescents who participated in all the waves of the CAPS. The results indicated here show the frequency of pregnancy as reported by adolescents aged between 14 and 22 years. These results represent the findings from waves 1 to 4. The results indicated that in Wave 1, 566 participants (12% of the adolescents) had experienced a pregnancy or impregnated a woman if they were male. Of the 566 participants who reported a pregnancy, 477 reported giving a live birth. In Wave 3, the percentage of participants who reported a pregnancy more than doubled from 12% to 26%. In Wave 4, the percentage escalated from 26% to 34%, a significant increase showing that older adolescents were at an elevated risk of experiencing a pregnancy. While in Wave 1, 477 (10.13%) adolescents reported a live birth; in Wave 3 and 4, the figures representing reported live births was 816 (23.13%) and 1,024 (29.78%) respectively. High pregnancy rates among adolescents are exacerbated by low usage of contraceptives by adolescents as shown in Table 5.6.

Table 5.6: **Sexual initiation by contraceptive use (Wave 1, 3 and 4)**

Wave	No	%	Yes	%
Used contraception at first sex1	1,021	47.55	1,126	52.45
Used contraception at first sex3	708	34,14	1,366	65.86
Used contraception at first sex4	516	22	1,829	78

Source of data: CAPS derived dataset

The results further indicate that adolescent pregnancy contributed significantly to dropping out of school as 6.3% of the adolescent participants reported that they had dropped out of school due to pregnancy. In Wave 1, male adolescents reported that some of their partners they made pregnant were aged between 14 and 34 years. One female adolescent reported having experienced pregnancy at the age of 12 while eight (n=8) reported having experienced pregnancy at the age of 13. On the other hand, a total of 124 male adolescents reported having made someone pregnant.

The results show a decline in the age at which adolescents experience pregnancy as summarized in Table 5.7 below. The results demonstrate that the participants reported having experienced pregnancy when they were as young as 13 years old. Further, a significant number of adolescents who had reported having experienced a pregnancy in Wave 1 had a higher chance of experiencing multiple pregnancies by Wave 4 as shown in Table 5.8 below. The results show that 7.59% of the adolescents aged between 17 and 18, who had also reported a pregnancy in the Wave 1, reported having given birth for the second time in Wave 4.

Table 5.7*:* Age of adolescent at first pregnancy

Age of adolescent at first birth	N	%
13-15	36	5.06
16-18	265	37.26
19-21	278	39.09
22-24	119	16.74
25+	13	1.83
Total	**711**	**100**

Source: CAPS derived dataset

Table 5.8: Age of adolescent at birth of second child

Age of adolescent at second birth	N	%
17-18	12	7.59
19-20	42	26.59
21-22	47	29.75
23-24	43	27.21
25-26	14	8.86
Total	**158**	**100**

Source: CAPS derived dataset

These quantitative results were later supported by qualitative findings when the participants described the extent of the problem in Cape Town, voicing deep concerns around the preponderance of adolescent pregnancy. Some participants described adolescent pregnancy as fashionable but disruptive and capable of straining relationships between adolescents, parents, and other family members. The participants' insights were:

"After avoiding using a condom, I impregnated a girl. I changed and I felt superior. Making a girl pregnant was a cool thing because it was in fashion, especially in the Eastern Cape. If you had a child at such an early age (16), you were amongst those who were cool. It was like a competition having a child at such an age" (Male participant-22 years).

"In the first school term, we had 20 pregnant adolescents at my school. Last year, a Grade 8 learner fell pregnant at the age of 13. This problem is most prevalent in townships. Unfortunately, some girls never return to school after giving birth" (Female parent).

"The relationship with my mother sometimes deteriorates, especially now that I have a child. I gave birth when I was 15 and every time I do something wrong, she thrashes me severely, which is painful to me. It seems she has not forgiven me because she sometimes threatens to kick me out of her house together with my baby. It hurts me" (Female participant-22 years old).

The fear of pregnancy exhibited by both parents and adolescents was evident in both quantitative and qualitative data. Quantitative data showed that 22% of the parents feared that their children were likely to become pregnant in the next 3 years. Complementing these results, qualitative data showed that this fear of pregnancy drives some parents into taking on proactive roles in persuading their children to acquire contraceptives as shown by the following quote:

"When I saw my daughter experiencing her menstruation, I acted swiftly. I took her to the clinic for her to have an injection. I did not want to regret one day when my child had brought home a child. It was one of the most difficult decisions I have ever made. It appeared as though I was prompting her to sleep around" (Female parent).

Adolescent pregnancy was attributed to several factors, including family disorganisation, lack of use of SRH services, alcohol and drug abuse and access to the child grant. A further analysis of adolescent pregnancy and the family factors that were perceived to influence adolescent pregnancy was conducted and presented in sections 5.3.1 to 5.3.4.

5.3.1 Analysis of adolescent pregnancy and selected family variables

Adolescent pregnancy can have both health and socioeconomic consequences on the adolescents and in this study, it is one of the sexual behaviours indicators that were investigated. This study investigated some of the familial factors that can be linked to adolescent pregnancy. The descriptive statistics and responses from participants in the qualitative part of the study attest to the fact that adolescent pregnancy has become a cause for concern in Cape Town and that young people are increasingly experiencing it. The descriptive statistics from the CAPS, as presented earlier in Table 5.7 above, show that adolescents reported having experienced a pregnancy when they were as young as 13 years old. Furthermore, some adolescents reported experiencing multiple pregnancies. The study then examined some of the familial factors, linking them to adolescent pregnancy using the random effect logistic regression model. Consequently, five models were created using the stepwise method, where variables were either added or subtracted to have a perfect fit. The logistic model tested the hypothesis of the study.

In Table 5.9, the study presents the logistic model showing the relationship between adolescent pregnancy by selected familial variables. In Model 1, the demographic factors were linked to adolescent pregnancy using odds ratios. The results indicate that older adolescents aged between 20 and 22 had 4.77 higher odds of reporting having experienced pregnancy compared to adolescents in the age group 14 to 15, the odds were statistically significant at <0.05 (p-value 0.001). This indicates that adolescents in the age group 20-22 years had 4.77 times the risk of reporting a pregnancy compared to adolescents in the age group 14-15 years. This was followed by the age group whose ages ranged from 16 to 19 years who had 2.31 odds of reporting having experienced a pregnancy. However, this was expected since as adolescents grow older, they become more exposed to sexual activities, increasing their chances of getting pregnant. The statistics were even more worrisome for the adolescents aged between 16 and 19 years as these adolescents are normally in high school and having a pregnancy during this period may result in the adolescents dropping out of school, which increases their chances of experiencing a second pregnancy.

Married adolescents also presented elevated odds of reporting having experienced pregnancy. In CAPS, the participants were asked if they had experienced a pregnancy, if they were young women; they were further asked if they had made someone pregnant if they were males. In Model I, female adolescents had 3.7 odds of reporting having experienced a pregnancy compared to male adolescents. The p-value was 0.003 showing that the odds were statistically significant at <.05. The odds also indicate that female adolescents were more likely to report having experienced adolescent pregnancy compared to male adolescents. These results were later confirmed by qualitative data as participants indicated that adolescent pregnancy mostly affected female adolescents. The adolescents who had migrated from rural to urban areas at some point in their lives had 1.61 odds of reporting having experienced a pregnancy compared to their counterparts born and raised in urban areas. Adolescents with a rural background were more likely to report adolescent pregnancy compared to their counterparts with an urban background. White adolescents had lower odds of reporting a pregnancy compared to Black adolescents. This indicates that White adolescents were less likely to report a pregnancy compared to Black adolescents. On the other hand, Coloured adolescents had elevated odds of reporting a pregnancy, indicating they were more likely to report a pregnancy compared to Black adolescents.

In Model II, variables such as father's residence status and mother's residence status were independently added due to the missing information, the odds ratios more than double for all the demographic factors. These two variables then inflated the odds ratios for age, rural background, females, race and marital status. The inflation of odds ratios is a common weakness associated with odds ratios when cases are few (Osborne, 2006). Although adolescents whose mothers resided in the same household had 1.89 odds greater in terms of reporting a pregnancy compared to those whose mothers were non-resident, the father's residence seemed to significantly reduce the adolescents' odds of reporting a pregnancy. Adolescents whose fathers were

resident at home had 0.444 odds less in terms of reporting a pregnancy compared to those with non-resident fathers. Both mother's and father's residence statuses were statistically significant at <.05 level of significance. These results show that the mother's residence status did not seem to protect adolescents from experiencing a pregnancy, whereas the father's residence status reduces the likelihood of reporting adolescent pregnancy.

The above results were later confirmed by the findings from the qualitative data of the study. Mothers who participated in the FGD indicated that most of the mothers are left alone to raise children due to work-related migration, divorce, or abandonment by male partners. This, however, leaves mothers overburdened and overworked and with inadequate time spent with the children. Mothers also highlighted that although they attempt to converse with children, the gap created by the absence of fathers is irreconcilable and, in most instances, adolescents end up not listening to them. This is further substantiated by the insights from qualitative data.

In Model III, household income was another variable added to the model and its addition lowers the odds ratios of experiencing pregnancy for age, race, marital status, birthplace, mother's, and father's residential statuses. The results show that adolescents living in a family with a household monthly income ranging between R10,000 and R15,000 had 0.89 (P=0.003) lower odds of reporting having experienced pregnancy. The other income brackets that witnessed lower odds of reporting adolescent pregnancy are the R20,001-R25,000 and the R25,001+. Adolescents in these two income brackets had 0.37 and 0.26 odds, respectively. The p-values were 0.000 for both. The results further indicate that adolescents residing in a household earning a monthly income of more than R10,001 were less likely to report experiencing adolescent pregnancy. Model IV incorporates a new variable, parental marital status, which is concerned with whether parents were ever married to each other. With other variables held constant, adding this variable meant greater odds of reporting pregnancy among adolescents who reported that their parents were married to each other either at the time of the survey or some stage in their lives. However, this result was not statistically significant. In Model V, other variables; mother-child relationship, which was measured by the time the two spent together and mother-child discussion of matters, were added. Despite some movement on the odds ratios, the only statistically significant variable was often time spent with mother. The other variable, communication between mother and child had no statistical significance. At the end, family income status, time often spent with the mother, and fathers' residential status were important in reducing the risk of pregnancy among adolescents in this model. Since household socioeconomic status, time spent with the mother and father's presence have a p-value at < 0.05 level of significance, we reject the null hypothesis and conclude that at least one familial explanatory variable has significant effect on the dependent variable.

Simply, household socioeconomic status, father's presence and time spent with the mother have a significant effect on lowering adolescent pregnancy.

Table 5.9: **Adolescent pregnancy by selected variables (random effect logistic regression)**

Variable	Model I		Model II		Model III		Model IV		Model V	
	(N)=4668 Odds Ratio	Std Err	(N)=4668 Odds Ratio	Std Err	(N)=4592 Odds ratio	Std Err	(N)=4538 Odds ratio	Std Err	(N)=4230 Odds ratio	Std Err
Demographic Factors										
Age (14-15)										
16-19	2.31***	13.40	4.27***	6.2	2.42***	12.03	3.42***	2.78	2.74***	2.59
20-22	4.77***	21.21	5.15***	9.40	4.35***	5.51	5.16***	9.80	5.30***	9.70
Gender (male)										
Female	3.70***	.596	6.10***	4.10	3.18***	.410	3.10***	.365	3.12***	.383
Area of birth (urban)										
Rural	1.61***	.252	2.08***	.712	1.55***	.216	1.48***	.204	1.52***	.383
Race (African)										
Coloured	1.86***	.284	2.46***	.952	2.01***	.281	1.93***	.263	2.14***	.308
White	.210***	.059	.130***	.106	.456	.117	.423***	.109	.450***	.122
Marital status (Never married)										
Married/cohabiting	3.89***	4.40	5.08***	76.42	10.18***	2.51	9.94***	2.02	11.82***	2.63
Divorced/widowed	2.23	1.76	2.89	3.51	1.86	1.28	1.82	1.24	2.11	1.49
Family factors (residence status)										
Mother res(non-res)										
Resident			1.89***	.564	1.55***	.198	1.58***	.201	1.83***	.291
Father res(non-res)										
Resident			.444***	.071	.670***	.084	.619***	.081	.567***	.078
Family socioeconomic status										
Family income bracket (0-R5000										
R5,001-R10,000					.921	1.93	.995	1.95	.996	1.87
R10,001- R15,000					.892***	.079	.895***	.080	.892***	.068
R15,001-R20,000					.530	.119	.535	.119	.540	.118
R20,001-R25,000					.365***	.072	.367***	.075	.369	.077
R25,001+					.255***	.069	.262***	.070	.246***	.068
Family environment (Parental marital status)										

Parents marital status (Never married to each other)						
Married/Cohabiting				1.24	.159	1.20 .162
Family factors (Relationships)						
Time spent with mother (Never)						
Sometimes						1.07 .240
Often						.833*** .173
Discussed personal matters with mother (Never)						
Sometimes						1.09 .195
Often						1.14 .197
Log-likelihood	*-1266.84*	*-1255.40*	*-1237.28*	-1220.38		-1124.04

Source: CAPS Merged dataset
*Variable statistically significance level- ***Highly significant at <0.05*
Items in parenthesis () are reference categories
Std Err=Standard Error

5.3.2 Links between adolescent pregnancy and family environment

The results from both quantitative and qualitative data suggest the existence of links between adolescent pregnancy and familial environment as indicated by the descriptive statistics, the logistic regression analysis and the interviews. For example, quantitative data shows that out of the 566 who had reported having had a pregnancy or had made someone pregnant, 418 (74%) reported that fathers were non-resident, and 249 pregnancies were reported in a household without a resident mother. In the FGD and in-depth interviews, the participants suggested that adolescent pregnancy was reflective of the family environment. The participants expressed their views regarding the role played by the family environment in preventing adolescent pregnancy. Some participants had this to say:

"Children are likely to be happier and more disciplined when their parents are together, and it is easier for parents to deal with children when they stay together. Imagine being a single parent who must deal with, say three children while the father is roaming the country freely. It is difficult for a single mother to teach these children about life issues, including the prevention of pregnancy" (Female parent).

"I do not think adolescents who give birth at a very young age do so to get social grants. It is mostly because of a loss of respect for their parents. Children sometimes do things just to shame their parents who also sleep around. Children often become promiscuous just to see whether their parents would stop them, as they do the same thing" (Female adolescent participant).

These quotes are reflective of the perceptions most participants expressed in the study regarding the importance children placed on parents and the family. Parents are perceived as role models. As previously mentioned, parents' actions are closely monitored and mimicked by their children. However, it also emerged that parents are not the only ones who are responsible for moulding behaviour, but the entire family is involved. When a family lacks a solid foundation, rules, and expectations, then adolescents lack the necessary guidance which puts them at risk of engaging in detrimental behaviours. Furthermore, it was evident from the discussions that adolescents sometimes get pregnant as they rebel against parents' unacceptable behaviour or parental marital status.

5.3.3 Links between adolescent pregnancy and family socioeconomic status

One of the questions often asked, in terms of adolescent sexual behaviour, is the influence that the family's socioeconomic status has on adolescent behaviour. This study attempted to determine whether the family's socioeconomic status influenced adolescent sexual behaviour. In addressing research questions II and IV, descriptive statistics, logistic regression analysis and perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour.

Results indicate that of the 5,255 households from which adolescents were recruited, 73% of them had a monthly income of R5,000 or less and 27% of the households earned between R5,001 and above. As indicated in the previous section, the family socioeconomic status was measured by family income bracket for the adolescents. The six income brackets that were used to investigate age of sexual debut also applied to adolescent pregnancy.

A cross-tabulation of adolescent pregnancy and family income brackets is represented in Table 5.10 below. The tabulated column percentages and results indicate that 442 (15%) of the adolescents from a family earning an income of R5,000 or less had experienced a pregnancy in Wave 1, whereas in families that earned between R15,001 and R20,000 had one (1%) adolescent reporting a pregnancy. Similarly, families in other high-income brackets reported 1 adolescent each having experienced a pregnancy Wave 1.

Table 5.10: Adolescent pregnancy by family income bracket

Adolescent pregnancy*	**Family income bracket**												
	0-R5,000		**R5,001-R10,000**		**R10,001-R15,000**		**R15,001-R20,000**		**R20,001-R25,000**		**R25,001 +**		**Total**
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**
No	2,583	85	1,015	90	284	96	92	99	73	99	92	99	4,139
Yes	442	15	109	10	11	4	1	1	1	1	1	1	565
Total	**3,025**	**100**	**1,124**	**100**	**295**	**100**	**93**	**100**	**74**	**100**	**93**	**100**	**4,704**

Source: CAPS dataset

** Includes pregnancy reported by both male and female adolescents*

These results are in sync with those from the logistic regression analysis which confirmed that adolescents from high-income families presented significantly reduced odds of reporting a pregnancy in Wave 1. The adolescents in families earning a monthly income of R25, 001 and above had 0.26 odds less of reporting a pregnancy compared to those from a household earning a monthly income of less than R5, 000. The qualitative data corroborates this finding, as some participants attributed poverty operating at household level

as driving adolescents into unplanned pregnancies, in anticipation of a child grant. Some perceptions on factors contributing to adolescent pregnancy included the following:

"Those adolescents who become pregnant come from financially struggling households. Unwanted pregnancy aggravates and perpetuates the cycle of poverty. Our children are missing the chance to turn around the fortunes of their families due to early pregnancies" (Female parent).

"The government has also let us down as it affords these kids social grants, which encourage them to become pregnant. They are influenced by friends who are already beneficiaries of the grant, which is worsened by lack of money at home. Now the government intends to worsen the situation by proposing to pay the grants at pregnancy stage, citing issues related to nutrition. This approach is wrong" (Male parent).

These results indicate that although adolescent pregnancy is problematic, special attention should be paid to adolescents living in financially disadvantaged families. Adolescents living in families that earned a low monthly income were more likely to report a pregnancy compared to their peers residing in high income-earning households. Nevertheless, there could be other factors associated with low levels of reporting pregnancy demonstrated by adolescents from high-income families, which include access to adoption services and oversampling from low-income families.

5.3.4 Links between adolescent pregnancy and parent-child communication

The study further investigated the role parent-child communication plays in influencing adolescent pregnancy answering research questions III and IV. The two research questions investigated the link between parent-child communication, parent-child closeness, and adolescent sexual behaviour. Perceptions of adolescents and parents regarding the role of family in shaping adolescent pregnancy were also sought.

Findings from the qualitative component of the study demonstrate that parent-child communication is usually delegated to the mother, and this finding was further reinforced by data from the quantitative dichotomy of the study. The cross-tabulation of adolescent pregnancy and parent-child communication was represented by Table 5.11 below. The quantitative results show that 12.58% of the adolescents who reported never discussing personal matters with their mothers also reported a pregnancy. To the contrary, 11.20% of the adolescents who had confirmed having discussed personal matters with their mothers in the last 12 months also reported a pregnancy. It emerged that adolescents preferred discussing issues of sexuality, pregnancy and how to prevent pregnancy with their parents especially mothers and other close family members. It also emerged that some parents are indeed proactive and communicate with adolescents about pregnancy;

however, the messages sometimes come too late and inconsistently. Figure 5.5 illustrates adolescents' hierarchy of preference when it comes to communication about pregnancy and its prevention. The illustration shows that adolescents prefer communication that borders on pregnancy prevention with family members especially mothers. The illustration is then substantiated by the insights expressed by both parents and adolescents regarding the issue of pregnancy and parent-child communication.

Table 5.11: **Ever reported pregnancy by communication with mother**

Ever reported Pregnancy Wave 1	**Communication with mother**							
	Never	*%*	*Sometimes*	*%*	*Always*	*%*	Total	
No	966	87.42	1,057	87.21	1,840	88.80	3,863	88.02
Yes	139	12.58	155	12.79	232	11.20	526	11.98
Total	1,105	100	1,212	100	2,072	100	4,389	100

Source: CAPS dataset

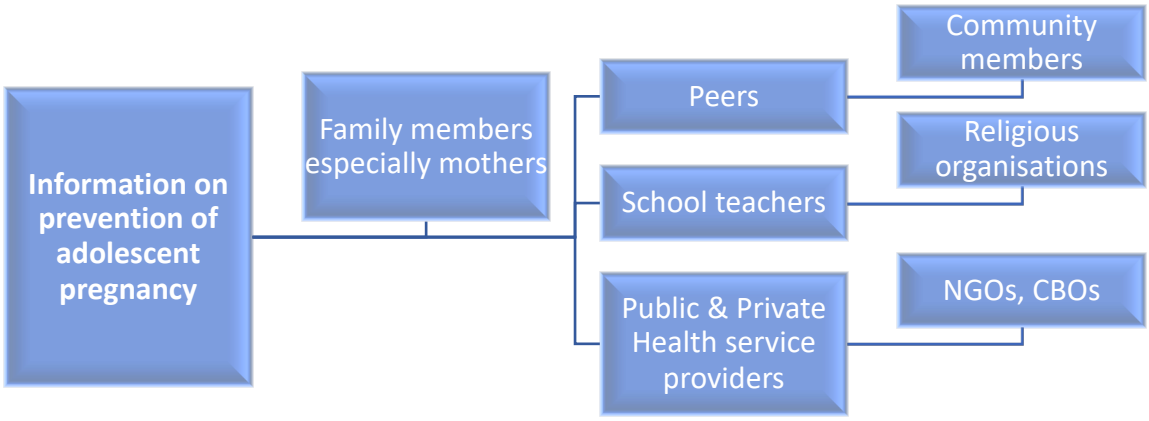

Figure 5.5: Sources of information on the prevention of pregnancy

The following quotes indicate the expectations of the adolescents regarding communication on adolescent pregnancy and how that communication helps prevent pregnancy among adolescents. Some adolescent

participants commented on how communication with parents, especially mothers, helped them evade pregnancy. Some adolescents had this to say:

"Communication between parents and children is important because there are numerous teenage pregnancies around here. Among White communities, adolescents are taught how to handle sexual matters. That's why fewer teenage pregnancies are experienced in these communities. In Black communities, adolescents learn through experimentation and end up messing up their lives. There is a lack of guidance and adolescents are sometimes only told once and that's enough" (Male adolescent participant- 19 years old).

"It could be helpful if parents talk more about issues of pregnancy. Resultantly, the rate of adolescent pregnancy and school dropouts will drop. Before getting pregnant, adolescents enter into relationships and it is at this crucial stage that parents, churches, and other organisations should intervene. Adolescents should receive more education about contraception and the dangers of unprotected sex. I am always grateful to my mother for the communication I had with her when I experienced my first period. I then became conscious of what I had to do to avert the possibility of unplanned pregnancies" (Female participant-22 years old).

Despite the importance placed on parent-child communication in pregnancy prevention, the findings reveal the difficulties inherent in communication centred on pregnancy. These difficulties are rooted in cultural taboos and negligent behaviour caused by technology. This study revealed that both parents and adolescents expressed the feeling that cultural taboos are barring them from openly discussing issues around adolescent pregnancy. One parent commented that children were spending much time on their mobile phones accessing age-inappropriate information. This cohered with what was expressed by male adolescents in the FGD. Adolescent participants also acknowledged the fact that technology impedes parent-child communication. Besides family members, schools, local Community Based Organisations (CBOs) and clinics were identified as important sources of information on the prevention of pregnancy.

While some participants mentioned some of the 'good' sources of information, others mentioned some of the 'bad' sources of information, describing how these different sources influence their sexual behaviours. Some participants felt that sex education should mostly target children at the pre-teen stage because waiting until children get to the adolescent stage can negatively impact on their future sexual health. They were emphatic on the fact that waiting to disseminate sex information to children when they have reached adolescence stage is usually too late as other sources of sexual information would have already influenced adolescents and with a myriad of adverse consequences. One female participant who had given birth at the age of 15 had this to say:

"I gave birth to a baby boy when I was 15 years old. I wish my mother and father had discussed with me, warning me about the dangers of sex, but they didn't. I did what I thought was right" (Female participant-19 years).

The participants even suggested that these open and honest discussions should not be limited to adolescent pregnancy but must encompass an array of SRH issues. There was consensus among participants that once an adolescent gets pregnant or impregnates a girl; it meant that they were now responsible for taking care of the baby instead of focusing on their studies. However, parents felt that once their children committed this mistake, they should intervene with psycho-social support and encourage them to finish school. It was evident from both strands that pregnancy was a life-changing experience for adolescents. The results indicated that adolescents sometimes experience anxieties and fear brought about by pregnancy, but they understood that pregnancy happened anyway, though parents must play an active role in preventing this contingency. It also emerged that adolescent pregnancy sometimes altered relationships between adolescents and their parents and/or other family members. The results clearly show that the family can be at the forefront in preventing pregnancy among adolescents.

5.3.5 Summary of results on adolescent pregnancy and family circumstances

As noted from the results presented in this section, adolescent pregnancy is the gravest problem confronting adolescents in Cape Town, and it has been described as having gone out of control. Not only is it a problem affecting adolescents, but its adverse effects have become a cause for concern for other family members and the community in its entirety. Adolescent pregnancy was perceived as an impediment to education for adolescents, exposing them to the vicious cycle of poverty. It was also reiterated that the family can play an active role in preventing adolescent pregnancy. Key results indicate that families can develop and implement several strategies such as improving parent-child communication, cultivating positive relationships with adolescents and maintaining positive reinforcements to prevent adolescent pregnancy. The results showed that the family environment plays a huge role in averting adolescent pregnancy. The logistic regression analysis demonstrated that adolescents who often spent time with their mothers were less likely to report a pregnancy as shown by lowered odds of reporting a pregnancy, so were adolescents living in a family with a resident father and those from a family with a high monthly income. Therefore, adolescents who had spent more time with their mothers and those who had resident fathers were less likely to report adolescent pregnancy in sharp contrast with those adolescents who hardly spent time with mothers and those who did not reside with their fathers. Qualitative interviews also showed evidence of adolescents expressing a preference for their parents and family members as primary sources of information on pregnancy and SRH

issues in general, despite accessing information from the school system and the Internet. Some parents were actively involved in preventing pregnancy by introducing adolescents to contraception such as family planning tablets. Although logistic regression analysis results suggested that adolescents from married families were more likely to report adolescent pregnancy compared to adolescents from single parent families, the results were later contradicted by qualitative findings. From the qualitative findings, perceptions were that adolescent pregnancy is mostly evident in single parent families due to lack of adequate supervision of children and lack of role models.

5.4 Condom use

The other behaviour that was being investigated is condom use among adolescents. Section 5.4 and its subsections are dedicated in presenting results for the five research questions. Subsections 5.4.1 and 5.4.2 presents results related to questions I and IV. Subsections 5.4.3 and 5.4.4 presents results pertaining to research questions II and III.

The results show that low condom use among adolescents puts adolescents at high risk of getting pregnant and contracting STIs. The study linked condom use behaviours among adolescents to familial factors. The evidence suggests that condom use among the adolescents who participated in the CAPS was high. In Wave 1, 69% of the adolescents reported that they had always used a condom with a previous partner; while 11% reported that they usually used them; 14% reported that they sometimes used condoms and 6% reported rarely using condoms with a previous partner. Table 5.12 shows the reported percentages of condom use in the last sexual experiences for the 4 waves from which data were collected. The results indicate that condom use during the last sexual encounter was above 55% in all waves and was impressively higher in Wave 4 in which all the adolescents who responded to this question affirmed having used a condom.

Table 5.12 : Last sexual encounter and condom use

Condom use in last sex encounter	Wave 1		Wave 3		Wave 4		Wave 5	
	N	%	N	%	N	%	N	%
No	881	43.17	664	32.76	0	0	435	25.31
Yes	1,160	56.83	1,363	67.24	1,335	100	1,284	74.69
Total	2,041	100	2,027	100	1,335	100	1,719	100

Source: CAPS derived dataset

Condom use among adolescent was also associated with other factors such as adolescent marital status, employment status and whether an adolescent co-resided with a mother or father or both parents as shown in Table 5.13.

Table 5.13: Condom use by marital status, mother's and father's resident status (Wave 1)

Ever married	**Condom use**					
	No		**Yes**		**Total**	
	N	*%*	*N*	%	*N*	%
0	202	95.73	891	97.8	1,093	97.42
1	9	4.7	20	2.2	29	2.58
Total	**211**	**100**	**911**	**100**	**1,122**	**100**
Co-resident mother						
0	111	52.61	321	35.24	432	38.50
1	100	47.39	590	64.76	690	61.50
Total	**211**	**100**	**910**	**100**	**1,122**	**100**
Co-resident father						
0	152	72.04	578	63.73	730	65.06
1	59	27.96	333	36.71	392	34.94
Total	**211**	**100**	**911**	**100**	**1,122**	**100**

Source: CAPS dataset
0=Answered no
1=Answered yes
Column % shown

Table 5.13 shows adolescent participants who reported using condoms in relation to their marital and living arrangements. These results indicate that 95,73% of the non-condom users had never married, whilst 4,7% of them were ever married. On the other hand, 97,8% of the adolescents who reported having used condoms were never married, whilst condom use was poorly reported among adolescents who had ever married as shown by the paltry 2,2%. This relationship was statistically significant at <.05. The results confirm that married adolescents or those once married were not using condoms in their relationships.

Although the results on condom use among adolescents generally show a positive trajectory in the quantitative part of the study, the participants' perceptions on condoms from the qualitative part of the study contradicted these findings. The qualitative findings indicate very low condom use as many participants' perceptions showed negativity towards condoms. For instance, only 5 out of 15 adolescents in in-depth interviews affirmed condom use with partners, translating to 33% of the adolescents. Both strands of the study indicate that those who confirmed having used condoms used them merely for pregnancy prevention. From the qualitative perspective, low condom use among adolescents was attributed to many factors including lack of experience and negative attitude towards the contraceptive. One male adolescent participant admitted that he did not use a condom in his first sexual encounter because he lacked the experience. This is what he shared with the group:

"I wore the condom, but I did it improperly. As a beginner, I didn't know how to use a condom. I had worn it inside out and as a result, it just hung loosely. My sexual partner helped me wear it correctly. It was a very intimidating experience" (Male adolescent-16 years).

Complementing this admission by male adolescents during in-depth interviews, female adolescents, also affirmed that non-condom use was associated with poor knowledge and skills on how to put on the contraceptive. By implication, female adolescents expected their partners to take the initiative in putting on a condom. However, female adolescents admitted that any mistake by their male partners could result in dire consequences for them as well. One female adolescent reported thus:

"Truly, some boys don't know how to put on a condom and it certainly breaks. Once this happens, the girl simultaneously gets pregnant and contracts HIV or other STIs. The best thing is that female adolescents should know how to put on a condom so that they can check for themselves if it is worn correctly," (Female adolescent-22 years).

Abuse of alcohol and drugs was among several reasons that were cited as contributing to non-condom use by adolescents. In all three (n=3) FGDs and in-depth interviews, the participants reported that adolescents refrained from using condoms irrespective of having the information regarding the dangers associated with non-use of condoms. Admitting not using condoms consistently, a participant said:

"When you are drunk, you don't even bother to use a condom. It goes back to what we were discussing earlier regarding how adolescents nowadays enjoy too much freedom, and no one seems to be concerned" (Male adolescent participant-16 years).

"I normally use condoms when it is my first time to have sex with a guy because he doesn't know how I feel, and I also don't know how he feels. It's when I get used to the guy and how he controls his ejaculation that I stop using a condom" (Female adolescent-19 years old).

"He was very cunning in convincing me to abandon the condom. He suggested that if we stopped using a condom, I could stop grimacing and crying. My boyfriend assured me that our intercourse would be nice and intense without a condom. I agreed and we tried it. Unfortunately, I fell pregnant, but I honestly felt the difference in terms of intensity between protected and unprotected sex" (Female adolescent-22 years old).

The other determinant of condom use was the unplanned nature of first sexual encounters. The participants reported that their first sexual experiences were usually unplanned and spontaneous, resulting in them failing to use condoms. Such scenarios varied, with some participants reporting that going to parties where alcohol was served led them into sexual activities. The participants supported this by saying:

"My girlfriend visited me one afternoon and I took her to my brother's place. Everything that happened was unplanned. The sexual intercourse was unplanned and as a result, there was no preparation; it just happened" (Male participant-17 years old).

"There was no time to discuss the use of a condom as everything happened fast. Even after our first sexual encounter, we continued having sex without a condom. However, as time went on, we began to use a condom. We only separated when we had changed locations in pursuit of educational careers, but we still communicate via WhatsApp" (Male participant-19 years old).

Besides the general negativity around condoms displayed by the adolescents who participated in this study, positive issues also came from the qualitative data. For example, some female adolescents encouraged their peers during the FGDs to consider using condoms, citing the fact that they were safe and could protect them against unplanned pregnancies and STIs. A participant said:

"Adding on to the other participant's views, I think adolescents must be aware of the fact that pregnancy and sexual transmitted infection rates among adolescents are very high and using condoms could reduce this" (Female adolescent participant).

All the factors highlighted by adolescents during the interviews show adolescents' views regarding condom use and some of the challenges the adolescents faced when using condoms. The responses also show that the perception that condoms are only used because they are displayed in school and college bathrooms might be

tantamount to missing an opportunity to make adolescents embrace the use of condoms. As highlighted below, the involvement of families in discussing the use of condoms with adolescents can inculcate positive attitudes among adolescents in terms of acceptance of condoms by adolescents. All the reasons proffered for non-condom use are summarised in the Figure 5.6 below.

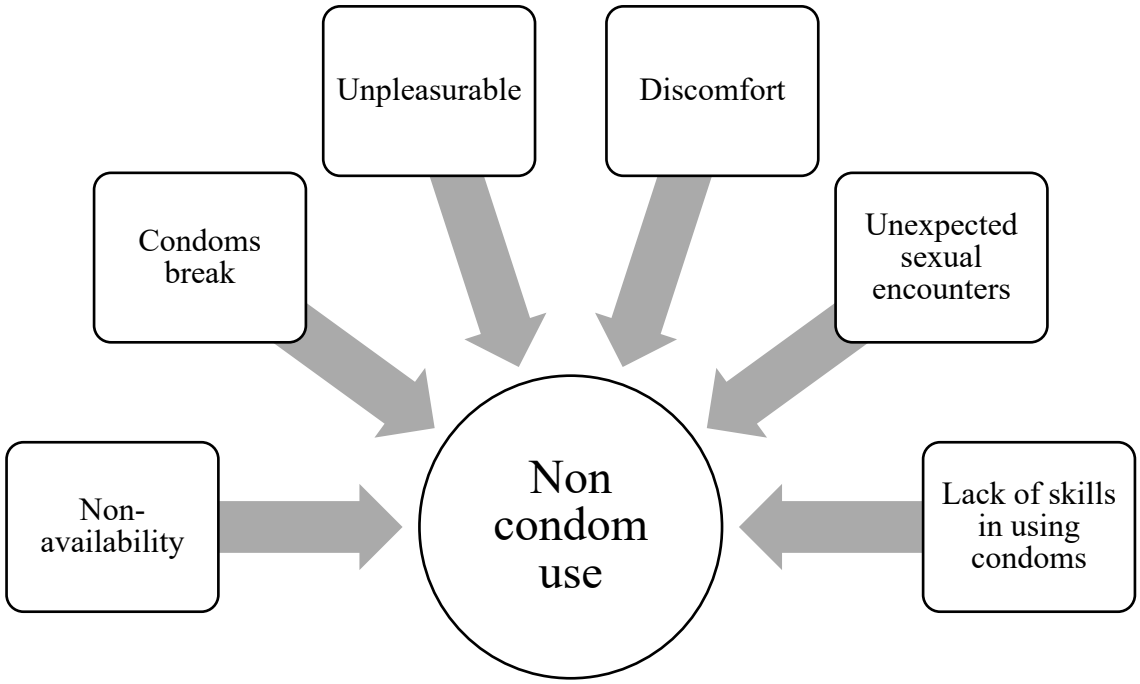

Figure 5.6: Reasons for non-condom use by adolescents

5.4.1 Condom use by adolescents and selected family variables

Logistic regression analysis was applied to investigate the relationship between various family factors and condom use. This answered research questions I, II and III. In the qualitative component of the study, adolescents highlighted some challenges impeding condom use. To augment the findings, the study applied the logistic random effect regression analysis to further investigate the use of condoms using demographic and familial variables among the adolescents who participated in the CAPS study. Table 5.14 presents the results of logistic regression model. In Model I, the effects of demographic variables on condom use by adolescents were investigated while other variables were held constant. The results indicate that the adolescents aged between 16 and 19 had 1.57 odds of reporting having used a condom compared to the

reference age group 14-15. Older adolescents aged between 20 and 22 years had 1.17 odds of reporting having used a condom compared to the reference age group 14-15. However, both odds ratios were not statistically significant at the level of confidence that was being used in this study. In the same model, the results indicate that female adolescents had 0.401 odds of reporting having used a condom in the previous sexual engagement. These results were statistically significant at <0.05 significance level. These results demonstrate that female adolescents were less likely to use a condom in their previous sexual engagement than their male counterparts.

Many factors that contribute to low condom use among adolescents were identified by participants who took part in the qualitative component of the study. Some of the factors that were identified include gender power dynamics and fear of gender-based violence. The results confirmed the risks faced by female adolescents and how they are exposed to STIs and unplanned pregnancies. Adolescents who had a rural background had lower odds ratios of reporting having used a condom compared to their counterparts with an urban background although this result had no statistical significance. The results also showed that in the previous sexual encounter, Coloured adolescents had 0.497 odds of reporting condom use, while White adolescents had 1.64 odds of reporting having used a condom compared to Black adolescents. Both results were statistically significant at <0.05 level. From the results, it can be concluded that condom use was more likely to be reported by White adolescents but was less likely to be reported among Coloured adolescents compared to their Black counterparts. Married and cohabiting adolescents had the lowest odds of reporting condom use; hence, they were less likely to report using a condom. As expected, married and cohabiting couples were less likely to use condoms than single adolescents due to their marital status.

In Model II, variables mother and father's residential status were added but the addition of these two variables have little effect on the odds especially on the demographic variables where a slight shift in the odds ratios was noted. Adolescents whose mothers were resident had 1.10 odds of reporting condom use and those whose fathers were resident had 1.09 odds of reporting condom use compared to adolescents with non-resident parents. Both variables were statistically significant at <0.05 (p-values=0.004 and 0.000). These results show how mother and father's residence status had a protective effect on adolescents as adolescents living with either a mother or father were likely to use a condom compared to adolescents who did not reside with a parent. In Model III, household economic status was added to the model and there was an improvement in the odds of reporting condom use among adolescents. The results indicate that adolescents residing in families earning a monthly income of above R5,001 had better odds of reporting having used condoms. The highest odds were noted among adolescents living in families with a household income of R25,001 and above. Adolescents from families that had an income of R25,001 had 4.70 odds greater of reporting condom use than adolescents in low-income households. These results were statistically significant

at <.05 level of significance. The results show that the family's socioeconomic status correlated with condom use among adolescents. High socioeconomic status seemed to positively influence condom use, whereas a low socioeconomic status seemingly impedes condom use. These results were confirmed by responses from qualitative data, suggesting that adolescents' perceptions around condom use attest to the fact that a disadvantaged family increases the risk of not using condoms among adolescents.

The last models IV and V are models that investigated parental marital status and parent-child processes and communication, respectively. Although model IV indicated that adolescents in married families had lower odds of reporting condom use, the model had no statistical significance. The last model investigates communication and processes between mother and child and condom use. Results indicate that adolescents who reported having spent more time with their mothers had 1.12 odds of reporting condom use. This indicates that mother-child closeness had a protective factor as it encouraged condom use. The result was statistically significant at <0.05 (p-value=0.003). Since mother and father's residence status, high family income and time spent with the mother have a p-value at < 0.05 level of significance, we reject the null hypothesis and conclude that at least one familial explanatory variable has significant effect on the dependent variable. Simply, household socioeconomic status, father's presence and time spent with the mother have a significant effect on increasing condom use among adolescents.

Table 5.14: Condom use by family variables (random effect logistic regression analysis model)

Variable	Model I		Model II		Model III		Model IV		Model V	
	(N)=2,028 Odds Ratio	Std Err	(N)=2,028 Odds Ratio	Std Err	(N)=2,028 Odds ratio	Std Err	(N)=1,997 Odds ratio	Std Err	(N)=1,844 Odds ratio	Std Err
Demographic Factors										
Age (14-15)										
16-19	1.57	.399	1.58	.402	1.57	.398	1.58	.410	1.39	.383
20-22	1.17	.286	1.19	.293	1.17	.287	1.18	.300	1.04	.278
Gender (male)										
Female	.401***	.039	.402***	.040	.404***	.040	.414***	.041	.394***	.042
Area of birth (urban)										
Rural	.797	.092	.823	.098	.833	.099	.857	.103	.796	.102
Race (African)										
Coloured	.497***	.061	.485***	.060	.461***	.059	.472***	.061	.442***	.060
White	1.64***	.299	1.62***	.296	1.19	.252	1.22	.264	1.12	.249
Marital status (Never married)										
Married/Cohabiting	.126***	.032	.135***	.035	.137***	.035	.134***	.035	.137***	.037
Divorced/Widowed	1.64	.299	.500	.329	.499	.327	.498	.326	.374	.271
Family factors (Parents residence status)										
Mother res(non-res)										
Resident			1.10***	.123	1.09	.122	1.09	.123	1.02	.148
Father res(non-res)										
Resident			1.09***	.120	1.05	.117	1.07	.127	1.07	.135
Family socioeconomic status										
HH income bracket (0-R5,000)										
R5,001-R10,000					1.07	.126	1.08	.128	1.10	.137
R10,001- R15,000					1.64	.373	1.76	.375	1.66	.396
R15,001-R20,000					2.03	.290	2.13	.305	2.25	.307
R20,001-R25,000					4.01***	3.16	4.04***	3.50	4.10***	3.52
Above R25,001					4.70***	3.65	4.76***	3.71	4.73***	3.70

Family environment (Parental marital status)								
Parental marital status (Never married)								
Married					.895	.106	.92	.116
Family factors (Relationships)								
Time spent with mother (Never)								
Sometimes							1.00	.204
Often							1.12***	.213
Discussed issues with mother (Never)								
Sometimes							1.10	.183
Often							.925	.148
Log Likelihood	*-12,38.68*		*-1,237.74*		-1,233.35		-1,215.73	-1,115.29

Source: CAPS Merged dataset
Variable statistically significance level- ***Highly significant at <0.05
Items in parenthesis () are reference categories
Models have different number of cases due to elimination of cases with missing information
Std Err=Standard Err

5.4.2 Links between condom use and family environment

This study investigates the links between condom use and family set up using both quantitative and qualitative techniques. Initially, the relationship was measured using chi-square, which simply measures the statistical association between the two. The results presented in Table 5.15 show that 61.46% and 56.55% of the adolescents who reported using a condom had a resident mother and a resident father, respectively. The adolescents living with resident mothers or fathers were more likely to use condoms than those with non-resident mothers or fathers. This result was statistically significant at <.0.5. In the logistic regression model, results indicated that adolescents from married families had lower odds of reporting condoms. Although the results showed that adolescents from married families were less likely to use condoms compared to adolescents from single-parent families, the results were later disputed by perceptions expressed in the qualitative strand.

Table 5.15: First sex contraception by mother's and fathers' resident status

	First sex contraception (condoms)						Chi-square
	No	**%**	**Yes**	**%**	**Total**	**%**	
Mother's resident status (Wave 1)	434	38.54	692	61.46	1,126	100	0.000
Father's resident status (Wave 1)	302	43.45	393	56.55	695	100	0.008

Source: *CAPS dataset*

In the qualitative component of the study, perceptions were solicited from adolescents regarding the importance of the familial environment in informing condom use by adolescents. The participants who took part in the FGDs and in-depth interviews demonstrated awareness of the role played by family background in influencing condom use. The responses indicated that adolescents were aware of the accessibility of condoms and that they sometimes decide to use them for various reasons including fear of contracting STIs, getting pregnant and the need to avoid disappointing the family. Cited below are some of the responses expressed by both adolescents and parents regarding the use or non-use of condoms by adolescents:

"To avoid disappointing my family, I had to use condoms in my first sexual encounter, and I maintained this since then. My family has invested so much in me and for that reason, I can't afford to be careless and acquire STIs; that will be a huge disappointment" (Female adolescent-21 years old).

"What I mentioned earlier also applies to condom use among adolescents. Adolescents who come from married families usually embrace condoms quickly, but those from disorganised families do not find it easy to embrace them. I think it reflects the way these children are trying to deal with things happening in their lives. Children from chaotic families are reckless and avoid using condoms in the process" (Female parent).

"I disagree with the previous participant who said that children from single-parent families do not use condoms. I think that perception is very discriminatory and judgemental. It does not matter where one comes from. Some people are resilient to problems surrounding them. Some kids from those chaotic families do very well as they learn from the mistakes made by their families. For example, in my case, I grew up in a family where my father walked out on us and our mother had to look for odd jobs to look after us. I vowed that I would not want my kids to lead that kind of life. I wanted to have kids at the right time and with the right person. So, I had to be very careful" (Male parent).

The results from both quantitative and qualitative data indicated that the decision to use condoms among adolescents was sometimes shaped either directly or indirectly by adolescents' family environments. Adolescents from families with resident fathers or mothers were more likely to report using condoms compared to adolescents in families without fathers or mothers. This was also evident in the logistic regression analysis where adolescents whose mother and father were present had 1.10 and 1.09 odds of reporting having used a condom, respectively, in the first wave of CAPS. The odds indicate that adolescents living with either parent had slightly higher chances of reporting having a condom compared to adolescents who did not live with either a mother or father. Although some participants showed partial agreement on the perceptions on the role of the family environment in determining the decision by adolescents to use condoms, most of the participants affirmed that some family types indeed affect that decision. There was consensus however that every parental marital status has its advantages and disadvantages when it comes to encouraging condom use.

5.4.3 Links between condom use and family socioeconomic status

Presented under this subsection, results pertaining to research questions II and IV. Both the descriptive and logistic regression analyses highlighted possible links between condom use by adolescents and the family's socioeconomic status. Table 5.16 highlights reported condom use by family income for adolescents who participated in the CAPS. The results indicated that 843(53%) of adolescents from families with an income of R5,000 or less reported not using a condom in the first sexual encounter. As income increases the percentage of adolescents reporting having used a condom in the first sexual encounter also increases. The

relationship between condom use and family income was also tested using logistic regression analysis, FGDs and in-depth interviews. Results that were noted in the descriptive analysis were later supported by results from logistic regression analysis as adolescents residing in families with a higher socioeconomic status, as measured by an income of R25,001 and above, exhibited the highest odds of reporting having used a condom both in their first sexual encounter and in subsequent sexual encounters. Indicating that adolescents in high-income families were more likely to use a condom compared to adolescents from low-income families. To augment these findings, further investigations were conducted through the qualitative strand of the study.

Table 5.16: Condom use by family income bracket

Condom use	**Family income bracket**												
	0-R5,000		R5,001-R10,000		R10,001-R15,000		R15,001-R20,000		R20,001-R25,000		R25,001+		
	N	%	N	%	N	%	N	%	N	%	N	%	Total
No	843	53	154	39	17	18	1	6	4	22	2	7	1,021
Yes	749	47	243	61	75	82	15	94	14	78	27	93	1,123
Total	**1,592**	**100**	**397**	**100**	**92**	**100**	**16**	**100**	**18**	**100**	**29**	**100**	**2,144**

Source of data: CAPS merged dataset

To solicit for the information, parents were asked to determine whether their financial standing had an impact on the way their children used condoms. The parents affirmed that although they had sources of income, they were struggling to provide for their families, a statement supported by the adolescents themselves. Both parents and adolescents concurred that this impacts on condom negotiation skills. The participants also indicated that high unemployment levels made it difficult for some families to meet their daily needs and if a young girl is in a relationship with a person who does not like to use condoms, then it is likely that condoms will not be used. The participants further expressed the view that the high cost of living and unemployment have rendered useless the social grants meant to cushion families against poverty, forcing every member of the family to contribute something to the table. Adolescents mentioned that this puts pressure on them, undermining their negotiating power with partners. While some participants indicated that they normally engaged in part-time work to supplement the family income, others said that they depended on their boyfriends and girlfriends for supplementary income. The connection between the family's socioeconomic status and non-condom use by adolescents was highlighted by both parents and adolescents as the following quotes suggest:

"Most of the time adolescents who avoid using condoms come from families with unemployed parents or where parents are employed but receive meagre wages. Condom negotiation with partners is compromised due to the power dynamics involved" (Female parent).

"Our backgrounds let us down. When you come from a struggling family and your relationship is sustaining you, enforcing condom use becomes impossible. Once you insist on it, the person will leave with their money and go where they are not asked for condoms. Generally, men, particularly sugar daddies, detest condoms. They want sex for fun and asking for a condom is just impractical. Remember, they also control freaks!" (Female adolescent-20 years old)

These perceptions are insightful in so far as adolescents and parents highlighted how adolescents from low socioeconomic families are sometimes compelled by circumstances to give in to demands for unprotected sex. This study established that condom negotiation is compromised by one's poor socioeconomic background. Some adolescents further suggested that condom negotiation skills are more seriously compromised in transactional relationships than in conventional relationships; adding that condom negotiation skills are weakest in transactional sex involving older partners.

5.4.4 Links between condom use and parent-child communication

To understand the link between parent-child processes and condom use by adolescents, the study answered research questions III and IV. The results are presented under this section. Developing sustainable parent-child communication has never been an easy task. The participants in the qualitative strand of this study perceive it as something which can encourage condom use among adolescents. Nevertheless, the study found that parents were not communicating adequately with adolescents. This finding was confirmed by both the quantitative and qualitative strands of this study. The quantitative strand established that only 26% of the parents had spoken to adolescents often regarding HIV; 24% had never discussed HIV with their adolescents, 15% had rarely spoken to adolescents about HIV and 34% reported that they sometimes talked to adolescents about HIV. The study also investigated condom use among adolescents in Cape Town and the findings show that adolescents who chose to engage in sex without using condoms significantly risked their sexual health. The results indicate that non-use of condoms by adolescents, especially during first sexual encounters, is very common. From all three (n=3) FGDs, it was apparent that non-use of protection by adolescents was worrisome to all the participants and the same issue was highlighted later in in-depth interviews. From the discussions, it stood out clearly that non-use of condoms was attributable to an array of factors, including lack of knowledge, poor communication between adolescents and their parents and with their partners and

the unexpected nature of sexual encounters. Some participants had this to say about parent-child communication and how it influences condom use among adolescents:

"Parents rarely speak openly with their adolescent children about these issues, especially condom use, and the prevention of pregnancy. I wish our parents and guardians could speak more openly, warning us because we hear about these matters outside our homes and when we come home, it's difficult to ask our parents. They should educate us on these things" (Female participant-19 years old).

"What the previous speaker said is very true. I have taken the courage to talk to my son about the dangers of unprotected sex. I even brought some condoms home from work and left them where they were visible. I was happy on seeing that some of them were missing. I knew my message was being accepted and being put into practice. I never asked what happened to the condoms. Our country has changed for sure. Statistics show that 1 in every 5 people is living with HIV. Even in this group, it's not surprising to find that 2 or 3 people are living with the virus" (Male parent).

The study revealed that communication between adolescents and parents on SRH issues was hampered by several challenges as acknowledged by both parents and adolescents. The following quotes indicate the challenges confronting both parties when communicating about condom use:

"What makes communication between parents and adolescents difficult is that our parents are reactive to situations. They start talking about condoms when we are already adolescents. Precisely, parents leave things until the last minute. They forget that the adolescents of today are not like them. They are more exposed to sexual dangers than they were. Parents often react when they discover condoms in our bags and they wonder where we got them from, yet nowadays condoms are found in school and university toilets. So, if parents never speak about condoms, adolescents become curious to the extent of wanting to try the product. When you try using it for fun, you do not understand that it can save your life. Adolescents try once and stop using condoms because nobody in their family told them about the importance of using them continuously. Some adolescents even say that they have used condoms only once in their life and in the other sexual encounters, they stop using them thinking that they are already protected" (Male adolescent-22 years old).

"As a parent, I dread beginning discussions on condoms. I find it easier to talk about sex, discouraging the child from going around having sex, but encouraging my child to use condoms is difficult. Every time I speak to adolescents about condom use, I feel like I am encouraging them to engage in sex as long as they use condoms, which to me is very difficult. Nonetheless, I do understand the world we live in and how dangerous it is for adolescents who do not use condoms. Our country is among the countries most affected by HIV and as parents, we should learn to allay their fears and speak out boldly" (Female parent).

The findings suggest that communication between adolescents and their parents regarding condom use is at the lowest ebb. Contrary to these findings, those adolescents who reportedly communicated about condom use with parents appreciated the use of condoms. Parents admitted the complexities around communication centred on condoms with adolescents despite their understanding of the need to develop open communication on the issue. It was further highlighted that communication between parents and children should be much more expanded to focus not only on condoms but on all issues related to SRH for it to be all-encompassing. Adolescent participants themselves highlighted that they preferred a situation where their parents would continually communicate with them about condoms and the importance of using them consistently.

5.4.5 Summary of results on condom use among adolescents

This section of the study investigated condom use among adolescents and some of the factors that inform adolescents' decisions to use or not to use condoms with their partners. The whole of section 5.3 contributed to answering all the research questions that were asked. Each subsection was dedicated to answering one or three research questions. The research questions were: I) How does the family type/structure influence adolescent sexual behaviour? II) What is the link between the household's socioeconomic status and adolescent sexual behaviour? III) What is the link between parent-child communication, parent-child closeness, and adolescent sexual behaviour? IV). What are the perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour?

Evident in this study was the average use of condoms by adolescents in the context of HIV-related hyperactivity. Adolescents proffered an array of reasons for not committing themselves to consistent use of condoms. Admittedly, some of the reasons were valid, but others bordered on sheer avoidance of the contraceptive. Adolescents living with either a mother or a father were more likely to report having used condoms consistently compared to those who reported not living with either a mother or a father. Furthermore, adolescents living in high-income families had higher odds of reporting condom use, depicting the advantage they enjoyed compared to their peers from low-income families. However, from both the quantitative and qualitative components, there was no evidence to suggest that adolescents' decision to use or not to use condoms was associated with any family structure. In fact, the odds of reporting condom use were low for adolescents in married families, suggesting that adolescents living in a household with married parents were less likely to use a condom. Perceptions expressed in the qualitative strand could not establish a clear link between parental marital status and condom use either. What seemed to work however was parent-child communication regarding the use of condoms and family socioeconomic status. Adolescents and parents concurred on the point that it would be preferable for parents to facilitate communication about

condom use by adolescents. Nevertheless, both groups acknowledged the difficulties impeding this communication. Despite the challenges, both groups demonstrated a willingness to improve everyday parent-adolescent communication until both parties are eventually comfortable enough to discuss the importance of condom use in preventing HIV and unplanned pregnancies.

Chapter 6: Data Analysis and Presentation of Results

6.1 Introduction

This chapter builds on the data analysis and presentation of results which commenced in Chapter 5. The aims of the study were presented in the previous chapter. Precisely, the study investigates the role played by familial variables in informing adolescent sexual behaviours. The study adopted mixed methods approach to satisfactorily answer the research questions. Drawing on secondary data from the Cape Area Panel Study (CAPS) and primary data collected in Cape Town, South Africa using FGDs and in-depth interviews, the results were answered the research questions presented in the previous chapter. The study hypothesised that different adolescent sexual behaviours that have been known to expose adolescents to HIV and other STIs are influenced by familial factors. This chapter presents the link between familial factors and age-disparate relationships and multiple sexual partnerships. Both age-disparate relationships and multiple sexual partnerships were two of the five adolescent sexual behaviour indicators that were investigated in this study. The results pertaining to the two indicators are presented in Chapter 6.

Chapter 6 presents results related to age disparate relationships and its link to various familial environment factors. This was done in section 6.2 and its subsections. The chapter also presents results noted on multiple partnerships and its link to familial environment. This was presented under section 6.3 and its sub-sections.

6.2 Age-disparate relationships

Section 6.2 and the subsequent subsections are dedicated to answering the five research questions that this study sought to answer. Subsections 6.2.1 and 6.2.2 presents results for research questions I and IV. The questions were: I). How does the family type/structure influence adolescent sexual behaviour? IV). What are the perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour?

Subsection 6.2.3 presents results for research questions: II). What is the link between the household's socioeconomic status and adolescent sexual behaviour? IV). What are the perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour? And lastly, subsection 6.2.4

present results for research question III, which sought to understand the link between parent-child communication, parent-child closeness, and age-disparate relationships among adolescents.

The adolescents who participated in the CAPS study were asked to recall the age of the partner with whom they had sex in their first sexual engagement and the table below shows the ages of the partners as reported in the various waves of the CAPS. The information displayed in Table 6.1 is indicative of some age gaps between adolescents and their sex partners as most of the adolescents reported having sex with someone either younger or older than them. For example, in Wave 4, 4.18% of the 2,415 participants who answered the question on the age of partner reported having sexual partners aged between 25 and more than 40 years old. Poor response to this question was also noted as only a few adolescents preferred to answer the question. In the qualitative strand of the study, the participants were further asked to indicate the age of their partners when they first had their sexual experience. The responses evinced that female participants had their first sexual experience with older males while males had their first sexual experience with younger females.

Table 6.1: **Ages of sexual partners for adolescents in CAPS**

Wave	**Age of sexual partner**										
	< 18		18-19		20-24		25+		Missing		**Total**
	No	%	No	%	No	%	No	%	No	%	
1	68	53.97	23	18.25	21	17.47	6	4.76	7	5.56	**125**
2	364	49.32	178	24.12	160	21.68	20	2.71	16	2.17	**738**
4	865	35.82	466	19.30	580	24.02	101	4.18	403	16.69	2,415

Source of data: CAPS merged dataset

The evidence indicates that adolescents enter sexual relationships with older partners disregarding both societal perceptions towards such relationships and the risks involved. The participants were first asked to share their opinions on what caused age-disparate relationships. In response, an array of reasons, including inequality and poverty at the family level, were attributed to the phenomenon. Regarding age-disparate relationships, one parent said:

"This societal problem stems from inequality, unemployment and family poverty. Some men or women have amassed wealth, but young and vulnerable adolescents do not have employment. These affluent people feel that they cannot just share their resources with other people without getting something in return. As they hold the key to young people's success or food, they demand sex in return. So, instead of saying girls are after money, society should address issues that put young girls at risk of dating old men" (Female parent).

Some participants argued that age differences do not matter in the context of true love. However, they admitted that in most cases, it is not love which drives adolescents into relationships with older men or women but the need for money and other resources. Adolescents also expressed full awareness of the risks involved in dating older partners, but some justified their preference for older partners. For example, some adolescents indicated that they date older partners who act as their protectors in a community riddled with gang-related violence. While some adolescents felt that entering relationships with older partners elevated their risk of contracting diseases, others maintained that circumstances push them into such relationships. It also emerged that adolescents had mixed emotions on the stigma and the consequences associated with age-disparate relationships. Some of the factors attributed to age-disparate relationships are presented in Figure 6.1 which follows quotes reflecting what participants thought about what causes age-disparate relationships. The participants said:

"It's quite tricky. I feel it's bad because these older people have multiple, concurrent relationships and they have the potential to expose you to diseases. Above all, they tend to be very powerful and as a young person, you don't have the power to reject them. The merit, for instance, is that, let's say I am the older sister and a breadwinner in a child-headed household and I am approached by an older man who promises to care for me and my brothers and sisters, I feel that that's being responsible enough. Contrary, when I date someone of my age or who is still at college, they won't have the financial power to support my family. Further, this community is not safe due to gangs and having an older partner can protect one from being attacked by gang members" (Female participant-20 years old).

"These relationships are usually complicated because older men and women are in control. There is a power imbalance in these relationships. Older men and women use the money to entice young people who can't resist the monetary offer or material things that come with money" (Male participant-17 years old).

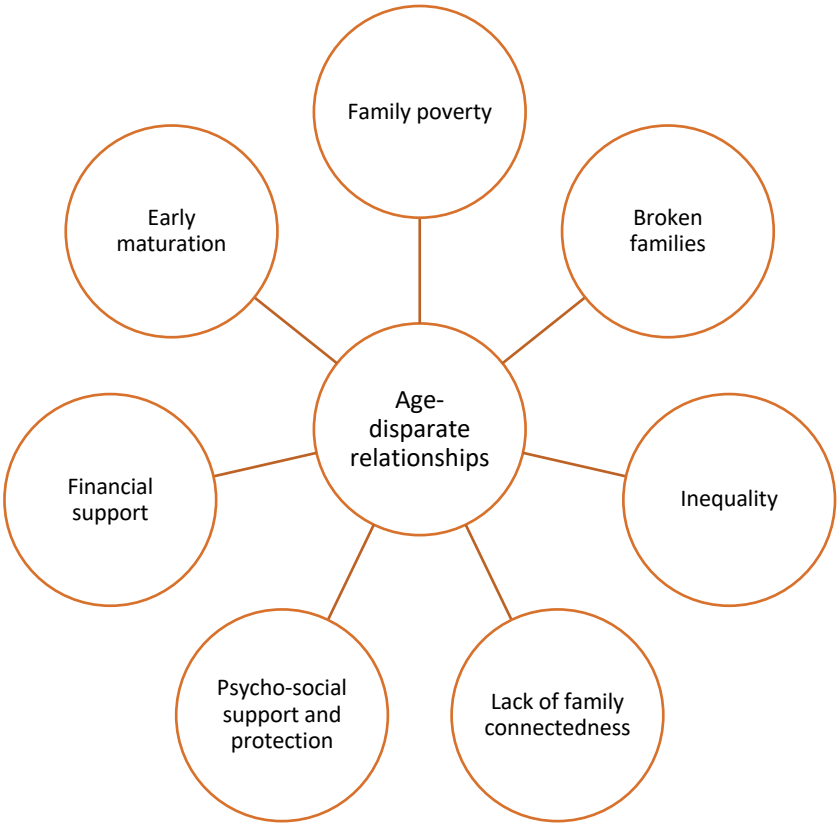

Figure 6.1: **Factors feeding into age-disparate relationships as reported by adolescents**

Besides money, adolescent participants also reported that they were enticed by other incentives to enter into relationships with older partners. Cosmetics for females and being taken out to fancy places for male adolescents were among them. Despite adolescents' admission of the existence of age-disparate relationships, they quickly acknowledged the toxicity of such relationships. They also admitted that the toxicity was confounded by inequality as older partners tend to be too controlling in most instances, dictating the course of the relationship. Based on her experience of dating an older man, a female participant said:

"He was very controlling, and I had very little in terms of decision-making. You mind what you say, treating him respectfully because he is older than you. For example, when he discouraged me from wearing a mini skirt, I couldn't object his orders. It was an unbalanced relationship. Besides, when you have sex with an old man, you tend to regret because they are sometimes as old as your father. You don't feel free" (Female participant-21 years old).

The above quote is indicative of the feelings that adolescents grapple with when they are in relationships with older partners. The relationship could be characterised by anxieties, uncertainties, abuses, feelings of remorse and satisfaction. The issue of dating older partners also sucked in male participants who also reported cherishing 'feelings' towards older and financially stable women. One male participant reportedly struggled to control his feelings towards older women. He had this to say:

"I have never dated an older woman, but I have feelings for them. I sometimes suppress them, after having unsuccessfully tried my luck. Realising that I have not been successful, I then move on with my life though I strongly admire older women who have made it in life" (Male participant-17 years old).

Despite age-disparate relationships being frowned upon by society, some participants perceived these sorts of relationships as serving many purposes including protection. This perception speaks to the complexities that characterise the nature of age-disparate relationships between partners and keeping adolescents safe. Some participants said:

"I am in a relationship with a guy who is older than me. That makes me feel a lot more secured especially in the context where I live, there is so much gang-related violence and I feel safe with him. I think he is more open-minded, more understanding and wiser; he's got a mind of his own. He doesn't need to be told what to do and he makes his own decisions. He is strong, and he's got himself together. Older guys are mature and conscious of what they want" (Female adolescent-20 years old).

Some parents believed that what influences adolescents to date older partners were circumstances at home, which contrasts with what was previously said. Participants also highlighted the moral degeneration around age-disparate relationships. The following sentiments depict some parents as admitting that they also like younger partners:

"What Noluthando[6] is saying is true, but we as men or them as women, are always looking for fresh blood. Women in their 40s are always looking for younger men in their late 20s, arguing that older men only drink water and sleep (a sexual innuendo: meaning they have lost sexual vigour). They look for younger men whom they feel can satisfy their sexual desires. Older men like us are also looking for young girls who make us feel younger and revived and these young girls are easy targets. In any case, if the person is not your child and is above 18 and likes what she gets from the old man, there is no problem. So, if parents are doing it, children are not exceptional" (Male parent participant).

The issue of control was another interesting reason given to explain age-disparate relationships as noted during FGDs. Both male and female adolescents felt that being in a sexual relationship with someone had to be dependent on the age of the partner. Male adolescents reported that they preferred dating and being in sexual relationships with younger girls, so that they could 'control their behaviours.' Female adolescents concurred with male adolescents as they indicated that they preferred dating older partners because they act as their 'protectors and controllers'. The results presented here show the unbalanced nature of age-disparate

[6] Not her real name

relationships. From the responses, it emerged that adolescents were being criticised for entering these sexual arrangements, disregarding the other players who are the older partners themselves.

6.2.1 Age-disparate relationships and family variables

An age-disparate relationship and its link to family variables were first examined by tabulating age-disparate relationships, and father and mother's residential status as shown in Table 6.2. Results showed that 9% and 8.7% of adolescents who had a huge age gap of 25 years and above with their partners, did not co-reside with their mother or father, respectively. On the other hand, 51% of adolescents who reported dating within their age group, resided with either a mother or father.

Table 6.2: Age of sexual partner by parents' residence status Wave 1

Age of partner	**Mother resident**					
	No		Yes		Total	
	N	%	N	%	N	%
<18	394	43.01	627	50.93	1,021	47.55
18-19	197	21.51	263	21.36	460	21.43
20-24	243	26.53	250	20.31	493	22.96
25+	82	8.95	9	7.39	173	8.06
Total	**916**	**100**	**1,231**	**100**	**2,147**	**100**
	Father resident					
	N	%	N	%	N	%
<18	665	45.77	356	51.30	1,021	47.55
18-19	312	21.47	148	21.33	460	21.43
20-24	357	24.57	136	19.60	493	22.96
25+	119	8.19	54	7.78	173	8.06
Total	**1,453**	**100**	**694**	**100**	**2,147**	**100**

Source of data: CAPS emerged dataset

The random effect logistic regression analysis enhanced an investigation into the relationship between age-disparate relationships, demographic variables and key familial variables of interest. In Model I, the study examined the relationship between age-disparate and demographic variables and the results showed that older, female adolescents, Coloured and White adolescents recorded highest odds of reporting having been

in a relationship with an older partner than reference groups. Female adolescents had 8.71 odds of reporting age-disparate relationships, which is higher compared to their male counterparts. White adolescents had 7.06 odds of reporting age-disparate relationships compared to their Black peers. Indicating White adolescents were 7 times more likely to report being in age-disparate relationship compared to Black adolescents.

In Model II, the study incorporated mother's and father's residence statuses. The results indicate that adolescents who reportedly resided with their mothers had 0.82 odds lower in terms of reporting being in an age-disparate relationship. This implies that adolescents living with their mothers were likely to shun age-disparate relationships; hence, having a resident mother prevented age-disparate relationships among adolescents. Furthermore, adolescents who reported residing with fathers, however, had 1.10 odds of reporting being in an age-disparate relationship. The implication is that adolescents with resident fathers were likely to report being in an age-disparate relationship. This contrasts sharply with other results depicting resident fathers as positively altering behaviour; in this instance, fathers' residence did not effectively prevent age-disparate relationships.

In Model III, household income was introduced, slightly affecting the odds, but with the introduction of this variable, older adolescents and females still had the highest odds of reporting having age-disparate relationships. These results conform to the results from other studies that found that being an older adolescent and being female were determinants of being in age-disparate relationships (Maughan-Brown et al., 2018). Household income was statistically significant for the higher income brackets, which are R20,000-R25,000 and R25,001 and above. Adolescents from households with an income in the two income brackets had lowered odds (OR=0.46 and 0.17, respectively) of reporting age-disparate relationships. The p-values for both variables were 0.002 and 0.000, respectively. This implies that adolescents from families with higher income had reduced risk of reporting being in age-disparate relationships. The variable, parental marital status was introduced in Model IV and the results show that adolescents whose parents were married had 0.13 lower odds of reporting age-disparate relationship than adolescents with single parents. The result was statistically significant at <0.05. From the OR, it stands out that adolescents whose parents were married were less likely to report being in age-disparate relationships, confirming the finding that parental marital status had a link with age-disparate relationships among adolescents. Furthermore, the odds of reporting age-disparate relationships for adolescents who often discussed matters with a mother were 0.82 lower compared to those of the reference group. Again, the result was statistically significant at <0.05. In this model, mother's residence status, adolescents with married parents, high family income and having communicated life issues with the mother have a p-value at < 0.05 significance. Therefore, the null hypothesis is rejected, concluding that once again, familial explanatory variable has a significant effect on the dependent variable. These results show that mother's residence status, parental marital status (married), high family income and having

communicated life issues with the mother all have a significant effect on informing age-disparate relationships.

Table 6.3: Age-disparate relationships by family variables (random effects logistic regression model)

Variable	Model I		Model II		Model III		Model IV		Model V	
	(N)=2,021 Odds Ratio	Std Err	(N)=2,021 Odds Ratio	Std Err	(N)=2,021 Odds ratio	Std Err	(N)=1,989 Odds ratio	Std Err	(N)=1,840 Odds ratio	Std Err
Demographic Factors										
Age (14-15)										
16-19	4.07***	1.36	4.12***	1.38	4.07***	1.37	4.14***	1.43	4.71***	1.72
20-22	10.59***	3.52	10.61***	3.55	10.48***	3.52	10.52***	3.63	11.98***	4.38
Gender (male)										
Female	8.71***	3.78	.9.45***	3.95	9.93***	10.07	9.99***	4.20	6.42***	1.20
Area of birth (urban)										
Rural	.867	.142	.827	.140	.835	.142	.801	.138	.82	.15
Race (African)										
Coloured	3.87***	.691	3.94***	.711	3.68***	.681	3.75***	.702	3.98***	.78
White	7.06***	1.76	6.91***	1.73	5.69***	1.68	5.82***	1.77	5.38***	1.67
Marital status (Never married)										
Married/Cohabiting	.890	.277	.831	.266	.841	.271	.764	.248	.645	.220
Divorced/Widowed	1.78	2.22	1.92	2.44	1.92	2.45	1.83	2.30	1.50	2.04
Family factors (Parents residence status)										
Mother res(non-res)										
Resident			.823***	.128	.827	.129	.813	.129	.767	.152
Father res(non-res)										
Resident			1.10	.166	1.09	.167	.991	.161	1.06	.182
Family socioeconomic status										
HH income bracket (0-R5,000)										
R5,001-R10,000					1.07	0.18	1.08	0.18	1.03	0.19
R10,001 - R15,000					1.77	0.54	1.78	0.55	1.83	0.59
R15,001-R20,000					0.97	0.56	0.91	0.53	0.86	0.51
R20,001-R25,000					0.46***	0.28	0.42***	0.22	0.40***	0.19
Above R25,001+					0.17***	0.12	0.14***	0.10	0.08***	0.07

Family environment (Parental marital status)							
Parental marital status (Never married)							
Married				.130***	.212	.114***	.197
Family factors (Relationships)							
Time spent with mother (Never)							
Sometimes						.950***	.261
Often						.826***	.211
Discussed issues with mother (Never)							
Sometimes						.978***	.219
Often						.121***	.268
Log-Likelihood	*-737.77*		*-736.94*	-734.79	-722.06	-664.98	

Source: CAPS Merged dataset
Variable statistically significance level- ***Highly significant at <0.05
Items in parenthesis () are reference categories
Models have different number of cases due to elimination of cases with missing information
Std Err=Standard Error

6.2.2 Links between age-disparate relationships and family environment

The logistic regression analysis shows that adolescents whose parents were married had lowered risks of engaging in age-disparate relationships compared to those whose parents were single. To augment these results, qualitative interviews provided insights into the link between the causes of age-disparate relationships and the family environment. It was imperative to first determine whether or not age-disparate relationships were prevalent in Cape Town. The interviews indeed evinced that age-disparate relationships were prevalent and were exposing adolescents to the risk of diseases and unplanned pregnancy. During FGDs with male adolescents and later with parents, it emerged, thus:

"*Relationships involving older partners are very common here in Cape Town. These girls despise having relationships with young boys whom they accuse of being unable to provide for them. Young girls chase older men with money and cars"* (Male adolescent participant-17 years old).

"Most of our male adolescent learners here at school don't have sexual relationships with their female counterparts. They date little girls at Zimasa Primary School (a primary school that shares a fence with Inkamva Secondary School). On the other hand, female adolescents date college students and married men" (Female parent).

Adolescents gave many justifications for this occurrence as presented at the beginning of this section. Some of them mentioned that age-disparate relationships were predominantly informed by monetary gains, especially among adolescents who come from poor families. However, other adolescents felt that these relationships were not necessarily driven by money but by the absence of parental role models as indicated by the following quotes;

"*I think age-disparate relationships stem from problematic relations an adolescent has with his or her parents or family. In most cases, girls date guys who are much older than them especially if the father isn't present. They get the older guy to represent the father figure in their lives. Adolescents who date older partners crave for help"* (Female adolescent-19 years old).

"I grew up in a child-headed family and dating an older woman gave me that satisfaction of being loved by someone older than me. It appears fun but with my girlfriend who is older than me, I can discuss anything with her, and she gives me all the attention and love I never got from home. So, it is my home situation that has driven me into a relationship with this lady. She loves me unconditionally and I love her as well" (Male participant-17 years old).

"Families around here face many challenges, which influence our children. Young girls who date men older than them usually come from grandparent-headed and child-headed families. Old men also take advantage of young women in such situations. I wish the government could look after these kids to avoid this problem of dating older men. Further, older men should be educated on the dangers of touting these young ladies" (Male parent).

"Most of these women do not have parents partly because of divorce. There is often one parent who cannot effectively monitor what children are doing. If you were to go around counting the number of children living in stable family settings, you would find a few. In some houses, the parents would be married but living separately. Husbands go and live elsewhere where he starts a new family. As a result, the mother starts dating, introducing new men in the family. The new men bring friends who will end up dating this girl. Honestly, things are complicated around here" (Male adolescent participant-18 years old).

These findings indicate that age-disparate relationships are determined by underlying issues that are traceable back to the familial environment. These underlying familial issues include broken families, parental absence and many others. Changing times were also blamed for destroying society's moral fabric, particularly the family. Many challenges confronting the family; for instance, single parenthood and living apart were mentioned as contributing to the development of age-disparate relationships among adolescents. Interestingly, some parents did not seem to be bothered by age-disparate relationships if the age gap was narrow. They preferred a situation where female adolescents would date partners who were between 2 and 10 years older than them. However, they felt that a man would be too old if he was 11 or more years older than their daughters. Parents also reported that nowadays, both male and female adolescents are dating partners who are 11 or 20 years older than them which they claimed to have been rare during their years of dating.

6.2.3 Links between age-disparate relationships and family socioeconomic status

Age-disparate relationships have been identified as one driver of HIV infection among adolescents. In this study, the link between age-disparate relationships and family socioeconomic status was investigated using six income brackets that were constructed using the total income variable in the CAPS. Presented under subsection 6.2.3 are results pertaining to research question II, which investigated the link between the household's socioeconomic status and adolescent sexual behaviour. From the logistic regression analysis, it was evident that adolescents from households with a higher income were less likely to report age-disparate relationships. The study further solicited for participants' perceptions on age-disparate relationships and the

family's socioeconomic status using in-depth interviews and FGDs and answering research question IV. From the in-depth interviews and FGDs, the participants generally concurred on the point that adolescents are compelled into age-disparate relationships by poverty obtaining in their families. Both female and male adolescents agreed that money sometimes lures adolescents into relationships with older partners. Male adolescents argued that their age mates prefer to date older men due to the financial incentives which they cannot afford. Most of the adolescent participants believed age-disparate relationships were rampant among adolescents who come from poor backgrounds as indicated by the following quotes:

"Most of the young people who date older men come from poor backgrounds. The relationship is based on what they receive from these partners. Some of the men are even as old as the girls' fathers or grandfathers. Since money is involved, they just have to do it. The worst part is that this behaviour can be encouraged by parents themselves who expect some groceries from the older partners" (Female adolescent participant-21 years old).

"The problem begins when a girl who comes from a poor family dates someone who can provide her with things. In most instances, older men are often financially stable" (Female adolescent participant-16 years old).

"I was paid R250 by a certain 35-year-old woman whom I met in Grand West. She promised to give me R250 if I had sexual intercourse with her. So, she continued paying me R250 every time I had sex with her, and this happened for a month or so. I was using the money to buy essential things for the family. No one could interfere with where the money was coming from because it was badly needed in the house" (Male participant-16 years).

The above quotes indicate that age-disparate relationships are mainly necessitated by financial gain, especially in families facing deprivation or dire financial needs. The responses indicate that adolescents grappling with financial pressures, coupled with the pressure to fit in, are often compelled by their circumstances to eke out solutions to mitigate their problems. Unfortunately, they sometimes grope for quick solutions, which land them in the hands of older men and women who are likely to infect them with STIs including HIV. The discussions with adolescents evinced that as much as the adolescents are aware of the adverse consequences deriving from dating older partners, they pay less attention to these realities as they are concerned with the immediate need to meet financial obligations and also to fit into societal spaces and be seen in a positive light by their peers. The findings confirm that adolescents who came from financially struggling families were at an elevated risk of dating older partners. Dating was mainly done to bridge a financial gap. The conventional perception that female adolescents are exceptionally vulnerable to sexual relationships for money was seriously undermined by the findings of this study as even male adolescents

reported being in relationships with older partners from whom they received the money in return for sexual favours mainly because their families could hardly provide for their financial needs.

6.2.4 Links between age-disparate relationships and parent-child communication

Before investigating the participants' perceptions around the relationship between age-disparate relationships and parent-child communication, the study initially investigated this relationship using logistic regression analysis. The results presented here answered research questions III and IV. The analysis brought to the fore the fact that adolescents who reported having communicated often with their parents in the year before the survey had lower odds of reporting having entered into age-disparate relationships, a result later corroborated by the findings from qualitative interviews. Although participants expressed mixed views regarding age-disparate relationship, there was a general agreement that these relationships bore the families' financial upkeep. While some of the participants perceived age-disparate relationships as acceptable especially for girls, others highlighted the complexities of such relationships. For male adolescents, it was a different case altogether, as they reported that although they may have relationships with older women, they were aware that such relationships would not be approved by their parents and families. Nevertheless, the responses from the participants indicated that adolescents perceived the role played by parent-child communication as key in curbing age-disparate relationships. To that effect, one of the participants said:

"Parents should stop shouting at their children when they are trying to put a point across. This is the main mistake parents make. They are unable to sit down with their children and allow them to express their opinions, asking them about their feelings or views. Instead, they just shout at and insult the children! They should sit with their children and ask them if they have older boyfriends or girlfriends and seize the opportunity to explain to them the dangers of having sex with or being in a relationship with older partners. Nonetheless, when parents shout and insult adolescents, they become resistant and cheeky, too. I think that if parents calm down, they understand that dating, sex and relationships belong to us adolescents and that we love relationships as adolescents. They should be able to accept that reality. So, instead of shouting, parents should learn to educate their children about the dangers of age-disparate relationships" (Female adolescent-22 years old).

The participant's views resonated with those of the adolescents who took part in both in-depth interviews and FGDs. Some parents confessed that they were too harsh with their children, which tended to create a communication gap between themselves and their adolescent children. They called on parents to develop and sustain channels of communication if age-disparate relationships were to be curbed. There was

consensus that age-disparate relationships signify adolescents' aspiration to have someone older to validate them. Complementing these views, parents believed that adolescents who were validated by their own families through communication were less likely to date older men or women.

6.2.5 Summary of results on age-disparate relationships

From both quantitative and qualitative results, it emerged that dysfunctional familial environments play a pivotal role in facilitating the development of age-disparate relationships. These family dynamics encompass the way parents communicate with their children, the family's socioeconomic standing, living arrangements and parents' marital status. Adolescents enter age-disparate relationships to fill the financial and emotional gaps their families of origin can hardly fill. In such situations, the behaviour is not condoned but it is encouraged. Besides monetary gains from the age-disparate relationships, it also emerged that some consider age-disparate relationships for protection due to fear of community related violence. Adolescents residing in a family where parents were married/cohabiting exhibited lowered odds of reporting age-disparate relationships. This supported the hypothesis that parental marital status was positively linked to protective sexual behaviours. Despite the positive link between age-disparate relationships and parental marital status, father's presence showed slightly greater odds of reporting age-disparate relationships. The implication is that adolescents with resident fathers were likely to report being in an age-disparate relationship. This was contrary to other behaviours that were being studied that responded positively to father's presence. What seemed to discourage age-disparate relationships among adolescents was the presence of a mother in the family.

It was also apparent that as much as age-disparate relationships are common among females, male adolescents quickly catch up with the trend. Both parents and adolescents admitted that age-disparate relationships are complicated and adolescents who are involved in them are conversant with the risks involved despite being compelled by circumstances to enter these relationships. These results correlate with the findings by Beauclair and Delva (2013), who aver that adolescents enter age-disparate relationship for several reasons, including monetary gains and emotional support. This study also established that adolescents involve themselves in these relationships are conscious of the consequences entailed. Nevertheless, this study went further afield to show that support from parents and other family members can help adolescents maintain safety by circumventing such relationships.

6.3 Multiple sexual partnership among adolescents

One of the risky sexual behaviours attributable to high HIV incidence among adolescents is engaging in multiple sexual partnerships. Like the other behaviours that were being investigated, multiple sexual partnerships among adolescents were investigated using both primary and secondary data. The study investigated the occurrence of multiple sexual relationships among adolescents' resident in Cape Town using the following research questions: I). How does the family type/structure influence adolescent sexual behaviour? II). What is the link between the household's socioeconomic status and adolescent sexual behaviour? III). What is the link between parent-child communication, parent-child closeness, and adolescent sexual behaviour? IV). What are the perceptions of adolescents and parents regarding the role of family in shaping adolescent sexual behaviour? Section 6.3 and the sub-sections are designed to present findings for the above-mentioned research questions. Subsection 6.3.1 present results of the logistic regression model and 6.3.2 answers research questions I and IV. Table 6.4 below shows the percentages representing reported multiple sexual partnerships in different waves.

Table 6.4: M**ultiple sexual partnerships by wave**

No of partners reported in the last 12 months	Wave 1		Wave 3		Wave 4		Wave 5	
	N	%	N	%	N	%	N	%
0-1	1,505	69.77	1,847	72.70	1,761	72.86	1,954	73.46
2-4	515	23.87	339	14.64	466	19.27	502	18.87
5-7	55	2.56	11	0.48	39	1.61	28	1.06
8-20	29	1.36	4	0.18	43	1.77	47	1.78
Don't know	22	1.02	22	0.95	22	0.91	31	1.17
Refused to answer	31	1.44	92	3.97	86	3.56	98	3.68
Total	**2,157**	**100**	**2,315**	**100**	**2,417**	**100**	**2,660**	**100**

Source of data: CAPS merged dataset

Respondents were asked to give the number of sexual partners they had in the last 12 months. The results indicate that in Wave 1, 69.77% of the adolescents reported having had one sexual partner or none, 24% reported having between 2 and 4 partners while 3% reported having had between 5 and 7 partners. Further, 1.36% of the adolescents reported having had between 8 and 20 partners in the last 12 months. However, it must be noted that the question was asked to adolescents who had reported being sexually active or who had initiated sex. Respondents' opinions on multiple sexual partnerships were investigated in the CAPS and the results indicate that 82.73% of the adolescents perceived it as unacceptable for adolescent boys to have multiple sexual partners, 2.04% felt that it was acceptable and 5.10% perceived the practice as probably

acceptable for boys to have multiple sexual partners. Most respondents (86.65%) perceived it as unacceptable for girls to have multiple sexual partners, 1.46% perceived it as definitely acceptable and 4.01% reported that it was probably acceptable for adolescent girls to have multiple sexual partners. These results were later supported by perceptions from the FGD with female adolescents. One female adolescent mentioned that many adolescent girls in her area practise prostitution regardless of having other relationships with their regular boyfriends. The drivers of multiple sexual partnerships among adolescents were varied, including the need to expand the network of financial providers, which appeared to be the most dominant.

Some participants reported that they had multiple sexual partners to circumvent heartbreaks that might arise from relying on one partner. While male adolescents felt that having multiple sexual relationships epitomised their masculine strength and manhood, female adolescents felt that having several concurrent sexual partners helped them meet their sexual and resource needs. During in-depth interviews, the participants detailed what they meant by "resource needs". Some of the adolescents said:

"I have been dating guys of my age and those older than me concurrently as they served different purposes. Older guys usually provide me with all the material things I need, and younger guys usually provide emotional support and I need them for future plans. I know that older guys are just after sex but with the younger ones, we can have a future together. I see multiple sexual partners as 'ministers'; one is responsible for bus fare, the other one for food and the other one for fun. Each partner's financial standing determines his 'ministry'. For example, the 'minister' of fun is responsible for quenching my sexual appetite because we are of the same age and I understand he does not have the money to give to me" (Female adolescent-22 years old).

A probe into the possible causes of all these adolescent sexual behaviours revealed an interplay of issues that encapsulate boredom and inadequate supervision from parents as reflected in the following quote:

"I think nowadays, adolescents have too much free time. They are not active in recreational or extracurricular activities such as sports; hence, they end up having multiples of sexual partners as a way of filling in that gap. What obtains in White people's schools (Model C schools) is different. They finish lessons at 3 pm and between 3 pm and 5 pm, learners participate in various sporting activities. They leave the school tired and head straight home to do their homework. They don't have much time to roam the streets. Reducing free time accorded to our children can improve the situation. This measure can even reduce the occurrence of crime and these risky sexual behaviours" (Male parent).

Other participants blamed their engagement in multiple sexual partnerships on peer pressure. A male participant intimated that his peers habitually changed partners as a way of asserting their manhood and proving their masculinity. He further indicated that he had also started acquiring multiple sexual partners as

a way of fitting in with his peers. He added that the fear of losing out has driven him into having multiple sexual partners, explicitly stating that the main reason for going out with many girls at once was the fear of being dumped by one girl and left single. He claimed that having many sexual partners protected him against heartaches and disappointments. He said:

"My friends are into multiple sexual relationships and I can't afford to be left out. I also started having many girlfriends. I don't want to put my eggs into one basket. I particularly detest what would happen if a girl dumps me if I don't have some other girlfriends. It is not even manly to have one girlfriend; you must have many of them" (Male adolescent-17 years old).

Another 16-year-old male participant indicated that being part of a gang that holds parties every weekend allows him to also have sex with different partners. When asked to disclose the number of sexual partners he has had, the 16-year-old participant said:

"I can't keep track of the number because every weekend I find a different partner. I don't have a relationship with all these partners. They are just one-night-stand kind of relationships. I wish I could stick to one person in a relationship, but with one-night–stands, I simply pick any kind of girl at any time" (Male participant-16 years old).

This view was later supported by another male participant who admitted that he had been having many sexual partners and he even bragged that he never attempted to keep this reality concealed from his partners. He intimated that the girls who had a sexual relationship with him did so fully aware of the other sexual partners he had. The following quote demonstrates how adolescents sometimes enter into sexual relationships without contemplating the risks involved.

"Yes, my partners know each other. My principle is that what you see is what you get. I used to call myself 'a book that is readable.' I do not believe in hiding whatever I do. I am not doing things for anyone but myself. Obviously, my partners also have other partners" (Male participant-21 years old).

These findings clearly show that adolescents are not exempted from multiple sexual partners, heightening their risk of contracting HIV and other STIs. The findings further indicate that the risk of exposure due to multiple sexual partnerships is not uniform among adolescents. Some adolescents have higher odds of entering multiple sexual partnerships than others, depending on such factors as the family environment, peers and the community background.

6.3.1 Multiple partnerships and family variables

Having multiple sexual partnerships is a typical sexual behaviour that puts adolescents at an elevated risk of contracting STIs, HIV, and experiencing unplanned pregnancies. This study focused on the link between multiple sexual relationships and family situation. To enhance part of this investigation, the study integrated the random effect logistic regression analysis and qualitative methods, FGDs and in-depth interviews. Presented in this sub-section are the results of the logistic regression analysis which was conducted to understand the link between multiple sexual partnerships and family variables.

Model I investigated demographic variables and reporting multiple sexual partnerships. The results indicate that adolescents aged between 16 and 19 had lower odds of reporting multiple sexual partnership. However, this result had no statistical significance. Adolescents aged between 20 and 22 years had 1.07 odds of reporting multiple sexual partnerships, but again this result had no statistical significance. Female adolescents had 0.01 odds (100 times less odds than males) of reporting having multiple sexual partners compared to male adolescents. This result was statistically significant at 95% confidence interval. This result depicts female participants as less likely to report being in multiple partnerships than their male peers. Coloured and White adolescents also registered lower odds of reporting having multiple partners compared to Black adolescents. Indicating that Coloured and White adolescents were less likely to report multiple partnerships than Black adolescents. Adolescents with a rural background had 1.37 odds of reporting having been in multiple sexual partnerships compared to their counterparts born in urban areas. This implies that adolescents born in rural areas had higher chances of reporting multiple sexual partnerships than those born in urban settings.

In Model II, mother's and father's residence statuses were added to the model and the results indicated that adolescents who reported residing with a mother had 0.68 (1.47 times less) odds of reporting having been in a multiple partnership and those who reported residing with a father had much lower odds of reporting having been in multiple sexual partnerships at 0.56 OR. Both OR were statistically significant at <.05 level. Both odds ratios attest to the fact that adolescents whose mothers and fathers resided in the family were less likely to report having multiple partners compared to those with non-resident parents. In Model III, household income was added and adding this variable slightly affected the other odds.

Notably, adolescents from families with an income ranging between R20,001 and R25,000 and from R25,001+ had lowered odds of reporting multiple partnerships compared to adolescents from families with an income of R5,000 and below. Adolescents who resided in a family with an income between R20,001 to R25,000 had 0.20 odds of reporting involvement in a multiple sexual partnership. The relationship was statistically significant at <0.05 with a p-value of 0.004. While adolescents from families with an income of R25,001 and above had 0.62 odds of reporting multiple sexual partnerships. The odds were statistically significant at <0.05 with a p-value of 0.000. This showed how adolescents in households with a higher

family income had reduced risk of being in multiple sexual partnerships compared to adolescents living in families with an income of R5,000 or less.

Although adolescents from other income brackets had lower odds of reporting being in multiple partnerships, the odds were not statistically significant. In Model IV, parental marital status was another added variable. The results indicate that adolescents who reported having had married parents had 0.71 (1.40 times less) odds of reporting having multiple sexual partners. The result further confirms that adolescents whose parents had been married were less likely to report having multiple sexual partners compared to those with single parents. In Model V, the study added two variables that measured relationship status between adolescents and their mothers. Though these two variables had no statistical significance, the results indicate that adolescents who had communicated with mothers often had lower odds of reporting having multiple sexual partners. In this model, both mother's and father's residence status, adolescents with married parents and high family income have a p-value at < 0.05 level of significance. Therefore, the null hypothesis is rejected, leading to the conclusion that as was noted with other independent variables, familial explanatory variable has significant effect on the dependent variable. These results show that both mother's and father's residence status, parental marital status parents and high family income had effects on adolescents' decision to be in multiple partnerships.

Table 6.5: **Random effect logistic regression model for multiple partnerships and family variables**

Variable	Model I		Model II		Model III		Model IV		Model V	
	(N)=2,325 Odds Ratio	Std Err	(N)=2,325 Odds Ratio	Std Err	(N)=2,325 Odds ratio	Std Err	(N)=2,294 Odds ratio	Std Err	(N)=2,135 Odds ratio	Std Err
Demographic Factors										
Age (14-15)										
16-19	0.86	0.45	0.86	0.47	0.89	0.49	0.86	0.45	0.88	0.50
20-22	1.07	0.56	1.04	0.57	1.08	0.59	1.01	0.53	1.05	0.59
Gender (male)										
Female	0.01***	0.00	0.01***	0.00	0.01***	0.01	0.01***	0.01	0.01***	0.01
Area of birth (urban)										
Rural	1.37	0.55	1.34	0.57	1.24	0.55	1.21	0.52	1.06	0.50
Race (African)										
Coloured	0.01***	0.01	0.01***	0.01	0.02***	0.01	0.02***	0.01	0.02***	0.02
White	0.00***	0.00	0.00***	0.00	0.00***	0.00	0.00***	0.00	0.00***	0.00
Marital status (Never married)										
Married/cohabiting	0.45	0.54	0.32	0.42	0.32	0.35	0.39	0.47	0.34	0.38
Divorced/separated/widowed	1	0	1	0	1	0	1	0	1	0
Family factors (Living arrangements)										
Mother res(non-res)										
Resident			0.68***	0.29	0.72	0.31	0.74	0.30	0.46	0.26
Father res(non-res)										
Resident			0.56***	0.23	0.62	0.25	0.75	0.31	0.91	0.42
Family socioeconomic status										
HH income bracket (<R5,000)										
R5,001- R10,000					0.82	0.36	0.76	1.05	0.71	0.33
R10,001-R15,000					0.37	0.40	0.24	0.45	0.23	0.47
R15,001-R20,000					0.34	0.22	0.37	0.32	0.39	0.29
R20,001-R25,000					0.20***	0.21	0.23***	0.23	0.23***	0.24
Above R25,000					0.62***	1.80	0.86***	2.45	0.93***	2.62
Family factors (Parental marital status)										
Parents (Never married)										
Married							0.71***	0.30	0.58	0.27
Family factors (Relationships)										
Time spent with mother (Never)										
Sometimes									0.99	0.76
Often									1.57	1.11
Discussed issues with mother (Never)										

Sometimes					1.12	0.66
Often					0.76	0.43
Log-likelihood	*-982.05*	*-977.39*	*-983.14*	*-968.02*	*-893.83*	

Source: CAPS Merged dataset
Variable statistically significance level- ***Highly significant at <0.05
Items in parenthesis () are reference categories
Models have different number of cases due to elimination of cases with missing information
Std Err=Standard Error

6.3.2 Link between multiple sexual partners and family environment

The hypothesis of the study was that multiple sexual partnerships are linked to the family environment. Subsection 6.3.2 presents the results for research question I. The study further solicited for the perceptions of participants regarding the link between multiple sexual partnerships and family environment which was research question IV. From the logistic regression it was noted that adolescents from families with married parents had 0.71 (1.40 times less) odds of reporting having multiple sexual partners. The result confirms that adolescents whose parents had been married were less likely to report having multiple sexual partners compared to those with single parents. It was also noted that mother's and father's residence statuses were protective against multiple sexual partnerships. Adolescents living in a family where a mother or father was resident were less likely to report multiple sexual partnerships. This answered the first research question.

During FGDs and in-depth interviews, participants indicated that adolescents' involvement in multiple sexual partnerships was reflective of the situation at home. Here are their thoughts on the issue:

"Currently, I have two boyfriends. As a young woman staying with her single mother, this is nothing compared to what my mother does. She brings different men home. I have learnt to accept that being in a relationship with several partners concurrently is part of the game. I do not see anything wrong with that and nobody even bothers to ask me including my mother. I guess she knows that if she were to say it is wrong, I would ask about her relationships" (Female adolescent-20 years old).

"Let me illustrate by giving an example of what I once saw. I know of a single mother who has a daughter. The mother is cohabiting with a man who is not the biological father to the daughter. That renders the mother unable to advise her daughter on sexual matters; neither can she stop her from getting into multiple sexual relationships because she (mother) always wants to please this man, who is the stepfather to the daughter. The stepfather has realised that there is no cordial relationship between the mother and her daughter. It is now possible for the husband to abuse the daughter now sexually or emotionally, leading to depression and the destruction of dreams" (Female adolescent-22 years old).

The results presented above hold the family environment accountable for multiple sexual partnerships among adolescents. As the logistic regression model indicates, adolescents whose mothers or fathers were resident had less risk of engaging in multiple partnerships. The same result was true about the adolescents living with married parents. These results were supported by the perceptions of the adolescents who participated in the qualitative section of the study. The findings show that adolescents are sometimes motivated to have multiple sexual partners by what they are subjected to at home, including the challenges faced by their families. The absence of role models from families was highlighted as attributive to the development of multiple sexual

partnerships among adolescents. The participants viewed multiple sexual partnerships as arising from the lack of role models within families and the community at large.

6.3.3 Link between multiple sexual partnerships and family socioeconomic status

The study also investigated the links between multiple sexual partnerships and the family's socioeconomic status using question three. The results from the logistic regression analysis established a positive relationship between multiple sexual partnerships and the family's socioeconomic status. A high family socioeconomic status seemingly lowered adolescents' odds of reporting being in multiple sexual partnerships. This indicates how adolescents from a family with a higher income were less likely to be in multiple sexual partnerships. This assumption was further assessed using qualitative data. The results from FGDs and in-depth interviews seemingly confirm what emerged from the secondary data. Adolescents and parents gave their perceptions on the drivers of multiple sexual partnerships among adolescents. They had this to say:

"Some adolescents who come from economically disadvantaged families are into these multiple sexual partnerships. They are trying to make a living out of them" (Female adolescent-19 years old).

"Parents are under extreme pressure to provide for their families and most of the time, they battle financial pressure as well. Unfortunately, parents fail to conceal the pressures they are going through, and children feel that they are a burden to them. They go and sleep around with many partners to augment their families' incomes. In other words, parents are producing prostitutes who do not see anything wrong with promiscuity as long as they are benefiting from it" (Female parent).

These findings further highlight the fact that adolescents and children are affected by family circumstances first before they venture out into the society for solace. The participants maintained that the family's socioeconomic status sometimes drives adolescents into several concurrent sexual partnerships as a way of cushioning themselves against economic difficulties, though this tends to undermine SRH.

6.3.4 Link between multiple sexual partnerships and parent-child communication

The results from the logistic regression analysis model indicate that adolescents who had reported having communicated with their mothers in the 12 months before the survey had 0.76 (1.31 times less) odds of reporting being in multiple sexual partnerships. During the interviews, adolescents were asked to reflect on

the causes of multiple sexual partnerships in Cape Town. In their responses, adolescent participants mentioned communication between parents and adolescents as indirectly determining multiple sexual partnerships among adolescents. They further expressed the view that parents and other family members neglect the need to communicate with adolescents about their dating and sexual lives. Adolescent participants also indicated that they sometimes discuss the advantages and disadvantages of multiple sexual partnerships with peers. The participants expressed the view that they preferred a situation whereby communication about multiple sexual partnerships could be tackled by parents as opposed to feigning ignorance over the issue as if it is non-existent. Adolescents complained that in most cases, parents are conscious of their activities, but remain uncommunicative, assuming that the phase will disappear. Nevertheless, adolescent participants reported that they often interpreted their parents' incommunicado as assurance that what they were doing was right. Some female adolescents expressed the following views:

"Parents who keep quiet when their children are having multiple relationships are equally to blame. In most cases, parents would be aware that different partners would be involved, but they avoid asking. Some adolescents hide their affairs from parents, but it is always advisable to address the issue and encourage children to date one person. The dangers of multiple sexual partnerships must be tackled so that adolescents become aware of them before it is too late" (Female adolescent-22 years old).

"I agree with the previous speaker who said that parents take too long to address these issues. Some parents know exactly that their children are in these relationships but avoid acting. For example, there was a girl in our community, and everyone knew about her team of boyfriends. Even the parents knew about it because she did it openly. The parents never said anything, and the girl was even bragging about it. Resultantly, she became pregnant and had some health problems as well. When she started experiencing health complications, the parents facilitated her migration to the rural areas where she eventually passed on. It was sad and even during the funeral proceedings, the parents were regretful for failing to act earlier" (Female adolescent-20 years old).

Besides the parents being acknowledged as the main source of information on the dangers of multiple sexual partnerships, adolescent participants also mentioned that they got the information from siblings and extended family members. This appeared to cohere with what was noted with other behaviours, in which participants acknowledged the difficulties encountered when attempting to communicate with adolescents about multiple sexual partnerships. The following narrations represent what some parents thought about communication between parents and adolescents about multiple sexual partnerships:

"Honestly, it is not easy to talk about multiple sexual partnerships. You are tempted to think that it is part of growing up and it will soon disappear. Unfortunately, the parent's silence might be misinterpreted as a gesture signifying approval of this kind of behaviour" (Female parent).

"Adding to what has been said, parents are sometimes the last to know about these multiple partnerships. Our children do not open up regarding who they date. As parents, we must be wary of what's happening around our kids and we can only do that if we develop communication strategies. Unfortunately, some fathers find talking to their kids rather impossible. As fathers, we need to embrace change and learn to talk to our children, guiding them through life. However, one other setback I have noticed is that we are also busy cheating on our partners and denouncing your child's unbecoming behaviour becomes inconsistent with what you do yourself. You feel like a liar" (Male parent).

"Communication must not only focus on multiple sexual partnerships, but on an array of issues in general. As parents, once we learn to speak to our children, then whatever topic ceases to be taboo. In fact, you can discuss anything openly with your child" (Female parent).

Again, the results presented here underscore the indispensability of parent-child communication in addressing the several aspects of adolescent sexual behaviour. Parent-child communication reduce the odds of having multiple sexual partnerships among adolescents, a finding which was later confirmed by the findings from the qualitative strand of the study. Adolescents and parents concurred, reiterating the notion that multiple sexual partnerships can be reduced by developing and sustaining channels of communication. Although the participants acknowledged the hurdles around discussion on such matters, they were emphatic on the very fact that communication should transcend sexual relationships and encompass life in general. Male parents particularly admitted that as fathers, they ought to do more to pave way for parent-child communication. They also cited the need to be better role models to their children to influence positive behaviour change. The fathers' admittance to take an active role in the lives of their children agrees with Smit (2004) who noted that fathers can be more involved and nurturing in their roles as fathers.

6.3.5 Summary of results on multiple sexual partnerships

Section 6.3 presented results related to the study's four research questions. This section presented the results obtained after an interrogation of the problem of multiple sexual partnerships among adolescents in relation to familial factors. The results show that some adolescents indeed enter into multiple sexual partnerships and it has become a common feature among the several sexual behaviours prevalent in Cape Town. Several family and societal factors have been identified as being directly or indirectly responsible for informing adolescents' decision to have multiple sexual partners. From the study, parental marital status seemed to positively influence single partnerships. The results indicate that adolescents who reported having had married parents had lower odds of reporting multiple sexual partnerships. The result further confirms that

adolescents whose parents had been married were less likely to report having multiple sexual partners compared to those with single parents. The participants posited that some of the familial factors that influence multiple sexual partnerships included poor family socioeconomic standing, poor or lack of communication between family members and adolescents, lack of role models within families and the society at large and adolescent egocentricity.

6.4 Chapter conclusion

The results presented in this chapter developed a new perceptive regarding the role of families in preventing risky adolescent sexual behaviours. Through exploring the perceptions of participants, this study investigated the links between selected adolescent sexual behaviour and the familial environment. The research questions that guided the study were:

I). How does the family type/structure influence adolescent sexual behaviour?

II). What is the link between the household's socioeconomic status and adolescent sexual behaviour?

III). What is the link between parent-child communication, parent-child closeness, and adolescent sexual behaviour?

IV). What are the perceptions of adolescents and parents on the role of the family in shaping adolescent sexual behaviour?

These research questions were answered using both primary and secondary data collected in Cape Town. For each behavioural trait being investigated, some key findings were noted and reiterated under the summary of results sections. The results show that all the sexual behaviours under investigation are apparently prevalent and that adolescents in Cape Town are at an elevated risk of facing poor SRH outcomes. The logistic regression models highlighted the correlation between the behaviours under study and various family variables. Results highlighted that all the behaviours under study were positively associated with parental marital status, except condom use, which was negatively associated with parental marital status.

The study also established that regardless of parental marital status, adolescents still expected their parents and other family members to guide them through the adolescence stage. It also emerged from the results that modernity has slightly transformed adolescents' perceptions regarding the family and sexual behaviour. Nonetheless, adolescents affirmed the centrality of parents and other family members in manning the pressures that accompany the adolescence stage. Despite the influence exerted by modernity and technology,

the family has tenaciously maintained its centrality in directing children and fostering SRH education. However, families are neglecting this role owing to an array of factors that include family disintegration, poverty at the family level, the influence of social media and busy life schedules among other challenges confronting modern South African families. The qualitative strand of the study established that adolescents were abusing drugs and alcohol aggravating their risk of engaging in early sexual debut and other sexual behaviours. Nevertheless, it emerged that parents and other family members exhibited a degree of laxity in addressing the underlying problems that instigate early sexual debut. These realities were compounded by lack of parental supervision, resulting in early sexual initiation and all the other sexual behaviours in Cape Town.

Regarding condom use, the results resonate with the findings of previous studies, which noted that the use of condoms among adolescents was around 50%. Nevertheless, the study established some of the reasons that explain adolescents' rejection of condom use. The reasons included inaccessibility of the commodity, adolescents' attitudes, and lack of knowledge on how to use this protective product. Other results that were noted in this study were also presented in this chapter.

In terms of the most influential people in their lives, most of the adolescents viewed parents, especially mothers, as very influential in shaping their views about life and values. Sixty-three percent (63%) of the adolescents reported that their biological mothers influenced the way they viewed life in general, in addition to instilling moral values in them. Eight percent (8%) of the adolescents reported having been influenced by their fathers, peers and other family members that have also been known to influence adolescent views and values, contributing less than 3% each. The objectives of the study were to investigate the link between family structure, family type, family financial circumstances and parental engagement with their children, and adolescent sexual behaviour. Secondly, the study wanted to highlight the effects of selected family variables on adolescent sexual behaviour for both female and male adolescents. Lastly, the other objective was to investigate the perceptions of adolescents and parents on the role played by the family environment in shaping sexual behaviour. In the next chapter, which is Chapter 7, the study presents discussion, recommendations, and conclusion of the study.

Chapter 7: Discussion, Recommendations and Conclusions

7.1 Introduction

This chapter summarises the results from this study and discusses their implications in the context of existing related studies. The current study used an existing data set and complemented it with data gathered through in-depth interviews and FGDs. Primary data were collected from participants residing in Cape Town and secondary data emanated from a pre-existing dataset which contained information collected from Cape Town as well. Both primary and secondary data were collected from adolescents whose ages ranged between 14 and 22 years. The chapter reconfigures the Life-Course Perspective Theory which provided theoretical underpinnings to this study. The chapter concludes by presenting some limitations of the study and guidelines for prospective or future studies, recommendations and concluding remarks. This chapter discusses the findings as they relate to the following research questions:

I). How does the family type/structure influence adolescent sexual behaviour?

II). what is the link between the household's socioeconomic status and adolescent sexual behaviour?

III). what is the link between parent-child communication, parent-child closeness, and adolescent sexual behaviour?

IV). what are the perceptions of adolescents and parents on the role of the family in shaping adolescent sexual behaviour?

The study was conducted in Cape Town against the background of increased poor sexual health outcomes among adolescents within the context of the emergency created by STIs particularly HIV and Human Papillomavirus (HPV). Numerous factors have been found to influence adolescent sexual behaviours and the family, peers, the community, individual and religious variables are among them. Many theories have been formulated to explain the rationale for adolescents' engagement in risky behaviours even though in most cases they are equipped with the correct information on how they can protect themselves. This study dovetails with other studies that have been conducted to broaden insights into the factors that influence adolescent sexual behaviour. The study interrogated the role of the family setting in influencing sexual behaviour. It also investigated common sexual behaviours that are traceable to the behaviours that constitute the family situation. The Life-Course Perspective Theory was helpful in explaining the fact that families and the children born to them go through transitional phases that impact on the functions of each. The theory adequately explained adolescent sexual behaviour as it alluded to the changing environment in which

children grow up. Therefore, this chapter discusses the results obtained from this study. The chapter further summarises the contributions of this thesis to the scholarly work around adolescent sexual behaviour and its possible impact and discusses the important directions future research work would follow. The necessary recommendations are offered, and the chapter ends by presenting concluding remarks.

7.2 Summary of key findings

This section presents the key findings made by this study. The objectives of the study were to investigate the link between family structure, family type, the family's financial circumstances, parental engagement with children, and components of adolescent sexual behaviour. Adolescent sexual behaviour was examined within the context of sexual outcomes that are inclusive of age of sexual debut, condom use, adolescent pregnancy, multiple sexual partnerships, and age-disparate relationships. The study then linked these components of sexual behaviour to the familial environment, parent-child communication, and the family's socioeconomic status. Under the familial environment, the study looked at parental marital status and the presence of mother and father in the family and the qualitative study then investigated participants' perceptions regarding parental marital status and how this impact on these components of behaviour.

7.2.1 Adolescent sexual behaviour and family type/structure

The first research question sought to understand how and in what ways does the family type/structure influence adolescent sexual behaviour? To answer the research question, five indicators of sexual behaviours were used to measure adolescent sexual behaviour and there are: age of sexual debut, adolescent pregnancy, condom use, age-disparate relationships, and multiple sexual partnerships, were investigated and linked to family type. Presented in sub-section 7.2.1 are key findings related to age of sexual behaviour and how it is linked to family type/structure:

Age of sexual debut and family structure

The results indicate a significant decline in the age of sexual debut in Cape Town, some adolescents reported having debuted sex as early as when they were 9 years old. Demographics such as age, race, gender, and place of birth accounted for the differences in reporting age of sexual debut. Age of sexual debut was

associated with fathers' residence status, having a resident father reduced the risk of reporting early sexual debut. Other family structure that had a protective effect was the married parents' family structure.

Perceptions supported that extended family structures with grandparents, uncles and aunts had protective effect against early sexual debut as they support adolescents to abstain through increased monitoring. Adolescents in these structures were less likely or perceived as less likely to engage in early sexual debut compared to adolescents from alternative family structures. The results supported earlier findings by Mushunje (2014) who pointed out the important role played by extended family structures in sensitizing adolescents about the dangers of early sexual debut. Furthermore, perceptions were that married parents mould behaviour which discourage early sexual debut. On the other hand, the study established that some young people mimic behaviours of single parents by dating early and bringing home different partners who are not biological parents to these adolescents. Giddens and Sutton (2014), aptly noted that children imitate behaviours of their parents, a finding that was also noted in the current study. Although cohabiting could not be investigated on its own using quantitative data due to limited cases, perceptions indicated that it is shunned upon and is blamed for encouraging early sexual debut. Early sexual debut was linked to broken families and parent absenteeism. These results were in line with studies by Richter et al. (2010), Pilgrim et al. (2014) and Posel and Devey (2006) who noted the importance of family structure especially the presence of a fatherly figure in delaying sexual debut among adolescents.

Adolescent pregnancy and family structure

The relationship between adolescent pregnancy and family structure was measured by answering research questions I and IV. Adolescent pregnancies were blamed for school dropout and were also associated with early sexual debut. The demographic factors that were linked to adolescent pregnancy are age, race, gender, marital status, and area of origin (rural/urban). Therefore, adolescent pregnancy was selective by demographics. Besides the demographics, results suggest that adolescents from married families were more likely to report adolescent pregnancy compared to adolescents from single parent families. Suggesting that being in a family where parents were married, or cohabiting did not protect adolescents from pregnancy. However, some perceptions were that adolescent pregnancy is mostly evident in single parent families due to lack of adequate supervision of children and lack of role models. These former results seemed to agree what was noted by DeLeire and Kalil (2002), who suggested that not all children living in single parent families are at risk of experiencing a pregnancy or other risky sexual behaviours. Adolescent pregnancy was rather perceived as a sign of lack of respect for the parents not parental marital status. However, the fathers' presence in the family had protective effects on preventing adolescent pregnancy. The trends noted in the study cohered with the findings of other studies particularly the one conducted by Fomby and Osborne

(2017), who emphatically stated that adolescent pregnancy has a strong link with absence of a father figure in the life of an adolescents. Perceptions could not bring out clearly why families with a father were protective against adolescent pregnancy.

Condom use and family structure

Condom use among adolescents was one behaviour that was investigated in this study. Just like other behaviours that were being studied in this study, research question I was asked to ascertain the role played by family factors in determining condom use by adolescents. The question investigated how and in what ways family type/structure influence condom use. The last question investigated perceptions of both adolescents and parents on the role of family factors in determining condom use by adolescents. Arguably, correct, and consistent use of condoms reduces HIV infection and unplanned pregnancies among adolescents. Nevertheless, the results from this study show inconsistencies in condom use among adolescents, even though adolescents engaged in random sexual acts with of strangers. Data suggest that condom use was lowest among adolescents who subjected themselves to intoxicants such as drugs and alcohol. Although the quantitative strand of the study established that 55% of the adolescents had used condoms in their first sexual encounter to prevent both pregnancy and disease, the number that had refrained from using condoms was worrying. Even then, those who reported having used condoms cited the primary reason of protecting themselves against pregnancy rather than against disease. These results further indicate that adolescents avoid using condoms for various reasons such as lack of skill on how they are used, negative attitude towards condoms, perceived side effects of condom use and living in a family of a low socioeconomic status. Findings related to the first question found that parental marital status had no statistical significance in determining condom use among adolescents. Family structure which encouraged condom use was mother or father's residence in the family. The results supported findings of Jemmott and Jemmott III (1992) who also found similar results on the role of parental presence in increasing the chances of using condoms among adolescents. Perceptions on the question indicate that adolescents still feel that family structure determines the use of condoms among adolescents. Parents who are married were perceived to encourage condom use as adolescents try to avoid STIs and pregnancy and fear of their parents.

Age-disparate relationships and family structure

The data confirms that age-disparate relationships are prevalent in Cape Town as reported by both genders. Nevertheless, the results depict mixed feelings expressed towards age-disparate relationships especially in situations where female adolescents date older male partners. The participants seemed to concur on the point

that age-disparate relationships certainly elevate one's risk of contracting diseases, underscoring the whole idea of lack of safety attached to these relationships. It was fascinating to note that mothers indicated that they were comfortable with a situation where their daughters would date older partners as opposed to dating men within their age group. This was understandable as the study was conducted in an area that experience gang-related violence and violence in general. Therefore, it may be surmised that in Cape Town, age-disparate relationships are not only driven by monetary gains but by fear of violence especially gang-related violence for female adolescents. However, for male adolescents, age-disparate relationships were exclusively motivated by monetary gains. These results bring new insights into age-disparate relationships among male adolescents and what motivates them. The insights on female adolescents demonstrate what was noted by Leclerc-Madlala (2008), who described the complexity around age-disparate relationships. Age-disparate relationships are not entirely driven by monetary gains especially for female adolescents. Data also suggest that age-disparate relationships are common among adolescents, but little is known about the risks associated with these relationships when they are practised by male adolescents.

The key findings related to research question I noted that adolescents whose parents were married were less likely to enter age-disparate relationships. Although quantitative data suggest that age-disparate relationships are common among adolescents from such family structures as single-parent families, this finding was later contradicted by the qualitative data because the narratives suggest that dating older men or women was not peculiar to any family setup but was a universal phenomenon in Cape Town. Unlike other behaviours that responded positively to father's residence status, adolescents residing with a father or father figure had elevated risk of reporting age-disparate relationships. What seemed to work in preventing age-disparate relationships was mother's residence status. Age-disparate relationships were neither condoned nor condemned; the results suggest that they were to some extent embraced.

Multiple sexual partnerships and family structure

Research question I was answered by results noted in the current study. Data show that the risk of having reported multiple sexual partnerships were less for adolescents living with either a mother or a father. Family structures that had a protective effect in preventing multiple sexual partnerships were married families and mother and father's presence. Perceptions confirmed that the decision to have multiple sexual partners was partly influenced by circumstances occurring at family level including stress born out of family disintegration. The reasons given by the participants in the qualitative strand of the study showed that the issue of having multiple sexual partners is complicated and puts adolescents at risk of getting infected with HIV and other STIs. These results add to existing knowledge on the role of family structure and having multiple sexual partnerships. For example, studies by Davies and Friel (2001), Wu and Thomson (2001),

Pilgrim et al. (2014), Honig (2012), Richter et al. (2010) all found positive links between family structure and multiple sexual partnerships.

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7.2.2 Adolescent sexual behaviour and family socioeconomic status

Age of sexual debut and family socioeconomic status

The relationship between age of sexual debut and family socioeconomic status was examined using research questions II and IV. Research question II examined the link between the household's socioeconomic status and adolescent sexual behaviour. Additionally, perceptions were examined using research question IV. The results further indicate that the family's socioeconomic status determines age of sexual debut among adolescents. Family overcrowding was also noted as one family factor which causes early sexual debut. The results agreed with Spengane (2015) who highlighted the risky faced by adolescents who live in overcrowded families. Another key result was how familial poverty forces parents to work long hours, leaving adolescent children unmonitored for longer periods, which in turn puts them at an elevated risk of engaging in early sexual debut. This poverty also forces adolescents to eke out alternative strategies of sourcing money, pushing them towards transactional sex. These results supported the results from earlier studies by Aspy et al. (2007), Amoateng et al. (2014), Djamba (1997a) and Leclerc-Madlala (2003), who attributed the risks faced by adolescents from low socioeconomic households. This was further reiterated by Thomson et.al (1994), who maintained that parents' role is to provide children with basic needs to prevent anti-social behaviours.

Adolescent pregnancy and family socioeconomic status

Research question II investigated the link between the household's socioeconomic status and adolescent sexual behaviour. Results show that adolescent in families with a low socioeconomic status had higher chances of reporting a pregnancy compared adolescents from high income households. The results were similar to results noted by Honig (2012) who noted high adolescent pregnancy among adolescents living in low-income families. Adolescent pregnancy among adolescents from low-income families was also linked to continued circle of poverty. This agreed with results from a study by Mjwara and Maharaj (2017), which highlighted how adolescent pregnancy facilitates the generational transmission of poverty. The results further insinuated that adolescent pregnancy has been aggravated by the need to benefit from the child support grant. However, these insinuations could hardly be established in the quantitative hemisphere of the study. The conversations that ensued during the qualitative enquiry proffered deeper insights into the

dynamics surrounding adolescent pregnancy. The results were compliant with the study's hypothesis which assumed that there is link between adolescent pregnancy and family situations which include the family's socioeconomic status.

Condom use and family socioeconomic status

Answering research question II on the role of family socioeconomic status and condom use among adolescents, the study established that adolescents belonging to high income families were more likely to report condom use than adolescents from low-income families. Data gathered through qualitative techniques suggest that adolescents coming from low-income families often exhibit poor negotiation skills since the sexual acts they engage in are transactional. On the other hand, high condom use was noted among adolescents from high income households. Similarly, other studies conducted in various contexts affirmed that adolescents from poorer households were less likely to use condoms with their sexual partners (Luke, 2003; Luke, 2005; Luke et al., 2011).

Age-disparate relationships and family socioeconomic status

The key findings related to research questions II noted that adolescents from families with a higher income were less likely to report age-disparate relationships. Adolescents also reported being lured into age-disparate relationships to curtail lack of money. Male adolescents also reported being in age-disparate relationships for the sake of money due to lack of resources at home. These results were in line with what was noted by Cluver et al. (2013), who highlight how cash transfers reduced the risk of age-disparate relationships among adolescents living in low-income households. And Dunkle et al. (2007) who also note that male adolescents are equally at risk of being in age-disparate relationships for monetary gains.

Multiple sexual partnerships and family socioeconomic status

Research question II asked if there was any relationship between multiple sexual partnerships and family socioeconomic status. Results indicate how adolescents from a family with a higher income were less likely to be in multiple sexual partnerships. It was also evident that adolescents have multiple sexual partnerships as a source of money. Adolescents indicated that multiple sexual partnerships fill the financial gap left by their families. The results were similar to the ones noted by Dodoo et al. (2003) who highlighted how adolescents living in resource constrained families are forced to trade sex for money with multiple sexual.

7.2.3 Adolescent sexual behaviour and parent-child processes

Age of sexual debut and parent-child processes

The other research question that was answered in this study was research question III which sought to investigate the role played by parent-child processes in determining age of sexual debut. Results show that talking to adolescents about sexuality matters can help adolescents delay sexual debut. Lack of guidance from parents and families led adolescents to drug and alcohol abuse, aggravating their vulnerability to early sexual debut. The available data are suggestive of lack of proper monitoring from parents who are increasingly spending less time with adolescents. Lack of a sustainable relationship between parents and their adolescent children bars parents from monitoring adolescent behaviours especially when adolescents have access to the Internet. These results validated the hypothesis of the study as they confirmed that age of sexual debut is associated with parental engagement with their children. These results were consistent with the findings of the studies conducted by Hofferth and Goldscheider (2010), Davis and Friel (2001), Wight et al. (2006), Miller (2001) Miller (2002), Longmore et al. (2009) and Sevilla et al. (2016). What was also evident was the role played by extended family members in communicating the need for delaying sexual debut among adolescents. From the qualitative data it was highlighted that communication about delaying sexual debut was a collective effort by immediate and extended family members.

Adolescent pregnancy and parent-child processes

In answering research question III, the study investigated the role of parent-child processes in reducing adolescent pregnancy among adolescents. The findings from the current study confirmed that adolescent pregnancy was highly influenced by the family set up and absence of communication between parents and their children. These results were consistent with the findings by Akande and Akande (2007) who found that discussing the risk of experiencing pregnancy with a parent lowered adolescents' risk of getting pregnant. The same authors reiterated that adolescents who become pregnant are likely to drop out of school and trapped in the circle of poverty, one of the concerns raised by parents who participated in this study.

Condom use and parent-child processes

The second and third questions investigated the role of socioeconomic status and parent-child processes to informing condom use. The link between condom-use and parent-child processes was determined by

answering research question III. Results indicate that poor parent-child communication about SRH issues contributed negatively towards condom usage among adolescents, as adolescents who reported having no communication with their parents reported rarely using condoms; however, those with good communication reported using condoms often. The results were consistent with results noted by Feldman and A. Rosenthal (2000). This obtained for both genders. Therefore, it emerged that the decision to use a condom is often facilitated by the family environment and the nature of the relationship existing between parents and adolescents. The qualitative study confirmed that adolescents who had reported good relationship with parents also expressed willingness to use a condom rather than contract an STI. Barrier to communication about condoms between parents and adolescents was noted as one factor which determines poor condom use among adolescents. The results were consistent with what other studies conducted in other parts of Africa established, especially the ones conducted by Gumede (2015) and Glaser (2002). Both studies found out that the barriers to parent-child communication are rooted in cultural and religious mores that prevented the free flow of information. These barriers were also investigated by Kuo et al. (2016), who asserted that cultural taboos are barring parents from communicating with adolescents about SRH issues.

Age-disparate relationships and parent-child processes

Answering research question III which sought to understand the relationship between age-disparate relationships and parent-child processed yielded positive results. Adolescents who had communicated with a mother about life issues were less likely to report age-disparate relationships. Age-disparate relationships continue to pose challenges to society amid efforts to mitigate the scourge of STIs among adolescents. This study clearly revealed the view that this problem is deeply seated and viewed from different perspectives by different people. While some people apparently vilified the practice in some quarters, others eulogised it. This is understandable in the context where the research was conducted as entering into relationships with older partners was perceived firstly, as a way of providing financial support and secondly, as a way of protecting oneself from societal violence. The results seemed to agree with Beauclair and Delva (2013) that age-disparate relationships must be understood within the context they occur. Not all age-disparate relationships are driven by money.

Multiple sexual partnerships and parent-child processes

Answering research question III which sought to investigate the link between multiple sexual partnerships and parent-child processes. Data established an association between multiple sexual partnerships and parent-child communication; adolescents who communicated with parents and other family members about SRH

issues had lower odds of reporting having multiple partners. Furthermore, adolescents reported they preferred parents and other family members to communicate the dangers associated with multiple sexual partnerships. The results were consistent with what was noted by DiClemente et al. (2001), Kotchick et al. (1999). These researchers noted that adolescents who reported family warmth and parental monitoring reported having had fewer sexual partners compared to those who were deprived of the warmth or lacked parental monitoring.

7.3 Theoretical implications

Linking the results from this study to the theory that supported this study shows that adolescents' life course differs from that of their parents. The current cohort faces life prospects and life challenges that are different from those faced by their parents. Major life events, like initiating sex for instance, were once associated with marriage by the older cohorts, but that no longer holds sway in the context of the current cohort of adolescents. Unfortunately, sexual debut is done without contemplating its adverse consequences. The interconnectedness of life, which forms the basis of life course, is paramount when one takes cognisance of the consequences of risky behaviour which certainly affects future generations. The interconnectedness of life was shown by how extended family members rallied behind adolescents as they transit from childhood to adolescence stage. Furthermore, the interconnectedness of life tenet traces how shared networks such as family affect important events such as early sexual debut and early pregnancy events. The interconnectedness of life can affect adolescents either positively or negatively as was noted from the results of this study. In cases where the connection was strong and parents practiced authoritative parenting skills, adolescents reported anxieties about disappointing their parents if they were to engage in unsafe sexual behaviours.

Another tenet of the Life-Course Perspective Theory which was relevant to this study is the timing of lives, which considers the age of life events and how that impacts on individual's life trajectories. As testified by the responses in the qualitative strand of the study, the decision by adolescents to engage in risky behaviour does affect the life trajectories of those initiating the behaviour and future generations. Moreover, the timing of lives can explain how adolescents are under pressure to behave in a certain way because of their social age in a context where many of their peers are engaging in sexual activities. Which links again to the other tenet of theory which is the continuity of the internalised societal norms. As was noted in this study, adolescents are sometimes under pressure to behave in certain ways when they are with peers. Another possible explanation of behaviour from the Life-Course Perspective Theory is the diversity in life course trajectories. The tenet accepts the fact that different cohorts have different pathways and what is happening

shows how different pathways between families and adolescents is leading adolescents to freely engage in sexual activities.

7.4 Implications of the results

The results drawn from this study build on existing evidence on the importance of family variables during adolescence when adolescents face the highest risk of contracting STIs and HIV and when experiencing other poor SRH outcomes. The data contribute towards a clearer understanding of the importance of involving the family in dealing with various adolescent sexual behaviours at this crucial stage of adolescence. Efforts to address poor SRH outcomes among adolescents should be more focused on developing ways of involving the family, more so in the modern era where misleading information is easily accessible on the Internet and social media platforms. Admittedly, social media and the internet have made strides towards the accessibility of information for young people, but it has emerged that the information is not always relevant, and adolescents ought to be guided by parents and other family members. Nevertheless, the results show that the family has remained steadfast in influencing adolescent behaviour in spite of experiencing poverty, disruptions due to work-related migration and the emergence of households headed by single parents. It was evident that behaviour is influenced by several familial factors such as household socioeconomic status and presence of an adult in the family. The findings of this study have confirmed that adolescents are still willing to be guided by their parents and the extended family members before making decisions around sexual and reproductive health issues. Besides this willingness to be guided, adolescents learn through observing the behaviour of parents and other immediate family members before reaching out to external sources of information such as peers and community members. The importance of extended family was also highlighted as adolescents seemed comfortable communicating with extended family members if they cannot approach parents.

7.5 Study limitations

To some extent, the reliability of this study is compromised as the quantitative strand of the study had missing information. Further, the qualitative strand solicited for data only from Blacks and Coloureds and other racial groups could not give their perceptions regarding the issue under study. As such, the views on the topic could be biased towards the Black and Coloured communities who provided information in the qualitative strand of the study. The other limitation is that data were only solicited from a small section of South Africa, making it difficult to generalise the results as what emerged from this study could be peculiar to adolescents residing

in Cape Town. Nevertheless, the results can be used in other parts of South Africa as background information in conducting similar studies.

It should also be noted that quantitative and qualitative data were collected at different times, a disparity which could impact on the quality of the results. The last CAPS data were collected 10 years prior to the collection of the qualitative data. A difference of 10 years appears so wide that it may affect the quality of the results.

7.6 Recommendations

7.6.1 Recommendations related to the study

Despite the limitations of this study, the conclusions drawn here indicate how the family institution can contribute towards mitigating risky sexual behaviours among adolescents. The results further indicate that risky sexual behaviours among adolescents are very pronounced, and families are still considered the fulcrum in influencing the adolescents. The participants advocated for dialogues pivoted around adolescent sexuality, a remarkable departure from viewing sexuality as a cultural taboo. The participants also suggested that failure to openly deliberate on adolescent sexuality would fuel risky behaviour as information on this subject cascade to adolescents through peers, social media, and the internet and so forth. While some government policies have been censured for relegating the role of parents on issues that involve adolescents, the participants insisted on the need for government to consult widely prior to the implementation of policies in schools. Parents believed that some policies that directly impacted on them were just being brought to them by government without prior consultative sessions with parents and adolescents. Parents also raised concern over some policies which they regarded as outdated and called on government to upgrade them annually or after every two years since things were changing tremendously in the country.

Having noted the need for open communication between parents and children about sexuality issues and how families struggle in executing this task, this study recommends that the government should develop programmes that foster communication between parents or guardians and their children. For instance, programmes such as the Families Matter! Program and Healthy Choices can be harnessed and availed to all the South African families. Other stakeholders such as NGOs, CBOs and research institutions whose mandate borders on the health outcomes of adolescents should also come on board and help develop programmes that enhance open communication between parents and adolescents. This may also apply to

other African countries where cultural taboos around SRH issues impede open communication between adolescents and parents.

The study further recommends that efforts and programmes meant to investigate and address SRH issues should include male adolescents as they are also grappling with issues of sexuality, without anyone to turn to. Apparently, male adolescents also need guidance from the family as they navigate through the murky waters of adolescence. Arguably, both female and male adolescents are highly vulnerable to alcohol and drug abuse; hence, they need guidance from family members, especially parents. It is also recommended that programmes that target fathers specifically should be designed as a way of empowering them with skills to talk to their adolescents about SRH issues.

7.6.2 Recommendations for further studies

Further research should focus on the need to establish the needs of male adolescents and how the family environment characterised by father absenteeism affects their transitions into adulthood and interrogate the way such a familial environment contributes to risky sexual behaviour and violence. Although this study attempted to delve into that aspect, the deeply seated feelings expressed by male adolescents around the issue could not be accommodated in this study. For that reason, further research is inevitable to establish the effects of family environment on adolescent sexual behaviour on a larger scale. The current study was conducted on a homogenous population and the results could be limited to the Cape Town society and not necessarily applicable to other parts of South Africa with diverse cultural and economic backgrounds.

Furthermore, further research is needed to interrogate problems of age-disparate relationships, condom use, early sexual debut, multiple sexual partnerships, and adolescent pregnancy with special reference to male adolescents and suggest ways in which families can render assistance to male adolescents for them to safely navigate the adolescence stage. This can be done at a broader level and with a bigger sample for the results to be generalised. Prospective studies could focus on these suggested study areas:

- An investigation into male adolescents' sexual behaviour and its links to family environment in South Africa.
- Investigating perceptions on the role of the family in helping male adolescents during their transition into adulthood in South Africa.
- Drug and alcohol abuse, adolescent sexual behaviour, and the role of the family in mitigating poor sexual health outcomes among South African adolescents.

7.7 Concluding remarks

Researchers have extensively investigated the factors that motivate adolescents to behave in certain ways and how SRH among adolescents can be improved as a result. This research has attempted to contribute to this vast field of literature but focusing specifically on the African context to which the research is limited. This dissertation has highlighted the magnitude of risky sexual behaviours among South African adolescents and how the family system has remained the pillar of strength among adolescents as they traverse the adolescence stage with its difficulties. Despite the assumptions that adolescents are largely inclined towards their peers for support, the results of this study seem to suggest otherwise. Adolescents demonstrated willingness to improve their SRH outcomes but are yearning for support from parents and immediate family members. Adolescents still look up to their parents and immediate family members who are their role models. As such, if adolescent behaviour is to be transformed, the change is to start within the family. Policies that seek to address adolescent SRH can yield better results if consultations with parents are consistent and continuous. Parents and the family can therefore be harnessed to impart SRH education to adolescents. On the other hand, the parents who partook in the study indicted government policy particularly the placing of condoms in poor schools as contributing to early sexual debut among adolescents. These parents argued that displaying condoms in school toilets stimulated sexual activity among young people irrespective of the family setup. Parents accused government of availing condoms exclusively to poor schools to stimulate sex among adolescents from disadvantaged family backgrounds.

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Appendix

Appendix A: Focus group guide

For focus groups with female and male adolescents

1. As already indicated, this study wants to find out what is the role of family environment in informing adolescent sexual behavior. Maybe to begin this discussion, I would want to find out from you what do you think it's the right age for girls to start dating? How about having intimate relationships with their partners? Probe if the answers are not clear
2. Do you think family members should tell you who to date or when to start having sex? Probe further and maybe if you can get the hierarchy
3. In some families children live with their immediate families (mother, father & siblings) and in some families children live in big families that include maybe cousins, grandparents and other relatives. In these two family types that we have described in which you do think adolescents are likely to learn about safe sexual behavior? Discuss all the safe sexual behaviors
4. From the family side who do you think is the right person to discuss sexual issues with young men or women such as yourselves?
5. We know that in some families there are both parents and in some families there is only one parent/grandparents/child-headed, do you think there are differences on how these different people address issues of sexuality with young people? Do you think a single mother or father will be in a position to talk to young girls about sexuality issues including how and when to use protection? What if a parent is cohabiting with a boyfriend/girlfriend and they are not legally married, are they in a position to discuss sexual matters with their young children? Probe
6. If parents divorce, or die and there is only one parent left, do you think that affects how a parent discuss life issues especially with regards to issues of sexuality?
7. Now I would want to know from you, do you think the relationship between a parent/caregiver and a girl/boy child can stop a girl from engaging in sex? What of unprotected sex? What of with many partners?
8. Do you think not having money at home can force young women to engage in sex for money with strangers or older boyfriends?
9. Do you think not having food at home can force young women to engage in sex with strangers or boyfriends to get money to buy food?
10. Lastly, what do you think families should do to make sure adolescents stay safe, and do not engage in behavior that is likely to put their lives in danger?

<u>For focus groups with parents/caregivers</u>

1. As already indicated, this study wants to find out what is the role of family environment in informing adolescent sexual behavior. Maybe to begin this discussion, I would want to find out from you what do you think it's the right age for girls and boys to start dating? How about having intimate relationships with their partners? Probe if the answers are not clear

2. Do you think family members should tell young people who they should date or when to start dating and having sex? Probe further and maybe if you can get the hierarchy

3. In some families children live with their immediate families (mother, father & siblings) and in some families children live in big families that include maybe cousins, grandparents and other relatives. In these two family types that we have described in which you do think adolescents are likely to learn about safe sexual behavior? Discuss all the safe sexual behaviors

4. From the family side who do you think is the right person to discuss sexual issues with young men or women?

5. We know that in some families there are both parents and in some families there is only one parent/grandparents/child-headed, do you think there are differences on how these different people address issues of sexuality with young people? Do you think a single mother or father will be in a position to talk to young girls about sexuality issues including how and when to use protection? What if a parent is cohabiting with a boyfriend/girlfriend and they are not legally married, are they in a position to discuss sexual matters with their young children? Probe

6. If parents' divorce, or die and there is only one parent left, do you think that affects how a parent discuss life issues especially with regards to issues of sexuality?

7. Now I would want to know from you, do you think the relationship between a parent/caregiver and a girl/boy child can stop a girl from engaging in sex? What of unprotected sex? What of with many partners?

8. Do you think not having money at home can force young women to engage in sex for money with strangers or older boyfriends?

9. Do you think not having food at home can force young women to engage in sex with strangers or boyfriends to get money to buy food?

10. Lastly, what do you think families should do to make sure adolescents stay safe, and do not engage in behavior that is likely to put their lives in danger?

Appendix B: Statement of Informed Consent (Extracted from Morgan, 1998)

Introducing the focus group (extracted from Krueger, 1998 and adjusted for this study)

Good morning/afternoon/evening, and welcome to our session today. Thank you for taking the time to join our discussion of family and youth sexuality. My name is ……., I am from the University of the Witwatersrand and assisting me is…… from ……. We want to hear how people feel about family environment and adolescent sexual behavior. You were selected because you are all young people/parents/caregivers, who reside here in Cape Town, and you all belong to a family. We are particularly interested in your views because you have had lots of experience within a family setup and we want to tap into those experiences.

Today we will be discussing your thoughts and opinions about the role of family in shaping young peoples'' sexual behavior. We basically want to know what you feel should be the perfect family environment to raise young people, what are some of the issues at home that may push young people to behave in certain ways and what could be done to improve families. There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that there are no negative or positive comments, and at times the negative comments are the most helpful.

Before we begin, let me suggest some things that will make our discussion more productive. Please speak up-only one person should talk at a time. We are recording the session because we don't want to miss any of your comments. We will be on a first name basis, and in our later reports there will not be any names attached to comments. You are assured of confidentiality.

My role here is to ask questions and listen. I won't be participating in the conversation, but I want you to feel free to talk with one another. I will be asking about a dozen questions, and I will be moving the discussion from one question to the next. There is a tendency in these discussions for some people to talk a lot and some people not to say much. But it is important for us to hear from each of you today because you have different experiences. So, if one of you is sharing a lot, I may ask you to let others talk. And if you are not saying much, I may ask for your opinion. We have placed name cards on the table in front of you to help us remember each other's names. Let's begin. Let's find out some more about each other by going around the table.

Appendix C: Demographic information form

Focus group Participant Demographics		
Date	Time	Place
Age 14-18 ☐ 19-22 ☐ 23+ ☐	**Marital status** Single ☐ Married ☐ Divorced ☐ Windowed ☐ Cohabiting ☐ Other ☐	**Occupation** Student ☐ Employed ☐ Unemployed ☐
Type of dwelling Flat ☐ Bungalow ☐ Shack ☐ Other ☐	**Ownership of dwelling** Renting ☐ Owner ☐ Other ☐	**Gender** Male ☐ Female ☐ Other ☐

Appendix D: Informed Consent Document

Dear Participant,

My name is Emma Chikovore (*211550284*). I am a PhD candidate studying at the University of KwaZulu-Natal, Howard College Campus. The title of my research is: Adolescent sexual behaviour and its relationship with familial environment and perceptions: a study of Cape Town, South Africa. The aim of the study is to establish if there are any connections between family environment and various forms of adolescent sexual behaviours. Thinking specifically about adolescent sexual behaviour I would like to discuss with you what you think motivates young people to engage in certain sexual behaviours. I would also want to establish from you how sexual behaviour is maintained and sustained. Lastly, I would want to find out what is the perceived role of family environment in shaping sexual behaviour. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about 45 minutes to 1hour. (For in-depth interviews the time is 1-1 and half hours)
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: School of Social Sciences, University of KwaZulu-Natal, Howard College Campus, Durban. Email: 2 1 1 5 5 0 2 8 4 @ s t u . u k z n . a c . z a

Cell: …0732947362.

My supervisor is Professor Sooryamoorthy who is located at the School of Social Sciences, Howard College Campus, Durban of the University of KwaZulu-Natal. Contact details: email sooryamoorthyr@ukzn.ac.za Phone number: +2731 260 2120.

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za,Phone number +27312603587.

Thank you for your contribution to this research.

DECLARATION

I…… *(full names of participant*) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

SIGNATURE OF PARTICIPANT DATE

……

Appendix E: Assent form

(To be signed by participants under the age of 18 and Consent form to be signed by parent/guardian).

We are doing a study to learn about the links that exist between adolescent sexual behaviour and family environment. We are asking you to help because we don't know very much about whether adolescents your age think their decisions to engage or not to engage in certain sexual activities are influenced by the situation at home.

If you agree to be in our study, we are going to ask you some questions about some of the sexual behaviours that you may know, and the risks involved in engaging in some of the behaviours. We also want to know how adolescents your age are influenced to behaviour in certain ways by their family environment. For example, we will ask you if a having both parents at home has an impact on how you relate with your boyfriend/girlfriend.

You can ask questions about this study at any time. If you decide at any time not to finish, you can ask us to stop.

The questions we will ask are only about what you think. There are no right or wrong answers because this is not a test.

If you sign this paper, it means that you have read this and that you want to be in the study. If you don't want to be in the study, don't sign this paper. Being in the study is up to you, and no one will be upset if you don't sign this paper or if you change your mind later.

Your signature: _____ Date _____

Your printed name: _____ Date _____

Signature of person obtaining consent: _____ Date _____

Printed name of person obtaining consent: _____ Date _____

Appendix F: Focus groups interview instructions

Research topic:

Adolescent sexual behaviour and its relationship with familial environment and perceptions: a study of Cape Town, South Africa.

Questions included here should not be regarded as exhaustive but can be expanded further to explore the topic better.

Note to facilitators*: Instructions to facilitators are in standard print. Questions to read out are in* ***bold****.* ***Prompts*** *are also provided, to be read out if and when needed (for example, if people do not understand a question, or to help encourage further discussion).*

Running the Focus Group Sessions

- Please refer back to these notes just before the group is due to meet to refresh your memory.
- Ideally have two people to facilitate the sessions - one to lead the session, the other to take notes and make sure the recording equipment is running properly.
- Remember to take a note of the group session and to record this on any tapes or note sheets used during that session.
- It is important to remember that you are seeking to reach a group viewpoint as far as possible. You should try to get everyone involved in the discussion. This does not mean that everyone must have the same view, but the discussion should lead to some conclusions. You need to record both majority and minority views.

Before the group assembles

- Test the recording equipment to make sure it is working and that the sound is recording at an acceptable level.
- Ensure you have any paperwork ready before the participants arrive, e.g. notes, name badges, and Participation Consent Forms.

Preparing to start the session

- As people assemble try to offer them some refreshment.
- Once people are settled, check with the group whether they all know each other. If not, start by going round the group and getting everyone to introduce themselves. For your own convenience it helps to draw a 'map' of where everyone is sitting. You may not be able to do this if the group all know one another beforehand, but you can develop it as the session proceeds.
- Make sure that everyone is comfortable before you start and that everyone can see each other. Read out the statement on confidentiality.
- Announce to participants that we are tape recording, one person speaking at a time

- Remind participants that we are on a first name basis
- You don't need to agree with others, but you must listen respectfully as others share their views
- Ask participants to sign consent forms before the beginning of the session.
- Ask participants to turn off their cell-phones or pagers. If they cannot and if they must respond to a call, ask them to do so as quietly as possible and re-join the group as quickly as they can.

Opinions expressed will be treated in confidence among project staff for the purpose of establish a base of evidence as to how research assessment influences researchers' behaviour in the areas of dissemination and citation and in the production of the project report. All responses will remain anonymous.

Introduction to the session

My name is …….and I am going to be your facilitator for this discussion. I am being helped by my colleague here and his/her name is……. He/she will be helping me with note taking and also recording of this session. As I have already mentioned earlier, any information that you are going to provide in this group, will be treated as private and confidential. Therefore, I you ask once again to kindly switch of our cell-phones and we call each other by our first names.

I'm very grateful to you all for sparing time to talk about adolescent sexual behaviour and its relationship with familial environment here in Cape Town. The purpose of this focus group is to establish a base of evidence as to how familial environment shapes adolescent sexual behaviour. When we are talking about adolescent sexual behaviour, we are referring to how young people make decisions to have or not to have sexual relationships. We are also referring to how young people make decisions to protect themselves in sexual relationships and the type of partners they choose. This information is particularly important if young people are to be protected against poor sexual health outcomes including acquiring of HIV/AIDS. I would like us to concentrate on discussing first your views on the issue of adolescent sexual behaviour. Particularly, I would want to find what are your views and perceptions on adolescent sexual behaviour in Cape Town. At the end of this focus group discussion, some of you are going to be invited to take part in a one on one interview session. There are no right or wrong opinions, I would like you to feel comfortable saying what you really think and how you really feel regarding the issue we are discussing today.

Focus Group Discussion 1 & 2: (Female and male adolescents-Age 16 to 24)

Instructions

Respondents: Selected adolescents between the ages of 14 and 22

Materials needed: flip chart and markers (if optional drawing to be done)

Thematic focus

Comparative views of female and male adolescents on ideals of adolescent sexuality and role of family environment

• Comparative views of female and male adolescents on social norms around adolescent sexual behaviour for adolescents

• Views and perceptions on how family can influence sexual behaviour of adolescents

• Views and perspectives on how adolescent sexual behaviour can be addressed

Introduction

A major area of interest to this study is the connection between family environment and various forms of adolescent sexual behaviour. Thinking specifically about adolescent sexual behaviour we would like to discuss with you what you think motivates young people to engage in certain sexual behaviours. We would also want to establish from you how sexual behaviour is maintained and sustained. Our other objective is to find out what is the perceived role of family environment in shaping sexual behaviour.

1.1 Knowledge of adolescent sexuality

- When you think of adolescent sexual behaviour what comes to your mind?
- What do you think of adolescent sexual behaviour here in Cape Town? (Prompt: could you consider it an out of hand problem, a manageable problem, non-existing problem)
- What should be the ideal age for one to initiate sex? (Prompt)
- Now I would want to find out from you, at what age you had your first boyfriend/girlfriend? (Prompt: what kind of a relationship was it)
- What are some of the sexual acts that you have heard or seen performed by young people in this area? (Prompt: this does not necessarily need to be actually acts of physical sexual encounters, but might include fondling, kissing, sharing of sexually explicit information, etc).
- What are some of the sexually transmitted infections (STIs) that you are familiar with? (Prompt unmentioned STIs)
- Usually what do you think should be the ideal age difference between young people and their partners? (Prompt: no difference, 5, 10, 15 years)

- Thinking in terms of the answers that you provided above, which of the sexual acts do you feel are not safe and are likely to spread STIs? (Prompt).
- How can young people as yourselves protect themselves from getting some of the diseases that you have identified? (Prompt: delay sexual initiation, condom use, few sexual partners)

1.2 Family ties and family environment

- Who did you tell about your first relationship and how was it sharing this information (Prompt: friend, sister, brother, mother, father, family members, pastor)
- Do you think that young people's decisions to engage or not to engage in some of the sexual acts that you mentioned has to do with the home situation? (Prompt**:** it can be the living conditions at home, who does one live with, how many people are living in the home, presence of one or both parents, how parents communicate with their children, the relationship between children and their parents or caregivers)
- In what ways can the home situation facilitate safe transition from adolescence to adulthood? (Prompt**:** what conditions should prevail at home, lessons about sex to be taught at home)**.**

Ending the session

Finally, summarize the discussions and thank participants for their time.

Remember to collect the Participation Consent Forms.

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Discussion 3: Focus group discussions with parents/guardians

Instructions

Respondents: parents or guardians who have adolescents who took part in study

Materials needed: flip chart and markers (if optional drawing to be done)

Thematic focus

• Comparative views of men and women on ideals of adolescent sexuality and role of family environment

• Comparative views of mothers and fathers on social norms adolescent sexual behaviour for sons and daughters

• Views and perceptions on how family can influence sexual behaviour of adolescents

• Views and perspectives on how adolescent sexual behaviour can be addressed

Introduction

A major area of interest to this study is the connection between family environment and various forms of adolescent sexual behaviour. Thinking specifically about adolescent sexual behaviour we would like to discuss with you what you think motivates young people to engage in certain sexual behaviours. We would also want to establish from you how sexual behaviour is maintained and sustained. Our other objective is to find out what is the perceived role of family environment in shaping sexual behaviour.

3.1. General knowledge about adolescent sexual behaviour

- When you think of adolescent sexual behaviour what comes to your mind?
- What do you think of adolescent sexual behaviour here in Cape Town?(Prompt)
- What do you think should be the ideal age for young people to initiate sex? (Prompt).
- What do you feel should be the ideal age difference between young people and their girlfriends and boyfriends? (Prompt)
- What do you feel is the right age to start discussions around issues of sex with young people? (Prompt: considering facts such as early maturation, schooling, friends).

3.2. Role of parents

- At home whose role is it to initiate the discussion around sex with young people? (Prompt: does gender of child matter, relationship between an adult and a particular child).
- What are your expectations for sons' vs daughters? Are there any differences in-terms of how they should behave? Why?

3.2. Family environment

- Do you feel that the home situation can influence young people to engage or not to engage in sexual activities? (Prompt: living with mother only, living with father only, living with both parents, living with father & stepmother, living with mother & stepfather, living with same-sex parents, living in a poor household, living in a well off household, parent-child relationship).
- In what ways do you feel that the home situation can influence how young men and women behave when they are outside the home?(Prompt)
- Do you think that parents or caregivers should be aware of their children's movements at all times? (Prompt)
- In what ways can the home situation facilitate safe transition from adolescence to adulthood? (Prompt: what conditions should prevail at home, lessons about sex to be taught at home).

Appendix G: Individual in-depth interviews

My name is _____ and I am part of a team which is working on a study which is investigating adolescent sexual behaviour and its relationship with familial environment and perceptions in Cape Town. As you are aware, you recently participated in one of the three focus group discussions we had recently. As you might also remember, it was mentioned that some people were going to be re-interviewed on one on one bases. The reason being that, as much as group discussions are vital and they help us in getting group views, it is also important to have individual opinions on the matter. This will help us to have a better understanding on the relationship that exists between adolescent sexual behaviour and familial environment. Therefore, you are one of the participants who was chosen to answer one on one questions regarding this topic. Before we go deeper into the interview, I would like to ask you some questions about your name, age, background, your education and your address. This information will help us be comfortable with each other. The interview should take about 45 minutes. Are you available to respond to some questions at this time?

Appendix H: Ethical Clearance

UNIVERSITY OF KWAZULU-NATAL
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14 September 2017

Mrs Emma S Chikovore 211550284

School of Social Sciences
Howard College Campus

Dear Mrs Chikovore

Protocol reference number: HSS/0267/017D

Project title: Adolescent sexual behavior and its relationship with familial environment and perceptions: A study of Cape Town, South Africa.

Full Approval — Full Committee Reviewed Protocol

In response to your application received 29 March 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted FULL APPROVAL.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)

Humanities & Social Sciences Research Ethics Committee

/pm

cc Supervisor: Professor R Sooryamoorthy

cc Academic Leader Research: Prof Maheshvari Naidu cc School Administrator: Mr N Memela & Mr S Ehiane

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Humanities & Social Sciences Research Ethics Committee

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Pre-interview schedule

Demographic information

1. Let me begin by asking you some questions about your name, your age and your address.

Name	**Age**	**Address**

2. How long have you lived on the address that you have just given me? ☐

3. How would you describe your level of education:

No Education	**Basic education**	**Secondary education**	**Secondary education**	**Tertiary Education**
Never attended school	Grade 7 and below	Grade 8 to Grade 12	Matric	Certificate, diploma, degree

4. Are you originally from Cape Town? ☐ Y ☐ N

5. If not, when did you move to Cape Town?

Less than a year	1 to 2 years	3 to 5 years ago	More than 5 years ago

6. Who do you live with

Both parent	Mother only	Mother & her boyfriend/girlfriend/current husband	Father only	Father & his current wife/girlfriend/boyfriend	grandparents	Siblings only

7. How long have you lived with both parents/mother only/father only/grandparents/siblings only

Since birth	Since 5 years ago	Since 10 years ago	Any other period

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In-depth interviews

1) Sources of information

General sources

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
	How have you found out about relationships, sex and contraception?	*Bodily changes, periods, the biology of sex/reproduction, pregnancy, relationships, love, marriage, when to have sex, how to do it, contraception, STIs, HIV etc.*	
Main sources of information	How knowledgeable do you feel about sexual matters?	Can you remember what you were told/what you found out?	Key players
Most frequently used and most important sources	Whom or what do you rely on for information? Whom or what are the most important sources to you? How important to you is each source?	How old were you?	Most influential sources
		How did you feel / act?	
	sources: individuals and/or media	What did you think about it?	

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material

Parents and family	**In your family who is responsible for providing for the family? How about you are you also required to contribute to the family welfare?**	Do you think adolescents are supposed to contribute financially in the household	
	Above you indicated that you live with both parents/mother only/father only/mother & her current boyfriend or husband or girlfriend/father & his current girlfriend or wife or boyfriend/grandparents. Do you think this living arrangement influence how you behave when you are with your friends and boyfriends/girlfriends?	Can you explain how this is the case	
	How best can you describe your relationship with both your parents? Your father? Your mother? With your siblings? Your grandparents?	Are there any areas of your relationship with your family you feel are not right? Which ones are these	
	Did your parents (elders) ever tell you about sex or discussed any matters related to sex with you? Why do you think your parents (elders) have never spoken to you? What about other members of your family or community? Brothers/sisters, grandparents, aunts and uncles etc. Would you have liked your parents (elders) /other family and community members to be more open? About what issues? In what ways? Would you tell your parents/grandparents about your boyfriend/girlfriend?	Who initiated the discussion? How was it approached? What did you discuss? Topics / ages? Who was involved in the discussion? Can you remember much about what was said? Did you already know about it? How did you feel at the time? How did you react? How did they feel? How did they react? What do you think could be their reaction to you having a boyfriend or a girlfriend How does your experience compare with your friends?	

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
	How important are parents (elders)/ other members of your family/ community as sources of information including sex information?	If not what could be stopping them from doing so? If they are, what is the best way they can do it?	
	In your views do you feel that parents/grandparents/sisters/brothers/other relatives are discussing sexual and reproductive health matters with adolescents?		
	What strategies or interventions should be used by parents to communicate about sex issues with their children? Why		
	What are some barriers, if any, you think are encountered when communicating with parents about sexual matters?		
	Do you think a parent's marital status for example being married, single, divorced or cohabiting matters when it comes to talking to his/her adolescents about sexual matters? If so, how and why this is so?		
	What are your views on older men and women who have relationships with young people?	What causes this? If an adolescent is from a rich or poor family do you think they can be in relationships for money? Can you explain more?	
	Do you think that adolescents get into sexual relationships for money? Would you get into a relationship for money?	*Why do you say so?*	
	What do you think could be the reaction of your parents or any other family member if they were to find out about the relationship?		

Additional sources

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Other sources of information	Are there any other people/places that you have found useful in finding out about relationships, sex and contraception? Are there other people/places available to you for advice and support?	Who or where would you go if you have a specific question or problem? Why? Where or who wouldn't you go to?	

Gaps in knowledge

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Gaps in knowledge	Do you feel that the information you have received has been adequate? Are there any gaps or anything you would like to find out more about?	What issues do you feel you lack knowledge of? Who or from where would you like to learn more about these issues?	

2) Sexual development

Emerging sexuality

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Sexual development	When do you recall first experiencing a sexual sensation? *(sexual feelings /thoughts /dreams /desires /crushes)*	What did you think, feel and do about it? When did you first become interested in boy/girls as possible sexual partners? When did you first fall in love or experience romantic thoughts about someone? What did you think, feel or do about this interest?	Feelings about emerging sexuality
	At what age do you first remember being looked at or approached by someone in a sexual way? *(experienced/noticed a sexual advance)*	What did you think, feel and do about it? When did you have your first boy/girlfriend? (Details of first boy/girlfriend, age, how met etc) At what age did you first start dating? Who initiated it? Who introduced you? Who took an interest in whom you dated? Were you chaperoned? Who by? How did you feel? How did your partner feel? How would you describe your first relationship? Casual, serious, exploratory etc. How long did it last?	Nature and process of romantic involvement Views on same sex activity

Partner selection

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Partner selection	Has anyone ever influenced your choice of partner(s)? Do you think your family has any say on who you are going out with?	Who? How did you feel? What was said? Have you ever sought advice on dating? Who from? What was said? What did your parents/ friends/ others think about you dating?	

Sexual activities prior to intercourse

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Description of development of sexual intimacy including kissing, petting, heavy petting etc. age at activity, speed of progression	What sexual activities have you engaged in? At what age did you first … • Hug/hold hands • Kiss • Petting (touching of breasts/penis/vagina) above/under clothing How quickly did you (have you) progress(ed) from one stage to the next?	Who (which partner(s)) did you experience X with? Your first partner? How did you feel about doing X? What did you think and do about this? Did you have fears of others finding out? Who? Why?	Age at which various sexual behaviours occurred. Reasons for engaging in those activities Feelings about engaging in activities

Solo sex activities

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Solosex: frequency importance and patterns (affect, behaviour, cognition and context)	Have you ever done/ experienced/ used… • Masturbation • Fantasies • Thinking about sex • Erotic literature / porn magazines • Porn videos • Erotic TV images / programs • Phone lines / chat lines	How often do you do it/experience/use it? Has this changed over the years? Why do you do it? How do feel about it? Has this changed through the years? Do you have fears of people finding out? Why?	Describe situations Explore meanings

3) Penetrative sexual intercourse

First intercourse

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Detailed description of first penetrative intercourse - what, where, why, when, who, how (context)	Can you describe your first experience of penetrative sexual intercourse?	How old were you and your partner? Where did you meet? How long had you known him/her and in what ways? How did you feel about the relationship? How would you describe it? What activities had you engaged in with your partner before sex? How quickly/slowly did you move onto having penetrative sex? Did you talk to your partner about any previous sexual experiences? Had you heard from others about your partner's sexual experiences (rumours or 'facts')? Why did you decide to engage in first intercourse with the partner you did? Why/how did you select your first partner? Did anyone influence your partner choice? Did you seek advice about your partner choice from anyone? To what extent did you talk about having sex with your partner? Who led the discussions? What was said?	Partner selection Decision making and negotiation

First intercourse cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
		What feelings did you have for your partner? What was your/their motivation for sex? Reasons for engaging in first intercourse? Did you feel pressurised into having first sex? By whom? Were you given any gifts? Do you think that influenced your behaviour? Did you give any gifts? Do you think that influenced your partners' behaviour? How did you feel beforehand? Where were you when you did it? Was it expected? Planned?	

Use of contraception at first intercourse

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Use of contraception during first intercourse	Did you use any method of contraception? (Protection against pregnancy and/or STIs) How was this contraception usage / non-use decided?	Were any risks considered or discussed? What? How? What degree of discussion took place? Did you find it easy to discuss the issue with your partner? Who led the discussion? Did you try and influence the way things happened? How? Were you successful? *Contraception used* Which methods were used during first sex? Where were the methods obtained from? Who provided them? Did either of you discover any problems / barriers to obtaining contraception? What were they? Were they overcome? How / Why not? Was there pressure to use contraception? *Contraception not used* Was/were there any reasons why contraception wasn't used (or considered)? What? Was there pressure to not use contraception?	Effective use of contraception - i.e. was the condom put on prior to any penetration

Consequences and feelings

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Reflections on first sexual intercourse – emotional and physical	How did you feel after you had sexual intercourse for the first time? Did you tell anybody else about your first experience? Did you give or receive any gifts afterwards? How would you evaluate your early sexual experiences?	How did you and your partner feel about it afterwards? How did you feel / what did you think about sex after your first intercourse experience? Who did you tell about your experience? How did they react? Did anyone you didn't want to know find out? How did they react? Did you fear others finding out? Who? What gifts were given or received? How did that make you feel? How would you rate your first experiences of sexual intercourse (then and later, emotionally and physically)? Did either of you reach orgasm? Was it an enjoyable experience?	Explore acceptability of sexual relations out of marriage
	Do you feel that the speed of your sexual development was controlled by you? Were other people more in control of the pace of your sexual development? Whom? Did you experience any forms of pressure to have sex?	How important was sex to you at that age? In what ways do you feel that you did (or did not) control the pace of development? Pressure from whom? How? What did you do about it? How did you feel about it?	

4) Sexual inexperience

Reasons and feelings

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Sexual inexperience	Why do you think you haven't had sex yet? Reason(s) why first intercourse has yet to occur	Do you feel ready? Why? Why not? Have you wanted to but not yet found the right partner? How do you go about selecting the right partner? What does the relationship have to be like? When will the time be right for you? Have you plans or expectations to engage in sex?	
	Do you feel under pressure not to have sex? Have you ever felt any pressure(s) to experience first intercourse?	From whom? How does this make you feel? How have you resisted the pressure(s) to have sex? Do you use other techniques to please partner(s)?	Use of alternatives to intercourse (masturbation, oral sex etc)

Expectations

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Expectations about the first time	What do you imagine the first time to be like? Can you describe to me what you would like the first time to be like? Do you plan to use contraception?	With whom? Age? What stage in the relationship? Type of partner? (Context)	

5) Subsequent sexual behaviour

Sexual history - general

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Partners and sexual activities through the years to the current time (sexual history)	Thinking now about the time since you became sexually active: Have you had more than one sexual partner? Have you had partners who you haven't had sexual intercourse with? Have there been periods since becoming sexually active when you haven't been dating, been without a partner? Do you have multiple partners? Times when you are seeing more than one person? How would you describe your relationships? Do they tend to be casual? Are they serious? *Use of a time line indicating when relationships started, ended, their duration, their type, feelings about them…*	Are there any patterns or phases with many or few partners? Are you generally attracted to the same sex or the opposite sex or both? Where do you meet your partners? How long have you generally known / seen your partner before sex? What influences your partner choice/selection? What influences whether or not they become sexual partners? To what extent do negotiations about sex take place? Who leads the discussions? What is said? What normally leads to sex? Reasons for engaging in sex Do you pay or get paid for sex? Receive/give gifts? Are you fearful of others finding out about your activities? Who? Why?	Compare and contrast sexual partners with non-sexual partners Other sexual behaviour, e.g. Group sex, sadomasochism etc. Feelings about, and knowledge of, various types of sexual conduct

Sexual history - general cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
	Do you feel that you have been active in creating your sex life?	What activities have you / do you normally engage in - oral sex? - anal sex? - vaginal sex? Why do you do some things with some partners and not with others? Do these activities mean different things to you? How do you feel about them? To what extent do you try to influence the way things happen in terms of pleasure? Are you happy with your sex life? Why? Why not?	

Sexual history - general cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
	Which forms of protection against pregnancy and STIs do you generally use?	Who generally provides it/them? Whose responsibility is protection? From where do you typically obtain your protection? Are there any barriers to obtaining protection? What? How are they overcome? What has your use of condoms been like throughout the years? Why do you use them? In what instances have you not used them? How do you decide when and when not to use them? Have you found it easy to discuss the issue of contraception/protection with your partners? In what instances has it been difficult?	Feelings about, and knowledge of, various types of contraception

Partner awareness

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Knowledge of partners sexual activity	Are your partners aware of your previous sexual partners? Do your partners have other sexual partners as well as you?	How do they feel about this? How do you feel about this?	

Sexual coercion and pressures

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Sexual pressure	Have you ever pressured anyone into sexual interaction? Have you ever been pressured by anyone into sexual interaction?	Have you or anyone you know experienced sexual pressure, force, rape? Who by? What happened? (Context) How do you feel about it? What influence did this have on you?	Beliefs about appropriate sexual pressure Nature of sexual consent

Meaning of sex

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Feelings about sex	What does sex mean to you? Why?	What are you looking for in sex? What do you think about or feel whilst having sex? Do you feel more masculine/feminine during sex? Why?	Describe best sex and worst sex (consensual) Explore how these situations differ

Sexual history - partner specific

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Detailed description of relationship with various partners For example, current, most recent etc.	Can you tell me more about your relationship with partner X? *Questioning can be repeated for various partners as appropriate*	Where did you meet? How long had you known him/her before you started dating and in what ways? How old was/is he/she? Did anyone influence your choice of partner X? Did you seek advice about your choice from anyone? Why did you choose partner X? How did/do you feel about the relationship? How would you describe it? What feelings did/do you have for partner X? How would you evaluate your relationship with partner X? What type of relationship was/is it? How long did it last? How did/do others view your relationship with partner X? Were/are there tensions? Were/are you seeing other partners at the same time as partner X? When did this occur in the relationship? Did/have you talk(ed) to your partner about any previous sexual experiences? Had/have you heard from others about your partner's sexual experiences (rumours or 'facts')?	Partner selection Decision making and negotiation Types of relationship – turbulent/loving, stable/unstable etc.

Sexual history - partner specific cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
		What sexual activities did/have you engage(d) in with partner X? Did/have you engage(d) in penetrative sex with partner X? Did/have you feel/felt any pressure to have sex or perform certain sexual acts with partner X? By whom? What did/do you do about it? Were/are you given any gifts? Do you think that (has) influenced your behaviour? Did/have you give(n) any gifts? Do you think that (has) influenced your partners' behaviour?	Partner selection Decision making and negotiation Types of relationship – turbulent/loving, stable/unstable etc.
	Where sexual intercourse has occurred with partner X	How quickly/slowly did you move onto having penetrative sex after you started dating? Why did you decide to have sex with partner X? What was your and their motivation for sex? What were your and their reasons for engaging in sex? To what extent did you talk about having first sex with partner? Who led the discussions? What was said? How would you describe your sexual relationship with partner X? Was/is it fulfilling, enjoyable? Why/why not?	

Use of protection - partner specific

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Use of protection with current, most recent etc. sexual partner	What risks did/do you feel you are at with partner X? Why? Did/do you use any method to protect yourselves against pregnancy and/or STIs? How often were/are methods used?	Were/have any risks (been) considered or discussed? What risks? How where they discussed? Did/do you find it easy to discuss the issue of protection with partner X? Who led the discussion? Did/do you try and influence the way things happened, if protection is or is not used? How? Were/are you successful? Was/is there pressure to use protection? Not to use protection? By whom?	Risk perceptions Protection used against pregnancy Protection used against STIs and HIV

Use of protection - partner specific cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
	When protection was/has been used Which methods did/have you ever use(d) with partner X?	Where were/are the methods obtained from? Who provided/provides them? How often were/are they used? Which was/is used most commonly? Why were/are methods used? Why did/do you use method X most frequently? Did/have either of you discover(ed) any problems / barriers to obtaining protection? What were they? Were they overcome? How? Why not? Who generally provides/provided it/them? Whose responsibility was/is protection? Were/have there (been) times when no protection was used? What has/is your use of condoms been like with partner X? Why did/do you use them? In what instances did/have you not use(d) them? How did/do you decide when and when not to use them? Who decided? Did/do you or partner X influence when they were/are or were/are not used?	Effective use of contraception - i.e. was the condom put on prior to any penetration
	When protection has not been used What have been the reasons for not using protection with partner X?	In what circumstances hasn't protection been used? (context) How did/do you feel about not using protection? How did/does partner X feel? Who's choice/decision was/has it (been) to not use protection? Were/have any actions (been) taken when protection wasn't used?	

6) Sexual risk taking

Protective practices

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Protective practices	Which forms of protection against pregnancy and STIs have you used? (Context) What, why, when and how was its use or non-use decided? With what proportion of partners have you always / sometimes / never used condoms?	In what proportion of episodes of sex have you used condoms and / or some other form of contraception? Have you used condoms throughout the years? Why? Why not? How do you decide when and when not to use them? Under what circumstances do you/ would you not use contraception? Why? Reasons for engaging in unprotected sex When and how is it decided that contraception will be used? What negotiation occurs? Do you feel you are able to negotiate the use of contraception? Is it easy, difficult? Why? From where do/did you obtain your protection? Whose responsibility is protection? Are there any barriers to obtaining contraception? What? How are they overcome?	Explore risk reduction strategies in detail Feelings about, and knowledge of, various types of contraception

Risk taking behaviour

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Sexual risk taking	To what extent do you think about any risks involved with sex? What action do you take in relation to these risks? Are you fearful of pregnancy? Are you fearful of HIV? Are you fearful of other STIs?	Do you consider yourself to be at risk? Why? Why not? Have you ever been pregnant? Have you ever made a partner pregnant? What happened? What did you do? How did you feel? How did other people react? Has it changed your behaviour? How would you feel if you found out you were pregnant / had made someone pregnant? What would you do? Why? Have you had a STI or symptom? Have any of your partners had a STI or symptom? What happened? What did you do? How did you feel? Has it changed your behaviour? Have you ever had an HIV test? Have any of your partners had an HIV test? Why? Why not? Have you ever asked a partner to have a test? Why? Why not?	Explore risk perception and justification in details Knowledge of HIV and AIDS Explore circumstances under which a test would be taken
	Have you ever paid someone for sex? Have you ever been paid for sex?	Do you always have paid sex with the same person? Why? Why not? How many paying partners have you had sex with? Do you use protection during these encounters? Why? Why not?	Describe situations Explore meanings

7) Use of sexual and reproductive health services

General

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Awareness of services	Can you list for me all the places and people you know of which young people like yourself are able to visit and talk to, to find out about relationships, sex, contraception, STIs etc?	*Health centres, young clubs and organisations etc* How have you found out about the services? Family, friends, school etc Did school ever teach you about the local services?	

Personal usage

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Personal usage	Have you ever been to any services for help and advice about relationships, contraception, STIs, sex etc?	*If have been* How many times have you been? (to each one) What for? *If haven't been* Is there any reason(s) why you haven't been along? Would you consider going to any of the services? Why/why not? Has anyone you know been to any services? Do you know about their experiences? Can you describe them?	

Personal usage cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Personal experience of the first service visited	Can you remember which was the very first place you went to? (Venue A) What was your first experience like? Have you been more than once to that first service? If not, why not? What have your subsequent experiences of venue A been like? What was your last visit to venue A like? When did you last visit venue A?	Can you remember how old you were the first time you went there? (Venue A) How did you feel before the visit? How did the visit go? Were you scared/nervous? How were you treated? Were you satisfied with the visit? Why/why not? What did you obtain on your first visit? Why did you go? Did anyone accompany you? Were you fearful of others finding out? Did anyone find out you had been who you didn't want to know? Did you visit a sexual health service for the first time before or after you were sexually active? Why? What made you go along for the very first time? What prompted you to go? Did anyone prompt you to go? Did you tell anybody about your visit? How did they react? Why did you decide to go to venue A? Why choose that service? Did friends recommend it? Was it advertised? How did you find out about where to go? Did you visit the service again? How have you found your subsequent visits? What have obtained on subsequent visits? In total how many times have you visited venue A? Have you recommended venue A to anyone?	

Personal usage cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
Personal experience of the second, third, fourth etc. services visited	Can you tell me about your experiences of the second service you visited? (Venue B) Did you visit venue B on more than one occasion? If not, why not? What have your subsequent experiences of venue B been like? What was your last visit to venue B like? When did you last visit venue B? *Repeat for all services attended*	How do you find out about venue B? How did your first visit to venue B go? How were you treated? How did you feel? What did you go for? Did you get what you wanted? Were you satisfied with the visit? Who knew you had been? Who accompanied you? What prompted you to visit venue B? How did you find out about venue B? Have you visited venue B on more than one occasion? How have you found your subsequent visits? What have obtained on subsequent visits? In total how many times have you visited venue B? Have you recommended venue B to anyone?	
Last visit to a service	The very last time you visited a service where did you go? Can you describe your very last visit?	How did your last visit to go? How were you treated? How did you feel? What did you go for? Did you get what you wanted? Were you satisfied with the visit?	

Personal usage cont.

Topic Focus	Core questions	Additional questions or prompts	Suggested expansion material
	What are your general feelings about the services you have accessed?	Have the services you attended been welcoming, friendly, helpful, confidential etc? Are the services, easy to get to, open at convenient times? Do they provide you with all the services you want/require?	

School of Social Sciences

Appendix I: CONTRACT BETWEEN SUPERVISOR AND CANDIDATE

The relationship between supervisor and a candidate for a research degree is one of mentorship. A supervisor should advise about the structure of the degree, should direct the candidate to sources and material, may suggest better forms of expression, but in the end the dissertation or thesis must be the candidates own work.

CORRECTION OF STYLE AND GRAMMAR

A completed dissertation or thesis must be satisfactory as regards form and literary expression. Although the supervisor will point out any passages in it which are stylistically poor, or which are grammatically weak, it is not possible for a supervisor to correct great numbers of language errors, nor is it the supervisor's responsibility to do so. A student may, if necessary, and at his or her own cost, employ a copy editor to proofread the dissertation or thesis and correct errors of expression or style.

PLAGIARISM

A candidate may not include in the dissertation or thesis any quotations from another writer, or adopt substantial ideas from another writer, without acknowledgement and without reference to the source of the quotation. Direct quotations must be indicated by the use of quotation marks. All cases of plagiarism will be reported to the University Proctor for disciplinary action and may lead to the dissertation or thesis and the degree being failed.

EXPECTATIONS OF SUPERVISOR AND CANDIDATE

Projected date for the submission of the research proposal: November _2016_____

Will the candidate be expected to attend group seminars? Yes_____

Approximate frequency of such seminars __As frequently as possible_____

How often will the candidate present written work? E.g. monthly,

quarterly, etc __:_After every two months_____

How often will the supervisor and the candidate expect to meet?

e.g. monthly, every two months, etc. : _every two months_____

Approximately how soon after submission of written work

may the candidate expect comments from the supervisor? _____

Any other special provisions agreed on? _____

Candidate	**Supervisor**
.....	.....
Signed	**Signed**
.Emma Shuvai Chikovore.....	.....
Full Name: (print)	**Full Name: (print)**

Student number: 211550284……..

Date: .17 October 2016..... Date:.....

NOTE:

The supervisor's consent is required in order to submit the completed dissertation or thesis for examination and no thesis will be accepted by the Faculty Office for examination without the supervisor's approval. The supervisor must see the final version of the thesis before submission. A candidate may, if he/she wishes, insist on submission without the supervisor's consent, but this fact will be noted in the supervisor's report.