

**THE ASSOCIATION BETWEEN FAMILY STRUCTURE AND SEXUAL
RISK FACTORS RELATED TO HIV INFECTION OF YOUNG PEOPLE
[AGED 14-24] IN GABORONE [BOTSWANA]**

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Assignment Presented in the Partial Fulfilment of the Requirement for the Degree of
Masters of Philosophy (HIV/AIDS Management) at Stellenbosch University



Africa Centre for HIV/AIDS Management
Faculty of Economic and Management Sciences

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5.6 Question 4

There was no significant relationship between family structure and having a non-regular sexual partner. About 20% from each family structure admitted sex with a non-regular partner compared to 67 % from each family structure who denied it. Eleven point six percent from non-structured family said they were not sure as compared to 10.9 %. One point eight percent of the participants from well-structured family did not answer the question. Like question 3, the results of this question show that having non regular sexual partner is not dependent on the family structure of a participant. But rather, participants at this stage age group are likewise in a vulnerable state of having non regular sexual partners. This is congruent with BAIS III (2008), which reports a high percentage of 38.6 of young people aged 15-24 who have sex with a non-marital, non-cohabiting sexual partner in the last 12 months.

5.7 Question 5

From non-structured family 34.9 % admitted to have had sex with more than one sexual partners compared to 21. 8% from well-structured family. The probability value is more than 0.05 and was not statistically significant. This shows that there is no significant relationship between family structure and this risk factor. The results show that 62.8 % of those who are from non-structured family denied having sex with more than one sexual partners as compared to 78.2% of their counterparts from well-structured families. Only 2.3% from non-structured answered as not sure. The results here show that more participants from non-structured families have had sex with more than one sexual partners compared to participants from well-structured families. The result is consistent with UNDP (2001) that the young people from these families [orphaned children, or youth from families with no or single parents] could be involved in risky lifestyle because they are looking for basic needs through sex sale, or having multiple sexual partners.

5.8 Question 6

In terms of having had unprotected sex with someone with an unknown HIV status, 23.3 % of participants from non-structured family answered in the affirmative as compared to 25.5 % from well-structured family. There was no significant relationship between family structure and this factor. From a non-structured family,

72.1% answered in the contrary while 61.6% from well-structured also denied having sex with someone of unknown HIV status. Only 4.7 % from non-structured families answered as not sure. However, we see from both family structures that more than 20% of the participants have risked having sex with a person with unknown HIV status. Young people seem, according to these results to have a tendency of being involved in risky behaviours, even when there is a known risk of contracting HIV. Although the reasons are not explicitly known, there might be some sort of explanation to this behaviour. In her work, 'The Social and Cultural Construction of Sexual Risk by Youth in Botswana', Ball (1996) describes how young people define risk in their own social and cultural milieu. Ball describes adolescence as a risk taking phase and those who do so might be regarded as successful among peers hence influence one another. Behaviours that are termed risky, especially health risks might be among youth termed or labelled as sign of success and may serve as an explanation pertaining to the results to question 6.

5.9 Question 7

There was no statistical significant relationship between family structure and testing for HIV in the past 12 months. Fifty four point five percent of those who came from well-structured family had gone for HIV test in the past 12 months as compared to 58.1 % from those who are from well-structured family. From a non-structured family, 41.9 % of the participants have reported that they have not done an HIV test, as compared to 43.6% from a well-structured family. Only 1.8 % had answered as not sure from well-structured family. More than half of the participants from each family structure have taken a step to test for HIV, which shows that young people are in the habit of testing for HIV as a way of prevention. This result is consistent with what BAIS III found, about young people belonging to age group 15-24, that most of them can identify correctly ways of preventing sexual transmission HIV and actually take a step to take a test for it.

5.10 Question 8

Family structure did not show any statistically significant relationship with being treated for a sexually transmitted disease. Twenty-one percent of the participants from non-structured family have had sexually transmitted disease as compared to only

18.2% from well-structured family. A higher number of participants have denied having been treated for sexually transmitted disease; 76.7 % from non-structured family and 78.2 % from well-structured family. About two percent of the participants from non-structured family and 3.64% from well-structured answered the question as 'not sure'.

Many studies have identified the presence of a sexually transmitted disease to potentially increasing the chance of one to be infected with HIV (MoH, 2002, NACA, 2006 and UNAIDS, 2008). The results above show about 20% from each family structure have reported having been treated for sexually transmitted disease.

5.11 Question 9

From this question, there was no significant relationship between family structure and having partners 10 years older. There were 16.3 % of participants from non-structured family that admitted to have partners that are ten years older than them, as compared to 20.0 % from a well-structured family. Almost the same number from each family structure (81.1 % and 78.2 % from non-structured and well-structured respectively) has denied this practice. According to the NACA (2006), intergenerational sexual relations between older men and younger women are believed to explain the higher rates of infection seen in young people, especially among young females. Intergenerational sex also involves younger men and older women. According to NACA (2004), the older, better-resourced men and women prey on sexually naïve or economically dependent girls and boys hence in this study about 20% of participants seemed to be caught up in the practise.

5.12 Question 10

The findings of this question show 9.3 % from non-structured family have answered in the affirmative and only 1.8 % from well-structured family has also answered in the affirmative. Ninety percent of them from non-structured and 94% from non-structured and well-structured family respectively have denied occasional sex for money. Only 1.8% from well-structured has answered as not sure. Deducted from these results, five times more participants from non-structured family are involved in sex sale, than those who are from well-structured families. There was no significant relationship

between family structure and this risk factor. Although there was no significant relationship, participants from non-structured family had proven to be five times more involved in sex for money than those from well-structured family. These results are consistent with NACA (2006) observation that young people from these families could involve in risky lifestyle because they are looking for basic needs through sex sale and are also involved in unsafe sexual relations in order to support their siblings or family members.

5.13 Question 11

A percentage of 18.6% of participants from non-structured family showed that they have had unprotected sex under the influence of alcohol as compared to about half (9.1%) from well-structured family. Although almost twice the number of participants from non-structured family answered in the affirmative as from well the structured family, there was no statistically significant relationship between family structure and this risk factor. There were 76.6 % of participants from non-structured family as compared to 90.9 % from well-structured family who denied having had sex under the influence of alcohol.

5.14 SUMMARY OF THE RESULTS

The findings show that there is no difference between well-structured and non-structured families in terms of predisposing youths to certain sexual risk factors associated with HIV infection. None of the probability values between family structures and the risk factors was statistically significant. A conclusion is therefore made that whether one is from either a non-structured family (a one parent headed family, or child headed family) or well-structured (a family with both parents raising children together) does not predispose young people to HIV infection. Thus, the null hypothesis is accepted, i.e. there is no difference between well-structured and non-structured families in terms of predisposing youths to certain sexual risk factors associated with HIV infection in Gaborone.

However, there are other behavioural patterns and relationships between variables that have been established by this study. The study has shown that in higher institutions of

learning such as the University of Botswana, young people are more involved in intergenerational sexual relations than those who are in secondary schools. Lesser males have shown not to test for HIV as compared to their females counterparts, young people aged 19-24 have shown to be more sexually active than young people aged 14-18. Young people who are employed also seem not to be testing for HIV as often as those who are not employed. The results of the study have also shown that young people who report a history of sexually transmitted diseases have also not gone for an HIV test in the past 12 months. Young girls have also proven to be more sexually active than their male counterparts.

5.15 RECOMMENDATIONS

According to the results of this study, there was no significant difference for family structure in terms of predisposing participants to the risk factors associated with HIV infection. The researcher therefore recommends, based on these findings, that educational campaign on HIV/AIDS should not discriminate young people by family structure, or any social background that they may have. HIV campaigns should rather be directed to the youth in general as they have proven to be highly vulnerable (Figure 4.1.2). However, young girls have shown to be more sexually active than their male counterparts (Table 4.13.1) and this observation calls for more empowerment of the girl child in order to minimise chances of engaging in unsafe sexual relations

The results show that males are less likely to go for an HIV test than females. Recommendation is made that campaign for HIV testing be intentional in targeting males as they seem to be lagging behind in this matter. On the other hand, young females have also proven to be more sexually active than their male counterparts. This suggests that young people of different gender face different challenges, therefore there is a need to tailor make interventions based on the factors they face the most.

The results also show that the older the age group the higher the risk to get HIV infection (Table 4.13.3). In order to address this, educational campaign on issues of HIV should be intensified in age groups 19-24. The results also show age group 14-18 to be less sexually active, hence more should be done to encourage young people at

this age group to minimise the risks associated with HIV infection. Educating and empowering the youth at an early and tender age can significantly minimise the prevalence rate and incidence rate in older age groups

Employed youth seem not to be testing as frequent for HIV as their unemployed counterparts. There is a need to make intensive campaign in the workplaces for employees to test for HIV test especially the young people. There is also a need to educate the employers to release employees for HIV testing. Employers should also be taught how HIV and productivity in the workplace are related in order to appreciate the importance of giving employee time off to test for HIV.

The results show that the higher the level of education, the likelier that they may have a partner older than 10 years. More and deliberate educational efforts should target issues and risks surrounding intergenerational sexual practices. These educational efforts should be intensified in higher institutions of learning as it has been proven by the results.

5.16 CONCLUSION

From the results, it seems that young people are generally sexually active, and may be at risk of contracting HIV as a result of some risk factors. These include factors such as having non regular sexual partners and having unprotected sex with someone whom their HIV status is not known. While these behaviours (such as having sex with regular partners and having unprotected sex) and trends are termed very risky, it is also important to recognise that young people are individuals that can make right choices and can stay uninfected- irrespective of their family structure. Parents face different opportunities and risks in rearing their children because of their [children's] mental and physical make-up as well as the social environment they inhabit (Garbarino, 1992). On the other hand, young people are caught between the expectations of both traditional and modern life and their decisions about sexual relationships are influenced by their surrounding (Ball, 1996). According to this study, parents (whether staying together, married or single) do not determine the outcome of their children especially in vulnerability to HIV infection. The result of

the study shows that vulnerability to HIV infection is not related to the family structure in which the youth are raised.

5.17 LIMITATIONS OF THE STUDY

Research that deals with sexuality face limitations especially in Setswana Culture. Sex and sex issues are considered personal and private part of peoples lives and limitations were expected.

In Setswana culture, it is considered disrespectful to ask or discuss with older persons about sexual issues. As a researcher, I faced this challenge during the process of asking for permission to continue with the study from local authorities because there were older than me; for example in dialogue with school heads and community leaders there was a bit a of hesitation from the side of the local authorities since the subject was about sex and sexuality.

The population sample of the study was not randomly selected, those who wanted or who consented to the study did so voluntarily, therefore the results of the study cannot be generalised to the entire population of youth in Gaborone. The youth who consented to complete the questionnaires were given private space to complete without the researcher or the research assistant to look at what they were writing unless they had a question to ask. This was done to create a comfortable and a non threatening environment for the participants.

At times the youth preferred to complete questionnaires in groups, so the answers to the questionnaires could be biased; exaggerated or underestimated depending on the individual or the friends they were found with. Measures to minimise bias were taken but could not be eliminated completely.

Being an outsider (not a family member or school teacher) has proven to be beneficial (data was somewhat objective) as the participants perceived that I have little vested interest in their personal information.

Although the subject of sex between youth and adults is regarded as taboo, young people seemed to enjoy the subject among themselves, so there was a sense of enthusiasm as they study was being introduced to them. This could have influenced results somehow.

Out of school youth, especially among age group 14-18, had difficulty completing the questionnaires hence needed translation to Setswana. Otherwise most participants did not need any help with completing the questionnaires. In some instances, misinterpretation of the questions could have occurred.

The specific age of the participants was not solicited by the questionnaire. Only age group was determined, therefore making the results limited in terms of associating specific age with other factors. For example, the age at which young people start sexual activities could not be determined.

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APPENDIX I

QUESTIONNAIRE

COMPARING FAMILY STRUCTURE AND SEXUAL RISK FACTORS ASSOCIATED WITH HIV INFECTION OF YOUNG PEOPLE [AGED 14-24] IN GABORONE

DEMOGRAPHIC INFORMATION

INITIALS: _____

AGE:

14-18	19-24
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GENDER

FEMALE	MALE
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EDUCATIONAL BACKGROUND

PRIMARY	SECONDARY	TERTIARY
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EMPLOYMENT STATUS

EMPLOYED	UNEMPLOYED	STUDENT	SELF EMPLOYED
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FAMILY STRUCTURE

Please tick the type of family structure that best describes your family

- Well-structured Family defined as: a family with both mother and father raising children together**
- Non structured family defined as: a family with either an absence of mother or father (or both), family could be headed by a child or a grandparent**

Risk Profile questions:

1. Are you sexually active?

Yes

No

If yes, then answer the following questions:

2. I have had sex in the last 12 months.

Yes

No

Not sure

3. I have had sex with someone who I know has given money in exchange for sex

Yes

No

Not sure

4. I have had non-regular sexual partners in the last 12 months.

Yes

No

Not sure

5. I have had sex with more than one partner in the last 12 months.

Yes

No

Not sure

6. I have had unprotected sex with someone's HIV status I don't know.

Yes

No

Not sure

7. I have gone for a HIV test in the last 12 months.

Yes No Not sure

8. I have been treated for a sexually transmitted disease.

Yes No Not sure

9. I have had sex with someone who is more than 10 years older than me

Yes No Not sure

10. I occasionally have sex for money

Yes No Not sure

11. I have had unprotected sex under the influence of alcohol

Yes No Not sure

APPENDIX II

P O BOX 81961

Gaborone

27 February 2010

The Head teacher

Gaborone Secondary school

Box 100

Gaborone

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT A STUDY IN YOUR SCHOOL

I would like to ask for permission to conduct a study among the students in your school. Currently I am working with Botswana-Harvard Partnership in Princess Marina Hospital, and a student at the University of Stellenbosch.

I am studying to attain a Masters of Philosophy Degree in Management of HIV/AIDS. As part of this course; I am expected to conduct a study in partial fulfilment and requirement of this degree. The main objective of my study is to find out if there is any association between ones family structure with factors associated with to HIV infection among youth aged 14 -24.

I would be happy if my request is favourably considered.

Thank you.

Yours faithfully,

Gaseboloke Mothowaeng
P O BOX 81961
Gaborone

27 February 2010

The councillor
Gaborone Town Council
P BAG 0092
Gaborone

Dear Sir

REQUEST FOR PERMISSION TO CONDUCT A STUDY IN OLD NALEDI

I would like to ask for permission to conduct a study among YOUTH in old Naledi location. Currently I am working with Botswana-Harvard Partnership in Princess Marina Hospital, and a student at the University of Stellenbosch.

I am studying to attain a Masters of Philosophy Degree in Management of HIV/AIDS. As part of this course; I am expected to conduct a study in partial fulfilment and requirement of this degree. The main objective of my study is to find out if there is any association between ones family structure with factors associated with to HIV infection among youth aged 14 -24.

I would be happy if my request is favourably considered.

Thank you.

Yours faithfully,

Gaseboloke Mothowaeng

P O BOX 81961

Gaborone

27 February 2010

The Director

Student Welfare

University of Botswana

P /Bag 0022

Gaborone

Dear Sir /madam

REQUEST FOR PERMISSION TO CONDUCT A STUDY IN UNIVERSITY

I would like to ask for permission to conduct a study among the students in the University. Currently I am working with Botswana-Harvard Partnership in Princess Marina Hospital, and a student as well at the University of Stellenbosch.

I am studying to attain a Masters of Philosophy Degree in Management of HIV/AIDS. As part of this course; I am expected to conduct a study in partial fulfilment and requirement of this degree. The main objective of my study is to find out if there is any association between ones family structure with factors associated with to HIV infection among youth aged 14 -24.

I would be happy if my request is favourably considered.

Thank you.

Yours faithfully,

Gaseboloke Mothowaeng