Risky Sexual Behaviour among South African adolescent Learners: Possible Interventions?

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Overview

- Introduction: Statement of the problem
- The Information, Motivation and Behavioural skills model (study and summary of findings)
- Proximal factors in adolescent risky sexual behaviour
- Intermediate factors in adolescent risky sexual behaviour
- Distal factors in adolescent risky sexual behaviour
- Recommendations for families, schools, teacher unions, youth organisations, etc
- Conclusion
Problem stated

- Rising rates of sexually transmitted infections among adolescents (UNAIDS, 2002)
- Young females – main victims of HIV infection; global gender distribution – 59% female; 41% male (UNAIDS, 2007)
- No fewer than 17,260 learners got pregnant in one year in KZN province; 60 from one school (Sowetan, March 11, 2011); 45 000 a year country-wide
- Clearly, unprotected sex – rife among adolescent learners;
- An increasing number of learners in primary & secondary schools in SA living with HIV (Francis & Francis, 2004)
Despite the increase of knowledge among adolescents, HIV infections continue to rise. Hartell (2005): adolescents do not practice safe sex, generally; 50% of the sexually active never use a condom; less than 10% use a condom regularly. What interventions work in addressing the problem of risky behaviour among adolescents?
The Information, Motivation and Behavioural Skills Model

- First advanced by Fisher & Fisher, 1992; based on a health behaviour theory that implicates three factors that determine AIDS prevention behaviour:
  - information/knowledge about the transmission & prevention
  - motivation to reduce risk
  - behavioural skills to practice prevention
- Focuses on issues of adolescent empowerment in behavioural change
The Study

- **Purpose:** to apply the IMB model in a school-based programme for the reduction of HIV-risk behaviour among adolescents in SA schools

- **Research question:** Can an intervention based on the IMB model be used to effect appropriate sexual behaviour and practices and thereby reduce the likelihood of HIV-risk behaviour amongst adolescent learners in township public high schools in South Africa?

- **Research Sample:** 259 Grade 11 learners in two high schools in Alexandra township, Johannesburg

- **Method:** Existing and prior intervention initiatives were identified in Alexandra township; IMB model-based approach was implemented using the following design:
The Study, continued

- Base-line study (Time 1) at both schools;
- A three-week HIV/AIDS intervention programme at School 1: Themes –
  - Week 1: HIV/AIDS Information
  - Week 2: Motivation
  - Week 3: Behavioural Skills
- Post test (Time 2) at both schools;
- Three-week intervention programme repeated at School 2
- Post test (Time 3) at both schools;
- Final post test (Time 4) at both schools
Summary of the Findings on the IMB

- *Before* the intervention, adolescent learners already possessed an enormous amount of HIV/AIDS information; however, important knowledge gaps still existed in certain aspects of HIV and AIDS; *after* the intervention information levels rose significantly.

- Levels of **motivation** were also increased by the intervention; information – an important factor influencing HIV/AIDS risk perceptions and behaviours.
With more information, learners’ attitudes towards performing HIV preventive behaviours were strengthened (found it easy to delay sexual intercourse till when older, refuse sex without a condom, etc)

The application of an IMB model may not, on its own, effectively reduce risky sexual behaviour in adolescents

This is because adolescent risky behaviour may be caused by a variety of factors and influences in their lives

Accordingly, preventive strategies aimed at reducing risky sexual behaviour among adolescents must incorporate social, cultural, economic and other structural challenges faced by adolescents
Attitudes towards risky sexual behaviour: Elkind’s social cognition theory – personal fable (I’m unique; I can handle anything; that won’t happen to me; I can never be hurt; false sense of power); do not perceive themselves to be at risk.

Lack of awareness of what constitutes risky behaviour: (Sarker et al, 2005; Barden-O’Fallon et al, 2004; Pettifor et al, 2004; Macintyre et al, 2004); Lack of accurate information about AIDS and sexuality; lack of personal skills for safe sex.
Proximal Factors, cont’d

- **Myths and cultural beliefs** that reinforce negative attitudes about safe sex
- **Peer pressure**: Elkind’s theory of the imaginary audience (peer group as source of emotional satisfaction & psycho-social development)
  - sexual behaviours of adolescents are peer-driven (Le & Kato, 2006; Pedlow & Carey, 2004; Eaton et al, 2003)
Proximal Factors, cont’d

- Adolescents from poor backgrounds tend to associate with deviant peers, making them vulnerable to risky sexual behaviour (Brook et al., 2006)
- There exists strong levels of peer disapproval of condom use and peer pressure to be sexually active (MacPhail & Campbell, 2001)
- Adolescents who engage in risky behaviour are more likely to have peers who engage in other problem behaviours, e.g. Alcohol, drug use (Jessor, Donovan & Costa, 1991).
Alcohol and Risky Sexual Behaviour

- Direct relationship between alcohol use & increased risk of HIV infection in SA (Cook & Clark, 2005)
- Association also noted among teenagers, adult men & women, prostitutes and pregnant women
- Alcohol linked with sexual abuse, risky sexual behaviour & having multiple sexual partners (study in Gauteng & Western Cape, by King, et al, 2004)
Intermediate (Family-Related) Factors in Adolescent Risky Behaviour

- HIV risk behaviour generally exacerbated by the breakdown of family systems through labour migration (van den Bergh, 2008)
  - children left in the care of older siblings, most of whom have been poor models for the younger ones;
  - Reduced parental instruction and authority; poor parent-child relationships; parental absence – increased sexual risk behaviour (Brook et al, 2006)
- Masatu, Kazaura, Ndeki & Mwampambe (2009): school adolescents in Tanzania are 3 times more likely to have multiple sexual partners & unprotected sex than out-of-school adolescents. Reasons:
  - Peer pressure at school; loose parental monitoring during the school days when adolescents are at school
Intermediate Factors, Continued

- USA study by Jones, Darroch & Singh (2005):
  - strong correlation between the number of hours a youth is unsupervised and their sexual activity;
  - parental attachment & decreased monitoring play a role in risky behaviour

- Salama (2011): Study of Xhosa speaking adolescents in Cape Town
  - children whose relationship with their parents was poor reported attitudes that placed them at risk for HIV infection
  - in other words, children’s attitudes to early sexual activity, condom use, sex with older adults, etc. were associated with parental relationships
Distal (Socio-economic) Factors in Adolescent Risky Behaviour

- Hallman (2004): Poor populations, unskilled workers and people with a low educational level - vulnerable to HIV infection
- Hartell (2005): poor young people start their sexual experience at an even younger age, lacking knowledge and skills to protect themselves
- Poor socio-economic conditions & lack of opportunities; poor school environment can enhance high risk sexual behaviour (Brook et al, 2006; Breinbauer & Maddalene, 2005; Simbayi et al, 2004)
- Most poor parents are less nurturing & involved in their adolescents’ lives (Govender & Moodley, 2004; Paruk et al, 2005)
Distal Factors, Continued

- Most females from poorer households are more likely to be sexually active and reduce condom use (Dinkelman, Lam & Leibrandt, 2008; Madise, Zulu & Ciera, 2007)
- Most female adolescents from schools in poorer communities engage in unprotected sex with older partners from outside the school system (Shisana et al, 2009; Frank et al, 2008; Chatterji, Murray, London & Anglewicz, 2005; Ganyaza-Twala & Seager, 2005; LeClerc-Madlala, 2003)
- Learners exchanged unprotected sex for money & gifts from men who, at times, had a history of multiple relationships. This practice of age-mixing or intergenerational sex has been identified as a major factor in the spread of HIV (Katz & Low-Beer, 2008)
Recommendations for the home/family

- Key factor for risky adolescent behaviour starts in the home. *Adolescents model what they see and are left to steer themselves when they have no guidance* and are left to their own devices.
- Adolescents who felt a strong sense of *closeness to their parents* and to their school, and adolescents whose parents put *high expectations on them for academic success* had a lesser chance of becoming involved in risky behaviour (Brown, 1998).
Recommendations for the home/family, cont’d

- *Family systems need to be strengthened* to promote greater parental instruction and authority. There is a need for more parental presence and supervision.

- Poor *parental monitoring and parent-child coercive interactions* were associated with having deviant peers and risky sexual behaviour. Less availability of parental figures in the family was directly associated with risky sexual behaviour and poor parental monitoring.
Recommendations for schools

- Schools should focus on specific behavioural goals at a time – behaviours that may lead to HIV infection or unintended pregnancy; they must spend less time on other sexuality issues, such as gender roles, dating and parenthood.
- Help learners develop communication, negotiation and refusal skills through and *modelling and practice* (role-playing, written practice, etc.)
- *Peer influences:* Adolescent peers may engage in different problem behaviours; adolescents whose peers engage in problem behaviours are likely to engage in risky sexual behaviour.
Recommendations for schools, cont’d

- Schools must enable learners to *recognise social influences* – that social pressures on youths need to be resisted; these must go beyond the cognitive level – change individual values, group norms and build social skills

- Basic, accurate information about the risks of unprotected sex to be provided to learners *through experiential activities*: small group discussions; games, simulations, role-playing; brain storming, etc.

- Reinforce specific values and norms against unprotected sex: norms to match the *experience and age of the learners*

- Firm control on the use of alcohol and drugs by learners & teachers

- *Strengthen partnerships with families & communities*
Recommendations for communities, Government

- **Churches**: religious teens who attend church and youth activities regularly, prayed often, are less likely to be sexually active (Nonnemaker, McNeely & Blum, 2003); churches to promote religion amongst adolescents

- **Teacher unions, youth organizations**, etc. to lead out in reducing risky sexual behaviour; promote sport & recreation activities; discourage alcohol consumption

- **Government**: to support schools and communities in formulating policies and implementing practices aimed at reducing risky sexual behaviour; bring back Religious Education in schools; address the problem of poverty, especially of female adolescents, in our communities
Conclusion

• Nelson Mandela (2002): *My dear young people, I can see the light in your eyes, the energy in your bodies, and the hope that is in your spirit. I know it is not I, but you who will make the future. It is you, not I, who will fix our wrongs and carry forward all that is right in the world.*

• However, this noble dream and hope of Tata Mandela cannot be a reality when our young people are sick, infected and dying due to risky sexual behaviour.

• It is our job as society to put our heads together and find ways to engage our adolescents in safe sexual practices.