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UNIVERSITY OF SOUTHAMPTON

ABSTRACT

**FACULTY OF MEDICINE, HEALTH AND LIFE SCIENCES
SCHOOL OF MEDICINE**

Doctor of Philosophy

**FAMILY CONTEXT AND THE COMPLEXITY OF PARENTING: A FOCUS ON
THE INFLUENCE ON YOUNG PEOPLE'S SEXUAL BEHAVIOUR IN RURAL
TANZANIA**

By Joyce Mawa Wamoyi

Sexual activity among young people in sub Saharan Africa is a key risk factor for HIV infection. The aim of this study is to understand the role of family context and parent-child relationships in influencing unmarried young people's sexual behaviour. Specific objectives include: to characterise young people's family contexts and interactions; to study if and how family context and parent-child relationships influence young people's sexual behaviour for example engagement in transactional sex; to explore barriers to positive parental influence on young people's sexual and reproductive health (SRH) behaviours; and to study how families/parents can support young people in ways that minimise risky sexual behaviour and which are acceptable within the cultural context.

An ethnographic research design was used, with information collected using participant observation, in-depth interviews and focus group discussions. The study setting was a rural community in North Western Tanzania. Participants for the study were unmarried young people aged 14-24 years and parents/carers of young people within this age group.

Four family types were identified as relevant for young people's upbringing. These were: both parent, single parent, grandparent and child-headed families. These families had different socio-economic circumstances that were important for parent-child relationships. Parent-child relationships were determined by beliefs and expectations about young people's sexual behaviour which influenced aspects such as material needs provision, control and monitoring, and communication about SRH. Interactions varied with the gender of the child, schooling status, family type, a child's contribution to the family economic needs, and child's previous experience of undesirable SRH outcome such as unplanned pregnancy.

Challenges to positive parent-child relationships were: cultural inhibitions to parent-child interactions; contradictory beliefs and expectations about young people's sexual behaviour; limited knowledge about SRH; inability to provide adequately for young people's needs; and the socio-economic changes that seem to have empowered young people more than parents. The main suggestions from participants for enabling parents/families to work with young people to reduce their SRH risks were: provision of SRH education for parents and improvement of the economic situation of families so that they could be able to provide adequately. Based on these findings, there is a need for families to be strengthened to be able to support their in and out-of-school young people socially and economically in order to reduce their SRH risks. Among some of the support that would be crucial is building up parenting skills that are specific to this cultural context and that would enable parents to acknowledge the changing socio-economic circumstances and the SRH risks facing their young people.

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DECLARATION OF AUTHORSHIP

I, **JOYCE MAWA WAMOYI**, declare that the thesis entitled:

‘Family context and the complexity of parenting: A focus on the influence on young people’s sexual behaviour in rural Tanzania’

and the work presented in the thesis are both my own and have been generated by me as part of my own original research. I confirm that:

- this work was done wholly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at the University or at any other institution, this has clearly been stated;
- where I have consulted the published work of others, this is always clearly attributed;
- I have acknowledged all the main sources of help;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what was contributed by myself;
- none of this work has been published before submission

Signed:.....

Dated:.....

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ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune deficiency Syndrome
DSS:	Demographic Surveillance Site
FGDs:	Focus Group Discussions
HALIRA:	Health and Lifestyles Research Programme
HIV/AIDS:	Human Immunodeficiency virus/Acquired Immune deficiency Syndrome
HIV:	Human Immunodeficiency virus
IDIs:	In-depth interviews
IEC:	Information, Education and Communication
KOC:	Kisesa Open Cohort
MDG:	Millennium Development Goal
MRCC:	Tanzanian Medical Research Co-ordination Committee
NACP:	National AIDS Control Programme
NBS:	National Bureau of statistics
NGO:	Non-governmental organisation
NIMR:	National Institute for Medical Research
SRH:	Sexual and Reproductive Health
SSA:	Sub-Saharan Africa
STI:	Sexually Transmitted Infection
TACAIDS:	Tanzania Commission for AIDS
TDHS:	Tanzania Demographic Health Survey
UNAIDS:	Joint United Nations programme on HIV/AIDS
UNICEF:	United Nations Children’s Education Fund
USAID:	United States Agency for International Development
WHO:	World Health Organisation

CHAPTER 1

INTRODUCTION

As young people continue to be at increased risk for Human Immunodeficiency Virus infection and other sexual and reproductive health (SRH) problems, there have been several interventions designed to change young people's sexual behaviour in sub-Saharan Africa (SSA). Unfortunately most have not had the desired impact. Some interventions have been demonstrated to reduce young people's sexual risk behaviours for short periods of time but have failed to show sustained changes covering multiple risk behaviours long term (Stanton *et al.*, 2004). The social environment of young people, particularly with regards to the family, has been given little consideration when designing young people's SRH interventions. In Tanzania, school based SRH interventions focussing on changing young people's sexual risk behaviours have had little success. They have faced resistance from young people's families and been blamed for increasing sexual activity among unmarried young people (Wight *et al.*, 2006a). There is an urgent need to better understand the family context and interactions and how they may influence young people's sexual behaviour. Such understanding can be anticipated to support more effective and sustainable behaviour change interventions.

The study utilised an ethnographic research design and collected information on the meaning of, and fluidity of families, family socio-economic circumstances, parenting practices and the role of these on young people's sexual behaviour particularly behaviours related to vulnerability to undesirable SRH outcomes such as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), Sexually Transmitted Infections (STIs), unplanned pregnancy, and gender based violence. Specific SRH issues explored were: the nature of sexual relationships (e.g. partner choice and numbers), transactional sex, condom use, contraception use, and beliefs about HIV.

The study setting is a semi-rural community in North Western Tanzania. Participants for the study were unmarried young people aged 14-24 years and parents/carers of 14 to 24 year olds. These were drawn from two rural villages in Mwanza. The methods employed for data collection included participant observation, in-depth interviews and focus group discussions.

This chapter includes background and rationale for the study whereby an argument on why it was important to undertake this study is given. This is then followed by a presentation on the aims and objectives of the study and finally, an overview of the structure for the thesis.

1.1 Background and rationale for the study

The rationale for this study has been divided into two sections: gaps in knowledge and methodological considerations. The section on gaps in knowledge presents what is currently lacking in the reviewed literature and how this study would address it, while the section on methodological considerations focuses on the methodological limitations of the reviewed studies and how this study has taken them into account in the study design. The rationale draws on references and examples that have been discussed in detail in the literature review section.

1.1.1 Gaps in knowledge

As the HIV/AIDS epidemic continues to spread in Tanzania, there is an urgent need to better understand the social processes and factors that influence sexual behaviour so that effective prevention programmes can be designed and implemented. This is required particularly among young people whose HIV/AIDS prevalence rate continues to rise. A large proportion of studies have been conducted on how parents influence adolescent sexual behaviour, with most focused in the developed countries (Crosby *et al.*, 2001, Henrich *et al.*, 2006, Voisin, 2002). Many have examined the relationship between parent-adolescent communication about sexual issues, including HIV/AIDS and sexual behaviour. In the light of findings from these studies it is clear that it is important for research efforts to identify the family interactions prevalent in SSA as well. There is overwhelming evidence of the need to involve parents as part of the comprehensive strategy for improving young people's health and development. However, there is limited evidence from developing countries of how parents may influence adolescent behaviour and how to engage them in young people's SRH issues.

Numerous studies have also narrowly focused on individual agency influence such as peers and parents while there has been little consideration of the role of the young people's wider family. Hence, several aspects of the family influence on young people's sexual behaviour in a SSA setting remain unexplored. One of these aspects is the influence of family type and environment. This study recognises that families, friends, schools and communities may play an important role in the lives of young people. The family is looked at in general to include

parents/carers, siblings and relatives living with young people. Taking a broader view of family may lead to greater understanding of young people's sexual behaviour which is critical to designing effective family supportive HIV prevention programmes for young people. In addition, a focus on family rather than an individual centred approach may have effects over and above that seen on young people's behaviours.

In SSA, a few studies have focused on young people's family interactions through parent-child communication about sex (Mireku, 2003) and material support (Omoteso, 2006, Oyefara, 2005). While these studies have shown some effects they are too scanty to be conclusive. Some have recommended parental involvement in guiding adolescents in making responsible decisions around sex (Mireku, 2003, Omoteso, 2006) without exploring if they actually currently do this, how they would do it and what exactly they should communicate and how and why they communicate. The present study explores if and how parents and other adult family members communicate with young people generally and in particular about SRH focusing on the timing and reasons for the communication. Understanding communication patterns within the family makes it possible to better understand family connectedness, decision-making in the family, family regulations, gender role expectations and what is possible to communicate about SRH.

Moreover, most of the studies on communication about SRH in the developed countries (Henrich *et al.*, 2006, Whitaker *et al.*, 1999) and SSA (Mireku, 2003, Omoteso, 2006) have focused exclusively on secondary school going adolescents. This approach though relatively easy to execute, leaves out the out-of-school young people. As many of the East African countries strive to achieve the millennium development goal (MDG) on universal primary education, only 39% of young people attend primary school and 23% reach secondary school (UNICEF, 2007). In Tanzania, only 13% of children reach secondary school (*ibid*). Young people who attend school may be untypical in terms of relative affluence, knowledge of HIV/AIDS and ways of thinking about the future.

Since previous studies on parental influence conducted in developed countries have been located in schools, these studies may not hold true in more conservative developing country settings like Tanzania where there are differences in the dynamics of the HIV/AIDS epidemic, school attendance, educational attainment, parenting styles, family context and social norms. Moreover, the out-of-school young people may strongly influence the in school young

people's sexual behaviour and are also at increased risk themselves, partly resulting from less control from schools and family (Wight *et al.*, 2006a). This study addresses this gap by exploring parental influence on the in and out-of-school young people. This may be useful for designing interventions which are appropriate to the context.

Literature has also shown that young people, particularly women in SSA, are very subordinate (Macdonald, 1996, Muyinda *et al.*, 2001). Cultural norms expect them to be respectful and never question parents or elders (Haram, 2005, Wight *et al.*, 2006a). Given that HIV/AIDS in Africa is mainly heterosexually transmitted, sex in the context of gender inequality is very important. This will be helpful in understanding power relations within families and within young people's sexual relationships and how this may impact on their overall SRH behaviour.

Studies also suggest that although interventions aimed at reducing young people's vulnerability have been designed, most have had little success in changing sexual behaviour (Mwaluko *et al.*, 2003). Some have even met with resistance from young people's families (Wight *et al.*, 2006a). Hence in the light of these findings, it is worthwhile for interventions targeting young people both in school and out-of-school to understand how and when to involve parents and families. The strong association found between parental influence and safe SRH behaviour observed from studies conducted in developed countries does indicate that parents/families should be involved (Crosby *et al.*, 2001, Miller *et al.*, 1998, Voisin, 2002, Whitaker *et al.*, 1999). This study will provide recommendations based on suggestions from parents themselves on how they would like to be involved in reducing their young people's HIV vulnerability and how they would like other institutions to be involved.

Most research in SSA has concentrated on understanding high-risk behaviour among groups such as commercial sex workers (Brown *et al.*, 1993, Cote *et al.*, 2004, Gysels *et al.*, 2002), while little has been done to understand the role of young women's family context and their decision to engage in transactional sex. Transactional sex can be distinguished from sex work in many studies that have found this practice to be common among young women (Kaufman and Stavrouv, 2004, Longfield, 2004, Meekers and Calves, 1997). For example, a qualitative study from Cameroon found that young people differentiated a 'sex worker' from someone engaging in transactional sex on the basis of dependence on sexual exchange to meet basic needs such as food and shelter with those relying on it as the main means of survival being

classified as sex workers (Longfield, 2004). Several authors have also noted that rather than exchange being seen as sex work, it reflects a view of sex in terms of reciprocity (Kaufman and Stavrouv, 2004, Longfield, 2004, Meekers and Calves, 1997). Kaufman (2004) found that gifts play an important role in shaping the sexual terms of a relationship and may have pernicious effects on the ability of girls and sometimes boys to express their preferences in the type of sexual activity and its timing. Gift giving may be seen as a means by which to establish relationships and intimacy and young people were well aware of its symbolic meaning. This differs from sex work whereby an emotional bond may not exist and where the terms of exchange are explicit and negotiated prior to a sexual encounter.

Although most of the young women engaging in transactional sex report doing this out of poverty and lack of parental support, none of the studies reviewed has investigated parental views on the practice and if it is in any way linked to their lack of material provision. Moreover, none of the studies in SSA has also looked at young people's feelings and satisfaction with the available familial support. There are limited studies from Tanzania that have examined the important question of whether or not young people (in and out-of-school) get support, the type of support they get from their families and whether or not such support is associated with safer sex behaviours and their decision to or not to engage in transactional sex. This study also focuses on rural unmarried young people and sets out to understand more fully, if and how young women's family circumstances accelerate or safeguard them against transactional sex. Given the heightened vulnerability of young women to HIV and the strong association found between HIV and transactional sex, understanding of the role of family provision of material needs and young people's engagement in transactional sex is critical for interventions to protect them from HIV infection. This will offer useful insights into what can be done to reduce young women's vulnerability as a result of this practice in future. The results will aid service providers and policy makers to deepen their knowledge of the complexities involved in order to better help young women who transact sex and silently experience undesirable SRH outcomes.

A WHO (2007) review on parenting has attempted to summarise parenting practices through which parents influence their children's behaviours as: connectedness, behavioural control, provision and protection respect for individuality and role modelling. However, the review has been one-sided, focussing on what parents should do for their children while little consideration has been given to the contribution of young people to their families and the

effects of this on the parenting practices adopted in families. In addition, the WHO definitions of some of the parenting dimensions suggested may not have the same meaning in different settings and hence limiting their universal application. In this study, family functioning and parent-child relationships were approached with an open mind. Approaching it in this way was useful in the obtaining an emic understanding of the nature of interactions in families and why they happened that way.

1.1.2 Methodological considerations

Most of the studies that have been conducted on parental influence on young people's sexual behaviour have mainly collected information from young people and not their parents and other family members. This can result in information bias resulting in an unbalanced picture of what is actually happening in families and as regards parent-child relationships. This study involved both young people and parents for a complete picture of the accounts and a clear understanding of the family interactions and young people's sexual behaviour.

Pequegnat *et al.*, (2001) noted that basic and applied family research is challenging because of methodological difficulties and inherent complexities in family interactions. Quantitative measurements of the structural components of the nuclear family which seems common in most studies do not capture the behavioural components of familial interactions. It has also been noted that the validity of sexual behaviour data is highly problematic (Luke, 2003, Plummer *et al.*, 2004). It is therefore very difficult to obtain valid data on these critical topics, particularly through quantitative interviewing. To overcome some of the limitations inherent in self-reporting methods, this study triangulated participant observation with other methods. Participant observation does not rely entirely on self-reporting (Bernard, 1995, Lambert, 1998) and has been found to be a particularly valid method for collecting sexual behaviour data (Plummer *et al.*, 2004) since it distinguishes between normative statements, narrative reconstructions and actual practice (Lambert, 1998). By observing parents and young people interacting in their daily activities, this method was useful in complementing the findings from interviews and focus group discussions.

A considerable amount of research has been conducted on how HIV has impacted on families in SSA, but not how families influence behaviours that can impact on HIV in SSA and Tanzania in particular. Young people's vulnerability in Tanzania cannot be understood without taking the situation of families/parents into account. In summary, research on this

topic is important for Tanzania for two main reasons. First, in Tanzania as in some parts of SSA, the institution of the family/parents plays a significant role in the life of young people. Second, considering the health risks posed to Tanzanian young people that are sexually active, the lack of data and research that examine the association between sexual behaviour and family influence is a major gap in the existing literature on young people and HIV risk. Ultimately, findings from such research should help in the effort to design and implement feasible HIV/AIDS, STIs and unplanned pregnancy prevention programmes in the country.

1.2 Aims and objectives of this study

The aim of this research is to study the role of family contexts and parent-child relationships in influencing rural unmarried young people's sexual behaviour.

Specific objectives are:

1. To characterise young people's family contexts and interactions
2. To study if and how family context and parent-child relationships influence young people's sexual behaviour for example, decision to transact sex
3. To explore the barriers to effective parent-child relationships on influencing young people's sexual behaviour
4. To study how families can support young people to minimise risky sexual behaviour in ways that are acceptable within the cultural context.

1.3 Organisation of the thesis

This document has been divided into ten chapters. Chapter one presents the introduction, background, rationale, aims and objectives of the study. The rationale has been structured into gaps in knowledge and methodological considerations.

Chapter two includes a review of literature on studies that have been conducted on families and parenting and young people's sexual behaviour around the world and SSA. The inclusion of literature from around the world is due to the dearth of literature on family context and parenting from SSA. This chapter also provides theoretical perspectives which mainly include a review of relevant theories to the study. Finally, a theoretical framework for the study is provided.

Chapter three consists of background information on Tanzania whereby an overview of the HIV pandemic and government responses toward it are provided. Subsequently, the policy

situation on young people's SRH in Tanzania is given. Next, is a description of the study setting and why it was selected for this study.

Chapter four presents the research design and methodology for the study. It highlights the philosophical issues in social science research and why this approach was adopted for this study. In this chapter, the theoretical basis and the actual use of the methods selected is discussed. Included in this chapter are also how the analysis was conducted, the reliability and validity issues and a reflection on the researcher's role in the study.

Chapter five consists of findings on the family context and interactions. It provides introductory information for the other findings chapters. In this chapter, the family is conceptualised according to the local meaning and understanding of what constitutes a family, and classified according to whom young people live with. Gender interactions between family members are also presented here

Chapter six comprises of findings on the family/parent beliefs and expectations on young people's sexual behaviour and what, how and when they communicated about SRH in the families.

Chapter seven includes findings on how young people obtained their material needs and how family economic support may have influenced young people's decision to engage in transactional sex.

In chapter eight, findings on the control and monitoring mechanisms used by parents on their young people's sexual behaviour, the motivations for parental control and monitoring and how this has shaped young people's sexual decision making (e.g. decisions to abstain, transact sex) are provided.

Chapter nine consists of findings on the nature of young people's sexual behaviour; the effect of young people's sexual behaviour on their relationships with their families; challenges to positive parent-child relationships; and suggestions on how families can work with young people to reduce their sexual risk behaviours.

Chapter ten is the final discussion and conclusion of my thesis and includes: a summary of the study in relation to the study objectives; a summary of the contribution of this study; policy and programmatic implications; limitations of the study; and areas for further research work.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter presents a review of the literature on sexual behaviour of young people in SSA and Tanzania. The subject of family role particularly parenting has been actively researched in the developed countries. Research on sexual behaviour has also received much attention specifically with the advent of the HIV/AIDS pandemic. The review therefore pays attention on literature focussing on family role in child upbringing and young people's sexual behaviour, both from developed countries and SSA. The inclusion of literature from developed countries is because of dearth of literature from SSA on family influence on young people's sexual behaviour. In this study, specific attention has been paid on family context in child upbringing and the social and economic changes in the African family as this is important in understanding how families function.

The review on young people's sexual behaviour has put emphasis on gender inequalities in sexual relationships and risk for HIV, exchange of money and gifts within sexual relationships in SSA and the implications of this on young people's SRH. Relevant theories to the study are also presented. Based on the literature reviewed, it is clear that young people's sexual behaviour and parenting is important in determining their risk to HIV and other SRH problems. Subsequently, a framework comprising of an overview of how the reviewed theories have been utilised to inform the study and an approach as to how family context, parent-child relationships and young people's sexual behaviour are going to be studied is provided.

2.1 The need to focus on young people's sexual behaviour in Tanzania

Studies in Tanzania have indicated that young women's motivation to engage in premarital sexual activity is motivated by peer pressure and sexual exchange, while young men's is masculine esteem (e.g. prove that one is a man and able to father children), gain sexual experience, but also peer pressure (Boerma *et al.*, 2002, Nnko and Pool, 1997, Wight *et al.*, 2006a).

Therefore, understanding young people's sexual behaviour is crucial in understanding trends in SRH outcomes such as HIV/AIDS, STIs and unplanned pregnancy. These outcomes are detrimental to young people's overall health and pose a challenge to a country's development. As in many parts of SSA, sexual activity begins early in Tanzania. By age 15, 11% of the girls and boys have had sex (Tanzania Commission for AIDS *et al.*, 2005). In Mwanza (study setting), sexual behaviour data indicate that by the age of 15, over 50% of young people have had sex (Boerma *et al.*, 2002). In addition to the increased vulnerability to HIV/AIDS, young people are also at increased risk of STIs and unplanned pregnancy. For example, the prevalence of genital ulcer is 10.5% among men aged 15 to 49 and 5.5% among their female counterparts (Boerma *et al.*, 2002), while prevalence for herpes simplex virus is 20% among men and 50% among women (Mosha *et al.*, 1993). Syphilis is a major cause of morbidity among women in Mwanza (Mosha *et al.*, 1993, Obasi *et al.*, 1999).

Evidence indicates that sexually transmitted infections contribute to the spread of HIV/AIDS. For example, the presence of an untreated STI enhances the acquisition and transmission of HIV by up to 10 times (UNAIDS and WHO, Dec 2005) and hence, people with STIs are more likely to become infected with HIV if exposed through sexual contact (Grosskurth *et al.*, 1995, UNAIDS, 2002). In the study by Grosskurth *et al.*, (1995) although young people were found to be at risk of STIs, those who were infected were reluctant to seek treatment.

Generally, knowledge on HIV/AIDS is still moderately low in Tanzania with 44% of the young women and 49% of the young men being aware of five most important elements of HIV/AIDS transmission (Tanzania Commission for AIDS *et al.*, 2005).

2.2 Sexual risk behaviours of young people in Tanzania

As indicated in the statistics in section 2.1, young people are at increased risk of undesirable SRH outcomes. Their sexual behaviour is the most important factor responsible for these outcomes. Examples of these factors that contribute to risky sexual behaviour are: lack of condom use, multiple partners, having sex with older partners, transactional sex and gender inequalities. Quantitative studies from Tanzania (Barongo *et al.*, 1992, Boerma *et al.*, 2002, Kapiga *et al.*, 1994) have noted a positive correlation between increased number of partners and HIV risk.

In Tanzania, condom use among young people is generally low (National AIDS control Programme, 2001, Wight *et al.*, 2006a). In the 2003-04 Tanzania HIV/AIDS Indicator survey (THIS), although over half of the women and almost three quarters of young men knew where a person could get condoms, only 17% of young women and 26% of young men aged 15-24 mentioned they had used condoms the first time they had sexual intercourse (Tanzania Commission for AIDS *et al.*, 2005). What this may imply is that although young people had some theoretical knowledge of HIV/AIDS and STIs, very few truly understand the risks around them. In rural Mwanza, studies have found that although knowledge about condoms is relatively high, use is low (Boerma *et al.*, 2002, Munguti *et al.*, 1997). As indicated in table 2.1, a study conducted in Kisesa (the study setting) found that 85% of the men and 69% the women had heard of condoms but only 18% of men and 4% of women had ever used a condom (Boerma *et al.*, 2002).

Table 2.1: Selected indicators of sexual behaviour in Kisesa, 1996-97

	Men		Women	
Median age at first sex among the 15-24 year olds	17.3		15.8	
	n	%	n	%
Adolescence				
Premarital sex among ever married 15-24 year olds	1220	73.8	584	65.4
Multiple partners				
Had non-marital non-cohabiting partner in last year	2916	59.0	3497	24.9
Two or more partners in the last month	2916	8.9	3497	1.7
Three or more partners in the last year	2916	28.5	3497	1.9
Extra marital partner in the last year	1344	44.7	2460	4.3
Condoms				
Ever used	2916	18.2	3497	3.7
Uses sometimes with marital partner	1338	7.8	2460	0.9
Uses sometimes with regular partner	784	18.4	602	4.2
Uses always with regular partners	602	2.3	602	1.5
Used sometimes with casual partners	1430	17.4	261	6.1
Uses always with casual partners	1430	8.0	261	6.5

Source: Boerma *et al.*, 2002

Young people's sexual behaviour is influenced by the social and economic context. The aspects of this context that increase or decrease susceptibility of young people to these outcomes include gender issues in relationships and families, poverty, and cultural norms (Boerma *et al.*, 2002, Wight *et al.*, 2006a). Poverty has been noted as characterising most families in rural SSA (UNICEF, 2006). Studies in Tanzania (Boerma *et al.*, 2002, Nnko and Pool, 1997, Wight *et al.*, 2006a) have noted that in order to satisfy their material needs, young

women from poor families may engage in casual sexual activity with multiple partners or casual partners or agree to have sex without a condom. Desmond *et al.*, (2005) found that in an endeavour to maximise financial gains, women engaged in high risk sexual practices such as anal sex.

It is noteworthy to mention that there have been conflicting findings on why young women engage in transactional sex. While some studies in other parts of SSA have noted that young women's involvement in transactional sex is often blamed on family failure to provide adequate economic support mainly as a result of poverty (Longfield, 2004, Meekers and Calves, 1997, Twa-Twa, 1997, Omoteso, 2006), others have noted that even in families which are relatively wealthy, children and young people may not be well supported materially (Meekers and Calves, 1997, Sender and Sheila, 1990). Meekers (1997) noted that a family having economic resources was not in any way linked with provision for young people's needs and hence it was not uncommon for women and children in a particular household not to have adequate clothing, while the husband/father of these women and children is relatively wealthy.

Studies suggest that premarital sexual relationships involving young women and older men have adverse SRH implications (Boerma *et al.*, 2002, Luke, 2003, Silberschmidt, 2001). In the context of HIV, the formations of partnerships between young women and older men have resulted in high rates of HIV infections among young women than young men of the same age (Boerma *et al.*, 2002, Grosskurth *et al.*, 1995). Other SRH implications relate to the imbalance in power in decision making in the relationship (Luke, 2003, Wight *et al.*, 2006a). Luke (2003) observed that while girls initially have the power to choose the older partners, once in the relationships, it is the older men who control the relationships, including condom use in some situations, through the use of violence (Luke, 2003).

2.3 Family and its influence on child behaviour

According to George Murdock (1949) a family is a social group characterised by common residence, economic co-operation, and reproduction. It includes adults of both sex, at least two of whom maintain a socially approved sexual relationship, and one or more children, own or adopted, of the sexually cohabiting adults (Halarambos *et al.*, 2004). On the other hand, Pequegnat *et al.*, (2001), defined family as a network of mutual commitment. They argued that this definition is a response to the non-traditional nature of so many families affected by HIV/AIDS, which because of fluidity and permeable boundaries around them cannot be

defined in conventional ways. In addition, they mentioned that when families are defined as networks of mutual commitment, families can be included in research in ways that better reflect the actual functioning of family groups that represent a broad range of cultural influences.

It is clear that although definitions of family may vary by context and culture and within historical time periods, what varies less is the importance of the family. According to Bronfenbrenner, (1986), 'healthy' family functioning is expected to play a positive role in promoting psychological well being, health and in avoiding health risks. Bray (1995) points to key family constructs consistently related to positive health of family members as including communication, conflict and problem solving, social support (within and outside the family), parenting (supervision, monitoring, parental control), and care giving and caretaking. In addition, the UN report (2006) concluded that 'healthy families' provide young people with stable support through reliable social relationships, safe accommodation and economic resources covering basic needs.

A recent review by WHO (2007) on parenting practices is more encompassing and summarised parenting practices through which parents influence their children's behaviour into five dimensions. These are: connectedness, behavioural control, provision and protection, respect for individuality and acting as role models. They defined connectedness as positive, stable emotional bond between a parent and a child. It is manifested through love, care, comfort, concern, support and availability of the parent. Behavioural control referred to actions such as supervision and monitoring adolescents' activities through establishing behavioural rules and consequences of misbehaviour and conveying clear expectations for misbehaviour. Respect for individuality involved allowing the adolescent to develop a healthy sense of themselves separate from what their parents define for them. Acting as role models referred to parents being examples for their children to emulate through their own behaviours. The provision and protection dimension of parenting referred to parents' provision of the resources that they can provide, and seeking out resources when they cannot. It is noteworthy to mention that this review included mainly studies conducted in developed countries with only one from SSA (South Africa).

Evidence has pointed to addressing a family's influence when dealing with a young person's behaviour and giving careful consideration not only to the individual but also contributing

factors from the environment and interpersonal relationships (Alwin and Thornton, 1984, Ooms, 1981, Turner, 1970). A given environment may be bountiful and supportive of a child's development or impoverished and threatening to this. Negative elements or the absence of opportunities in the family, school or community environments may compromise the healthy development of children or inhibit effective family functioning (Alwin and Thornton, 1984, Ooms, 1981, UN report, 2006). A model by Alwin *et al.*, (1984) suggests that family social and economic factors may be thought of as exogenous determinants of the quality of children's home environments, which in turn influence the cognitive and academic achievements of children. In addition, WHO (2007) identified the provision and protection dimension as the most challenging because it relies on material resources. WHO noted that many parents struggle to support their children, particularly in the developing countries and may not be able to provide basic nutrition, shelter, clothing, education and health care (*ibid*).

Family social characteristics have been found to influence the behaviour of children and their achievements through out their life course (Leslie, 1982, Ooms, 1981, Turner, 1970). For example, warm and supportive relationships have been found to provide young people with more security and confidence to meet academic challenges and to resist negative peer influences (Dornbusch *et al.*, 1985, Whitaker *et al.*, 1999). However, although home environments and parents in particular have a profound influence on the ability of the child to develop in a healthy manner, studies indicate that children also influence their parents' behaviour and play a role in generating the very social conditions that influence adverse developmental outcomes (Henrich *et al.*, 2006, Lopez and Little, 1996).

2.3.1 The 'family' in SSA

The African family is the central human social unit, whether in the nuclear or the extended form (Goody, 1989, Omoteso, 2006, Oyefara, 2005). The family system in many SSA countries has been undergoing significant changes that can be traced back to internal (e.g. economic, social) and external factors (e.g. globalisation) (Goody, 1989, Ntukula and Liljeström, 2004, Omoteso, 2006, Oyefara, 2005). There is a gradual weakening of the traditional extended family system and an increasing shift to the nuclear family, even in rural settings. As the extended kinship weakens, obvious changes have been observed in terms of interpersonal relations among members of a kin group (Halle-Valle, 2005, Oyefara, 2005, Wusu and Abanihe, 2003). Halle-Valle (2005) has noted that as the kinship group loses more

and more of its economic and political strength and relevance its power over individuals' conduct becomes less effective.

Other structural changes that have been observed in the African family system are the emergence of single-parent households (Goody, 1989, Oyefara, 2005, Wusu and Abanihe, 2003). These structural changes taking place in the family have resulted to the gradual erosion of the traditional social mechanism of spreading the emotional, material and monetary support needed to raise children (Oyefara, 2005, Wusu and Abanihe, 2003) thus putting more responsibility on the parents than was in the past. Oyefara (2005) observed that due to the lack of both traditional extended family support for spouses and their children and of secondary institutional family support, many of the female children of the urban poor in Nigeria were encouraged by their parents to hawk on the streets in order to supplement the meagre income of their families.

In Tanzania, the basic family structure is extended although the nuclear family is becoming common in urban areas as a result of modernization and economic pressures (Goody, 1989, Meekers, 1992, Ntukula and Liljeström, 2004). Children are raised by the strong influence of parents as well as close relatives, friends and neighbours (ibid). According to the 2005 Tanzanian National Bureau of Statistics report, 61% of the children under the age of 18 live with both their parents, 19% live with their mothers but not fathers, 5% with their fathers but not mothers and 15% live with neither their natural parents (Tanzania Commission for AIDS *et al.*, 2005).

However, a recent challenge to the trend towards the nuclear family in SSA has been observed with the advance of the HIV/AIDS. The extended family is being naturally revived as an important structure in the face of the consequences of HIV/AIDS. The extended kin particularly grandparents have become very important in the upbringing of orphaned children (Ntozi, 1997, UNAIDS and WHO, Dec 2005).

2.3.2 Family influences on young people's sexual behaviour

Learning is a life long process in childhood through adolescence into adulthood and therefore learning opportunities are important to improve SRH. It is widely recognised that learning does not occur in a vacuum and thus parenting is also influenced by the characteristics of the child, the parent, the circumstances in which the parenting is being conducted and the

requirements for a successful transition to adulthood. From an early age children and young people are exposed to a range of influences such as parents, siblings, friends and community that may influence their sexual behaviour in several ways. Due to limited knowledge on the influence of family on young people's sexual behaviour from SSA, literature from developed countries was also reviewed in order to provide background information.

2.3.2.1 Overview of studies from developed countries

Several studies of adolescent populations have shown that family environment, culture and gender role variables may differentially affect HIV sexual risk behaviour among young people (Dornbusch *et al.*, 1985, Henrich *et al.*, 2006, Voisin, 2002, Whitaker *et al.*, 1999). The importance of the family in the eventual sexual behaviour of its young members stems in large part, from its centrality as a socialisation structure for the adult life course. Parents serve as initial sources of sex-role learning for their children as well as influencing their sexual behaviour because they provide models for inter-personal relationships and moral frameworks which influence sexual behaviour (*ibid*).

Parent-child connectedness has been found to have a significant effect, and thus adolescents who report higher levels of connectedness (closeness) with parents had lower rates of unprotected sexual intercourse, engage in sexual intercourse with fewer partners, were older at first sexual intercourse and made safer sexual decisions overall (Crosby *et al.*, 2001, Henrich *et al.*, 2006, Romer *et al.*, 1999). For example, a longitudinal study by Romer (1999) indicated that adolescents who felt connected to their families and perceived their families as caring were likely to postpone their sexual debut regardless of living in one or two parent household.

Perceived familial support is an important protective factor (Crosby *et al.*, 2001, Romer *et al.*, 1999, Whitaker *et al.*, 1999). Mothers in particular, have been found to offer the primary protective influence against the sexual risk behaviours of adolescent females (Crosby *et al.*, 2001, Miller *et al.*, 1998). According to a study by Crosby *et al.*, (2001) sexually experienced female teenagers living with their mothers in a perceived supportive family were 50% less likely than teens in non-supportive families to report unprotected sex in the past 30 days and to report sex with a non-steady partner in the past six months. In addition, Miller *et al.*, (1998) found that when mothers discussed condom use before teen initiated sexual intercourse, young people were three times more likely to use condoms than were teens whose mothers never discussed condoms or discussed condoms only after teens became sexually active. In the same

study, condom use at first intercourse predicted future condom use and thus young people who used condoms at first intercourse were 20 times more likely to use them at most recent intercourse.

However, other studies point out that for familial support to influence young people's behaviours, young people have to perceive such support to be adequate, satisfying and congruent with their individual goals (Voisin, 2002, Whitaker *et al.*, 1999). Whitaker *et al.* (1999) noted that parent-adolescent communication about sex promoted responsible sexual behaviour only if parents are perceived by young people as skilled, comfortable and open in discussing sexuality. Therefore, young people who reported that their parents held skilled, open interactive discussions with them were significantly more likely than the young people of the less skilled communicators to use condoms at most recent intercourse and across time (*ibid*). This implied that it is not just communication that is important but how it is conducted as well.

Good parent-child communication about sexuality and SRH has been shown to increase young people's knowledge and to encourage more responsible decision making (Shoop and Davidson, 1994, Whitaker *et al.*, 1999). These studies however report that parents and children may not communicate directly or positively about sex, sexual values and contraception. Therefore, in addition to what parents say, the way in which they say it can influence young people's behaviour. For example, they noted that a discussion that consists solely of parents demanding that a child should refrain from having sex may send a message that everything about sex is to be avoided, and may thus suppress the young persons' desire to discuss sex with a partner. By contrast, a discussion in which a parent openly talks about sexuality and invites a child to ask questions is likely to reduce the adolescents' discomfort with discussing sex with a partner and to increase the chances that the young person will do so (*ibid*).

Evidence on the influence of family size on young people's sexual behaviour is inconclusive. Some studies on household size indicate that adolescent males from smaller households were more likely than males from larger households to engage in HIV sexual risk behaviour (Irwin and Millstein, 1986). They argued that the sibling networks served as parental monitors by scrutinising the behaviour of adolescents and assisted with enforcing parental norms. Hence, adolescents in homes with fewer or no siblings did not benefit from such ties (*ibid*). In contrast, another study showed that high density households are positively correlated with

increased adolescent sexual risk behaviours partly because of limited parental supervision (LeFlore, 1988).

2.3.2.2 Overview of studies from SSA

While parenting in developed countries is mainly a parental task, in SSA, it is societal task as well (Goody, 1989, Meekers, 1992, Ntukula and Liljeström, 2004). Similarly to the developed countries, parents and family in SSA have been reported to be important in the sexual socialisation and in determining young people's sexual behaviour through verbal and sign communication, role modelling, sanctioning and internalisation of norms and values (Ntukula and Liljeström, 2004, Omoteso, 2006, Twa-Twa, 1997). Young people's living environment has been reported to influence their sexual behaviour (Kinsman *et al.*, 2000, Rwenge, 2000). In Uganda, Kinsman *et al.*, (2000) found that young people attributed the high rates of premarital sexual relationships to increased exposure to western values through soft porn magazines, novels, videos, and reduced parental control

Studies have found that appropriate parental care and assertiveness have been found to have a positive role in reducing adolescent sexual activity (Babalola *et al.*, 2005, Twa-Twa, 1997). Adolescents in Uganda who had their parents alive and living together had lower rates of ever having had sexual intercourse than those of whom the biological parents were separated, one or both had died or nothing was known about their parents (Twa-Twa, 1997). Most of the sexually active young people in the same study reported that their sexual activities occurred when parents were away or when the young people were staying with relatives, meaning that parental presence restrained them from engaging in sexual activity.

Evidence suggests that family structure is associated with sexual activity among young people (Ngom *et al.*, 2003, Rwenge, 2000, Slap *et al.*, 2003). For example, a review by WHO (2004) on young people's protective and risk factors found that polygamous family structure was significantly associated with early sexual debut. In the same report, living with both parents was found to be protective against factors related to early sexual debut, pregnancy, condom use and early child bearing. A study among secondary school young people aged 12-21 years in Nigeria found that sexual activity was more common among those from polygamous families (42%) than those from monogamous families (28%) (Slap *et al.*, 2003). In the same study, other factors that were found to be statistically associated with young people's sexual activity were lower sense of connectedness with parents, having a dead parent, lower sense of

connectedness with school, lower educational level of parents, older age and being male. It was concluded that young people's sense of connectedness to their parents and school regardless of family structure, decreases the likelihood of sexual activity (ibid).

Older siblings along with peer and relative groups have been found to be important sources of sexual socialisation for young people (Nyanzi *et al.*, 2001, Twa-Twa, 1997). In Uganda, a study with 18-25 year olds identified that children got very little teaching from care givers but a lot from older siblings (Nyanzi *et al.*, 2001) and other relatives such as the paternal aunts (Kinsman *et al.*, 2000). Kinsman (2000) observed that the paternal aunt (*ssenga*) was traditionally responsible for socialising her nieces into womanhood, although this practice has been diminishing in the recent years. According to a WHO (2004) report, having discussed SRH issues with peers was found to be a risk factor for sexual debut and multiple sexual partners.

Studies have noted that parents may be motivated to control their young women's sexual behaviour because of the immediate and future economic and social benefits (Ntukula and Liljeström, 2004, Oyefara, 2005, Wight *et al.*, 2006a). Wight *et al.*, (2006a) found that in rural Tanzania, parents were motivated to restrain their daughters from premarital sex partly because it earned them respect in their community but mainly because it ensured bride wealth when the girl got married. Bride wealth involves a significant transfer of wealth from a man's family to a woman's in exchange for the woman. The amount of bride wealth is affected by a woman's sexual reputation (ibid).

However, there seems to be a contradiction in immediate and long term economic benefits resulting from a woman being encouraged to engage in pre-marital sex or to abstain. In rural Tanzania, some impoverished mothers encourage their daughters to have sex to meet immediate household expenses by secretly allowing them to go out at night to have sex with partners without the girl's father knowing (Wight *et al.*, 2006a). In the same study, relatives from the extended family (e.g. grandmothers) were supportive of their young granddaughters having sex so long as they shared the money and gifts she got as a result of it.

There has been recent interest in the ability of parents and guardians to speak to their children about sexual matters with studies recommending that prevention programmes that seek to educate young people about sexual risk behaviour must strongly encourage communication

about HIV/AIDS between young people and family members (Mireku, 2003). In rural Uganda, it was traditionally widely accepted that children learn about sex from quite young ages from their parents and close kin (Kinsman *et al.*, 2000). In contrast, in Tanzania, parents rarely provide sex information to their children. They are also uneasy knowing someone else is communicating about sex with their children in public. For example, an adolescent school based sex education programme in Mwanza, Tanzania was criticised for discussing sexual issues across generations and between sexes (Wight *et al.*, 2006a). In the same context, Wight *et al.*, (2006a) observed that the cross-generational taboo on discussing sex apparently seemed to be relaxed during communication about treatment of STIs which seemed to contradict expected norms. Moreover, parents are very authoritative and children are expected to be respectful and obedient and hence hindering any free discussions between parents and young people (Ibid).

However, there has been conflicting findings on the effect of parent-child communication about SRH on young people's sexual behaviour. A cross-sectional study of secondary school young people in Ghana observed that of the 25% of those who reported being sexually experienced, 73.6% had talked about HIV/AIDS with parents and other family members (Mireku, 2003). In the same study, respondents who had talked about HIV/AIDS with parents and family members were significantly more likely than those who had never talked with parents or other family members to report condom use at last sexual intercourse (OR 2.21) (ibid). Similarly to the Ghanaian study, two studies, one in Cote de Ivoire (Babalola *et al.*, 2005) and another in Botswana (Meekers and Ahmed, 1999) showed that adolescents who discussed sex with parents were less likely to engage in unsafe sexual behaviours.

Studies have reported that some aspects of parental communication have a negative influence on young people's sexual behaviour. For example, parents' disapproval of their children being involved in sexual activity manifests as a disapproval of condom use, and many young people cite this as a reason for not using them (Lesch and Kruger, 2005, Twa-Twa, 1997). Most parents tend to encourage abstinence over condom use and use punishment to enforce this with their children, providing a disincentive for adolescents to access condoms (ibid).

2.4 Theoretical perspectives

As indicated in the literature reviewed, the reasons and meanings ascribed to why people have sex are diverse and fluid within individuals and relationships. In the absence of a vaccine, it is

widely accepted that behaviour change provides the best method for HIV prevention (UNAIDS, 1999). However, before any meaningful and sustainable behaviour change is achieved we need robust theories on sexual behaviour and the factors that explain it and may facilitate change. As noted by Layder (1998), ‘research is connected to basic philosophical issues and in a literal sense it can never be theory-neutral’. Therefore approaching it explicitly from a theoretical perspective may be more enlightening.

According to the structural/environmental theories on sexual behaviour, determinants of sexual behaviour are seen as a function not only of the individual or his/her social relationships, but as also depending on his/her structural and environmental factors (e.g. family, community, organisation and the political and economic) (Carael *et al.*, 1997). A recent review on global SRH concluded that although individual behaviour is central to improving SRH, efforts are also needed to address the broader socio-economic context determinants of sexual behaviour (Wellings *et al.*, 2006). Nevertheless, the environmental and social theories are not meant to be counter intuitive to the psychological theories but rather have developed in response to criticisms at individual level theories that seem to decontextualise behaviours. Individuals and social factors may explain some patterns but cannot explain all the variations in behaviour.

Two theories that were deemed relevant to this study are discussed below. These include:

- a) Theories on masculinity and femininity
- b) Theory of social change and family degeneration

2.4.1 Theories of Masculinity and Femininity

As noted by Connell (1990), sexuality is part of the domain of human practice organised in part by gender relations. Theories on masculinity and femininity have focused on gender inequality at the institutional levels (such as the work place) in developed country settings (Connell, 2003, Connell, 2005, Yancey, 1990). However, when applying this theory in understanding of the SRH health outcomes in a developing country context, Connell’s (1987) work is more applicable due to its relevance to gender interactions in families and relationships.

2.4.1.1 Theory of Gender and power and its link with literature on SRH

Connell's (1987) theory of gender and power is a social structural theory that is based on existing philosophical writings of sexual inequality, gender and power imbalance. This theory addresses the wider social and environmental issues surrounding women such as distribution of power, and gender-specific norms within heterosexual relationships (ibid). The theory of gender and power is divided in three interdependent structures that explain the gendered relations between men and women. These structures are: sexual division of power, sexual division of labour and the structure of the cathexis.

a) The sexual division of labour refers to the allocation of men and women to certain occupations. As observed in several studies, often women are assigned different and unequal positions relative to men (Connell, 1990, Connell, 2005). This assignment constrains women because the nature and organisation of women's work limits their economic potential and confines their career paths. At the family level, the sexual division of labour is maintained by social mechanisms such as the segregation of "unpaid nurturing work" for women such as child care, caring for the sick and the elderly and house work. Since this work is uncompensated, an economic imbalance occurs in which women have to rely on men financially. Other social mechanisms occurring within the sexual division of labour include practices that favour male educational attainment and the segregation of income generation work for men, allowing men control of the family income.

b) The sexual division of power: Power is the capacity of a person or a group of people to control in some way the actions or options of another. Radke and Stam (1994) noted that power is used to influence consciousness with powerless groups adopting ideologies of the powerful ones, such that conflict does not arise. The ability to influence the conscious can reside at the individual, interpersonal, institutional and/or community level (Connell, 1987, Connell, 1990). Women in power imbalanced relationships tend to depend on their male partner because men usually bring more financial assets (e.g. money, status) to the relationship. According to the sexual division of power, as the power inequality between men and women increases and favours men, women will be more likely to experience adverse health outcomes (Wingood and DiClemente, 2000). This is partly because it is men in charge of making decisions such as condom use, when to have sex, type of sexual act and pregnancy.

In most African cultural contexts, the position of women has always been generally subordinate. They have unequal access to education and property and lack inheritance rights (Gysels *et al.*, 2002, Mill and Anarfi, 2002). There is evidence that sexual coercion (Bauni and Jarabi, 2000, Macdonald, 1996) and gender inequalities are tolerated within many African cultures. Women have little autonomy in making important decisions, even when their own wellbeing is at risk (Bauni and Jarabi, 2000, Gysels *et al.*, 2002, Jewkes *et al.*, 2001, Longfield, 2004). Many women live in fear of being abandoned or beaten if they refuse their partners sexual demand (Jewkes *et al.*, 2001). Another big barrier to asking a partner to use a condom is that it suggests that a partner is already infected (Mill and Anarfi, 2002, Seeley *et al.*, 1994).

c) The structure of the cathexis refers to social norms and gender patterning of emotional attachments that are present and dictate relationships (Connell, 1987). At the societal level, this structure dictates appropriate sexual behaviour for women and is characterised by the emotional and sexual attachment women have with men (Wingood and DiClemente, 2000). This structure constrains the expectations that society has about women with regard to their sexuality and thus favouring men. As a consequence, the power imbalance between the genders is maintained. It thus describes how women's sexuality is attached to other social concerns such as those related to impurity and immorality. These beliefs create taboos with regard to female sexuality. For example, the existence of double standards observed in some cultures makes it acceptable for men but not women to have multiple sexual partners (Nnko and Pool, 1997, Seeley *et al.*, 1994).

The norms also enforce strict gender roles, and stereotypical beliefs (e.g. believing that women should have sex only for procreation). Studies have reported that cultural norms and values encourage reproduction (Brown *et al.*, 1993) and hence women's primary role in relationships is often seen as mothers and housewives (Gysels *et al.*, 2002, Macdonald, 1996). Due to this expectation, women are therefore under constant pressure to prove their fertility before marriage (*ibid*). It has also been observed that in most cultures the emphasis in sexual relationships is for the male partner to get sexual satisfaction with little if any care about the female (Brown *et al.*, 1993, Gysels *et al.*, 2002, Nyanzi *et al.*, 2005). Moreover, sexual practices such as labial elongation and lessons on sexual acts that were mainly biased towards male pleasure are common (Muyinda *et al.*, 2004, Nyanzi *et al.*, 2001). These culturally

prescribed norms, lead women to have very little control over their sexuality and hence place them at increased risk for undesirable SRH outcomes.

The three social structures exist at the societal and the institutional levels. They are rooted in society through historical and socio-political forces that consistently segregate power and ascribe social norms on the basis of gender-determined roles. The three social structures are maintained at an institutional level through inequitable practices that are reflected in mechanisms such as lack of employment equity between the genders, discriminatory practices at home, school and work and the imbalance of control within relationships. The presence of these social mechanisms constrains women's daily lifestyle practices by producing gender-based expectations of women's role in the society.

As discussed in the literature above, young women are at particularly increased risk for HIV infection largely as a result of the societal expectations which disadvantage them and favours men in sexual relationships. They are also faced with contradictory behaviour expectations, for example, they are expected to prove their fertility before marriage while at the same time they are expected to remain virgins until marriage.

The strength of this theory lies in its ability to explain the traditional lifestyle in many societies where power was mainly held by men. Social norms were also organised and perpetuated by men. However, this theory seems to have some weaknesses with regards to the changing social, political and economic circumstances of contemporary African contexts. As more women gain access to equal education and employment opportunities to men, the dynamics of power seem to be shifting within families, sexual relationships and other spheres of life. Moreover, acceptable sexual relations are no longer restricted to heterosexual relations but include same sex relationships as well in which the power dynamics may be different.

2.4.1.2 Male disempowerment

In contrast to Connell's (1987) theory of gender and power, Silberschmidt (2004), and Haram (2005) have argued that socio-economic change in rural and urban East Africa has increasingly disempowered men resulting in men's lack of social value and self esteem in and out of their families. Male authority has been threatened and that, although the main axis of patriarchal power is still the overall subordination of women and dominance of men,

deteriorating material conditions have seriously undermined the normative order of patriarchy in East Africa.

There is evidence that the increasing dominance of the cash economy has further undermined the land and cattle-based power of male elders (Halle-Valle, 2005, Silberschmidt, 2001, Silberschmidt, 2004). Men's employment initially reinforced their economic power, but in recent decades contraction of formal employment has left men unable to fulfil their 'breadwinner' role, undermining their status as head of household (ibid). Meanwhile women's entrepreneurial skills and harder work seems to have given them an advantage in the informal sector, reducing their economic dependence on men and the rationale for marriage (Haram, 2005, Halle-Valle, 2005, Silberschmidt, 2004). However, these social changes seem to be advanced in urban areas and may only be starting in rural areas dominated by subsistence farming.

Male disempowerment has not only had an impact on couples but also young people within families. For example, several authors have noted that, with the socio-economic changes eroding patriarchal control, alternatives to formal marriage, such as elopement, have become increasingly prevalent (Setel, 1999), reducing children's economic dependence on parents and their reliance on parental decision-making (Wight *et al.*, 2006a). Furthermore, in the towns and increasingly in rural areas some women feel able to make strategic choices not to get married at all (Halle-Valle, 2005, Haram, 2005, Silberschmidt, 2004).

As a result of lack of social value and disempowerment, men are least motivated for responsible sexual behaviour and HIV/AIDS. This is manifested in their engagements in multi-partnered sexual relationships and sexually aggressive behaviours which seem to have become important to regain their power and self-esteem (Halle-Valle, 2005, Silberschmidt, 2004). The strength of this theory is manifested in its application to the contemporary times where there are changing social, economic and political economies in many African societies and where women are increasingly engaged in income earning activities. However, this theory may be limited in terms of its applicability to the still conservative and subsistence farming societies where men are still being perceived as the main bread winners for their families.

2.4.2 Theory of social change and family degeneration

As mentioned earlier (section 2.3) and taking a broadly functionalist approach, scholars such as Murdock (1949) asserted that only approved unions between two people of different sexes that fulfil the functions of sexuality, economic, reproduction and education qualify as family (Halarambos *et al.*, 2004). According to the UN report (2006), a family serves to locate children socially and plays a major role in their acculturation and socialisation through physical and emotional nurturing as well as providing conditions for good health and sufficient education. It has been noted that when people responsible for children's care fail to perform their caring function, this threatens children's healthy development or even their lives (UN report, 2006, Zeitlin *et al.*, 1995).

As a result of the social, economic and political changes taking place in the African societies and the disintegration of the traditional extended family support for spouses and their children and secondary institutional family support, many of the children from poorer families may be encouraged to engage in transactional sex in order to support their families (Oyefara, 2005). The gradual shift from the extended to nuclear families and even the new family structures such as the single parent families has meant less support from relatives to the children of different families (Anarfi, 1997).

However, on the other hand, studies have noted that social and economic changes are not only occurring at the functions of the family level but also in connection with authority and powers within the family. It has been noted that the social and economic changes are eroding parental authority (Oyefara, 2005, Wusu and Abanihe, 2003). For example, as young people become decreasingly economically dependent, particularly in relation to land and bride wealth (partly as a result of wide spread primary schooling and increased mobility), parental control in such circumstances may be perceived as irrelevant (Bayles and Bujra, 2000, Setel, 1999).

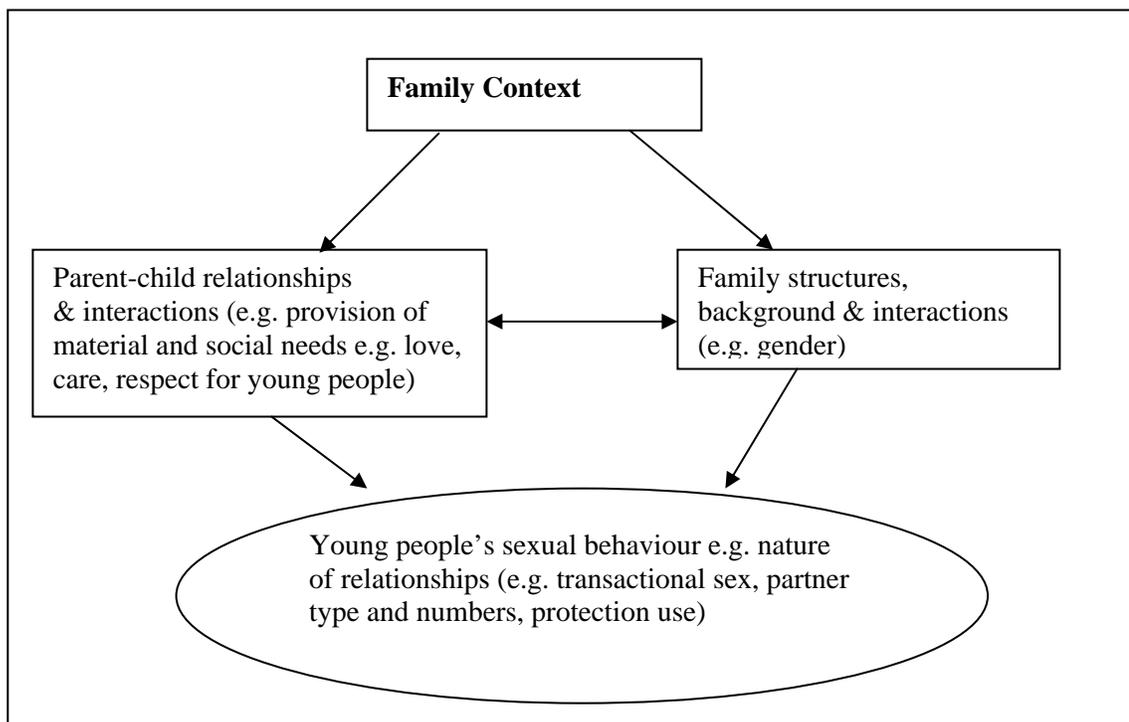
Based on this literature, it can be concluded that the social and economic changes taking place in the African society, seem to have an impact on family functioning and parenting practices. Considering the defined functions of a family (UN report, 2006, Zeitlin *et al.*, 1995), it can be argued that a family degenerates when it ceases to fulfil one or more of its functions. The strength of this theory lies in its sensitivity to contemporary times, while its weakness lies in its limited applicability and relevance to more conservative cultural contexts.

2.5 Theoretical framework

Family context and parent-child relationships

In this framework, it is hypothesised that family context is a major factor influencing young people's sexual behaviour. Young people focussed on in this study are those aged 14-24 years. Family context encompasses family type and gender interactions, economic resources of families, socio-demographic characteristics of parents/siblings, social and material support. Material needs support refers to parents/family provision of economic needs to young people. Social support constitutes emotional, informational, and moral support available to young people from their families that may help them deal with everyday personal problems and worries. They are delivered through communication and control and monitoring. Parent-child relationships refers to the nature of interactions that exists between parents and young people and in this study are explored through material and social needs support. Parents refer to all those who provide significant care for children without being paid as employees. These include biological parents and carers (foster parents, adoptive parents, grandparents, older siblings, other relatives). It was envisaged that family context may influence young people's sexual decision making through several pathways as indicated in figure 2.1.

Figure 2.1: Pathways through which family context may influence young people's sexual behaviour



Sexual behaviour

Since sexual behaviour is a very broad category, in this framework the focus was on the following: why young people engage in premarital sex, nature of sexual relationships (e.g. partner choice and numbers, protection use) and why they engaged in transactional sex. These sexual behaviours were examined in the contexts of young people's families and the parenting practices e.g. provision of economic needs. The framework focussed on heterosexual relationships because these are the ones widely presented in the literature reviewed from this setting.

Sexual behaviour theories utilization

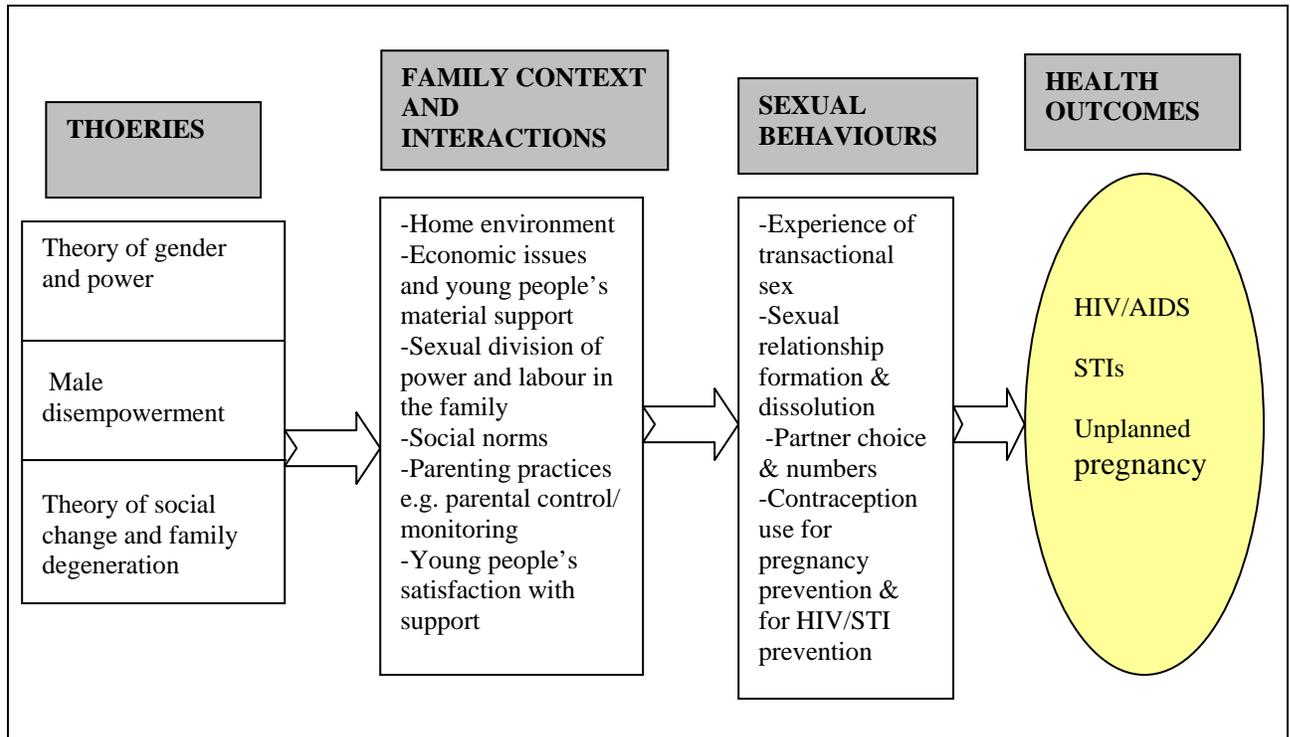
This framework utilises Connell's (1987) theory of gender and power and the male disempowerment theory to understand the gender and power relations within families and young people's sexual relationships and how this may influence young people's sexual behaviour (figure 2.2). Specifically, this theory was utilised for the following reasons:

1. To understand why young women may be more vulnerable to HIV infection and other undesirable SRH outcomes compared to young men of the same age.
2. To understand the circumstances involved in transactional sex and why men are the ones giving gifts/money in most cases (as presented in the literature) and to understand how this may shape the power relations in the relationships. As a starting point it is acknowledged that sexual activity like other decisions negotiated between couples is not just an individual attribute but behaviour negotiated between two partners within a wider social, cultural and economic context where power may not be equally shared.
3. To understand family structures and how structure may increase or reduce young people's risk particularly young women. It was also utilised to understand decision-making and power differences within a family and between families. It was hypothesised that different family structures may have different power relations/dynamics and hence may affect young women and young men differently (e.g. in terms of the control and monitoring).
4. To enable a broader investigation of family processes e.g. interactions between different gender/sexes and support that may influence the young people's sexual behaviour.

The theory of social change and family degeneration informed the understanding of the changes that have been taking place in the Tanzanian families and if, and how they have been responsible for the degeneration of family values and support systems. This theory was utilised in this study (figure 2.2) to inform the understanding of parenting practices and factors

responsible for the observed risky sexual behaviours and young people’s vulnerability to HIV infection. It also relates to how the traditional support system has been changing and efforts made by families to enhance young people’s SRH in the light of the changing circumstances.

Figure 2.2: Summary of theory utilisation in the study



2.6 Conclusion

Young people are undoubtedly at an increased risk of undesirable SRH outcomes (e.g. HIV/AIDS, unplanned pregnancy and STIs) because of factors such as: early sexual debut, lack of condom and contraceptive use, engagement in transactional sex, multiple sexual partners and cultural norms.

Young people’s family has been observed to influence young people’s sexual behaviour through the parenting practices families adopt. The parenting factors reported to be essential are: provision of material needs; control and monitoring; role modelling; family’s respect for their young people; connectedness; and communication about SRH. Notwithstanding, most of the evidence on these links comes from developed countries.

The traditional African extended family where child raising responsibilities were shared within the extended kin network is now changing to nuclear units where sole child responsibilities lies with the parents. In order to understand the role of young people's families in their sexual behaviour, Connell's (1987) theory of gender and power and the male disempowerment theory have been utilised. These theories inform the understanding of gender relations in families and in sexual relationships. Theory of social change and family degeneration has also been utilised to inform the understanding of the observed changes in families and how the changes have affected the parenting practices adopted by families to the advantage or disadvantage of young people.

In summary, this chapter has presented literature review of young people's sexual behaviour in SSA, the influence of family on young peoples' sexual behaviour in SSA and around the world and the theories utilised to understand interactions within families and in sexual relationships. A theoretical framework on how the reviewed literature is utilised is also provided. The following chapter (3) provides background information on Tanzania and how the study setting was selected.

Chapter 2: key points

- Young people's sexual behaviour places them at increased risk for undesirable SRH outcomes (e.g. HIV/AIDS, unplanned pregnancy and STIs)
- Examples of behaviours that place them at risk are not using condoms and contraception, having multiple partner, engagement in transactional sex, early sexual debut and having sex with older partners.
- Family/parents have been reported to have an influence on young people's sexual behaviour in developed countries
- Structural theories (e.g. theory of gender and power and theory of social change and family degeneration) see sexual behaviour not as a function of the individual but also depending on the environmental factors (e.g. family) and have been utilised in the design of this study to inform the understanding of gender relations in families and sexual relationships
- The framework through which parents may influence young people's sexual behaviour in Tanzania is through parent-child relationships and family context

CHAPTER 3

BACKGROUND INFORMATION ON TANZANIA AND SELECTION OF THE STUDY SETTING

3.0 Introduction

Background information on the study setting is crucial as it helps in situating findings and in the assessment of their policy implications. It also highlights the importance of understanding young people's sexual behaviour and the structural factors that may lead to increased risk for SRH outcomes. This chapter presents information on the study setting and how it was selected. Information on the general profile of Tanzania is also provided. Subsequently, information on HIV prevalence globally and in Tanzania is given. Next, is a review of policy response to HIV/AIDS and young people's SRH in Tanzania. Finally, presented is information on the study setting and the selection of the study site.

3.1 General profile of Tanzania

The United Republic of Tanzania is the largest country in East Africa covering 945,000 square kilometres. As indicated in figure 3.1, the country is situated below the equator and its neighbours are Kenya and Uganda to the north; Rwanda, Burundi, Democratic republic of Congo to the west; Zambia, Mozambique and Malawi to the South; and East is the Indian Ocean (Tanzanian National Website, 2003). Administratively the country is divided into 26 regions and 130 districts (ibid).

According to 2002 census, the population of Tanzania was approximately 33 million (Tanzanian National Website, 2003). The average population growth rate for the years 1988 to 2002 was approximately 2.8%. Fifty one percent are women and 46% are under the age of 15. Seventy percent of the people live in rural areas (ibid). An estimated 6.5 million are young people aged 15-24 years (Tanzania Commission for AIDS *et al.*, 2005).

In 2006, the total number of births per 1000 women aged 15-19 in Tanzania was 98 (UNFPA, 2007). The average fertility rate per woman is 5.6. In 2004, the life expectancy at birth in Tanzania was 45.9 years. On average women can expect to live for 46.2 years while men live for 45.6 years (UNDP, 2006).

Figure 3.1: Map of Tanzania



Source: NIMR, report of Kisesa open cohort, Dec 2005

According to the World bank (2006), the gross national product per capita was estimated at US \$ 340 with an annual growth rate of 6.5% for the years 2005 and 2006. Fifty eight percent of the population live on less than US \$ 1 per day (ibid). The total government expenditure on health on average was 12% for the years 2000 to 2003 (Tanzania Ministry of Health, 2003).

3.2 Situation of HIV/AIDS in Tanzania in relation to the global picture

Globally, an estimated 33 million adults and children were living with HIV/AIDS in Dec 2007 (UNAIDS and WHO, 2008). The global incidence was 2.7 million new infections in 2007 of which over two thirds (68%) occurred in Sub-Saharan Africa (SSA). SSA is the worst affected region in the world, with an estimated 22.5 million people living with the disease by 2007. Approximately 1.7 million people in SSA became infected with HIV in 2007 (ibid).

Tanzania is one of the SSA countries affected by HIV, with an overall prevalence of 7% (Tanzania Commission for AIDS *et al.*, 2005) higher than the prevalence rate of SSA region (5.0%) and the global rate (1.2%) (UNAIDS and WHO, 2008). HIV in Tanzania is spread primarily through heterosexual sex (Tanzania Commission for AIDS *et al.*, 2005). In

Tanzania, there are significant differences in the magnitude of HIV/AIDS between the genders and residence. In comparison with urban areas (10.9%), the prevalence of HIV is low in rural Tanzania (5.3%) (ibid). A key issue for prediction of the future impact of the epidemic and for targeting of interventions is the extent to which HIV will spread to rural areas particularly among susceptible groups like the young.

Young people aged 15-24 comprise 20% of the population, but account for 45% of the new HIV infections, disproportionately affecting young women (UNAIDS and WHO, 2008). An estimated 17% of the young women and 8% of the young men aged 15-19 years were infected by end of 2005 (Tanzania Commission for AIDS *et al.*, 2005). In rural Mwanza, overall HIV prevalence among the 15-44 year olds was 7.4% (6.8% among men and 9.3% among women) in 2003 (Mwaluko *et al.*, 2003).

Sexual risk behaviours take a tremendous toll on Tanzania's resources, both directly through the costs of treating infections, and indirectly through morbidity and reduced social well-being. AIDS is already having an impact on health, transport, mining and education in the country (Barongo *et al.*, 1992, Tanzania Commission for AIDS *et al.*, 2005). By the mid 1990s, AIDS was the leading cause of death for women in reproductive age group (Urassa *et al.*, 2001). In Mwanza, the annual mortality among HIV infected persons aged between 15 and 44 years was higher (73.1 per 1000 person years) compared to the HIV negative individuals (3.7 per 1000 person years) between 1992 to 1998 (Urassa *et al.*, 2001). It is noteworthy to mention that although knowledge of HIV prevention is high in the general population, it has translated to little in the way of behaviour change and increased condom use (Mwaluko *et al.*, 2003, Tanzania Commission for AIDS *et al.*, 2005).

3.2.1 Tanzania's response to the HIV/AIDS epidemic

Tanzania has adopted several strategies to respond to the epidemic at different levels of its administration. With the technical support from the World Health Organization-Global programme on AIDS (WHO-GPA), Tanzania formed the National HIV/AIDS control programme (National AIDS control Programme, 2001) which is housed under the ministry of Health. The NACP formulated the short-term plan (1985-1986), and three five-year medium term plans; (1987-1991, 1992-1996, and 1998-2002) (ibid). Initially HIV/AIDS was perceived purely as a health problem and the campaign to deal with it involved the health sector only

through the NACP (Mwaluko *et al.*, 2003, Tanzania Commission for AIDS *et al.*, 2005). This perception was limited in scope because HIV cuts across all the sectors of the society.

On realising the limited scope of NACP (e.g. approaching HIV/AIDS as only a health problem), Tanzania set up a commission on AIDS (TACAIDS) in December 2001. The main role of the commission is to provide leadership, coordination of multi-sectoral responses and to monitor (research, resource mobilisation and advocacy) and evaluate all the response activities across sectors.

In the absence of an effective cure or vaccine, the national response has comprised of strategies to prevent, control, and mitigate the impact of HIV/AIDS epidemic. These have been achieved through: health education, condom promotion, expanded and improved services to prevent and treat sexually transmitted infections, and efforts to protect human rights (reduce stigma) (Tanzania Commission for AIDS *et al.*, 2005). However, these responses have not had much impact on the progression of the epidemic as it has continued to rise. Notably, the constraints to this success were inadequate resources, lack of political commitment and leadership, and ineffective co-ordination. It is noteworthy to mention that the Tanzanian government has realised this weakness and in an effort to overcome them has placed HIV/AIDS high on its expenditure agenda by giving it high priority for resource mobilisation and allocation.

As noted by UNAIDS (2002), the greatest challenge for Tanzania is to find effective ways to involve young people in safeguarding their own future and that of the country as a whole. Although efforts are being strengthened to mobilise religious leaders, communities, as well as the private sector (Tanzania Commission for AIDS *et al.*, 2005), there has not been any specific efforts tailored at families particularly parents who play a major role in shaping the very sexual behaviours that may put young people at risk of HIV/AIDS and other undesirable SRH outcomes. Moreover, the Tanzania national health policy does not contain a clear reference to young people's SRH. In this policy, the Ministry of Health's (MOH) reference is on general reproductive and child health. For example, it highlights that it will promote youth friendly services to improve access to reproductive health information and services (Tanzania Ministry of Health, 2003), but does not specify what youth friendly services means.

3.3 Schooling context in Tanzania

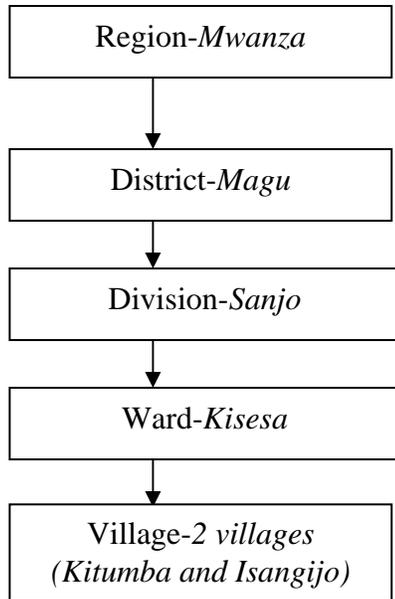
Since the focus is on both the in and out-of-school young people, some information on schooling should help place in context issues explored. In Tanzania the age of primary school enrolment is between eight and nine years (Bommier & Lambert, 2000). The primary schooling years are seven, while that of secondary education is six years. Most of the young people complete primary school at the ages of 15 to 17 years. However, there are cases of others who are older than 17 years. Those who proceed to secondary school complete at the age of 24 years. Repeating a class is also common for those who do not perform well.

3.4 Study setting

The study site is Mwanza region (figure 3.3) which is located in North-Western Tanzania on the southern shores of Lake Victoria. The region covers an area of 35,872 square Km. According to the 2002 national census, it had a population of about 3 million (50% women), with Sukuma as the dominant ethnic group (Tanzanian National Website, 2003). The region had a population growth rate of 3.2% in 1988 - 2003. In the 2003 population and housing census, the region had total of 495,400 households and an average of 5.9 people per household. Mwanza city is an administrative capital for Mwanza region and is the second largest urban centre in Tanzania. The population of the city was 110,600 in 1978 and 476,646 in 2002. The main economic activities include subsistence farming, fishing and mining (ibid).

The study was conducted in Kisesa ward within the Kisesa open cohort (KOC). Kisesa ward is one of the wards of Magu District within Mwanza region in Tanzania. According to the Tanzania administrative government structures, a ward is an administrative entity that falls under a division and is divided into smaller administrative units such as village, sub-village and 'balazi' (10 households) (see figure 3.2).

Figure 3.2: The administrative structure of Tanzania including study sites in ascending order

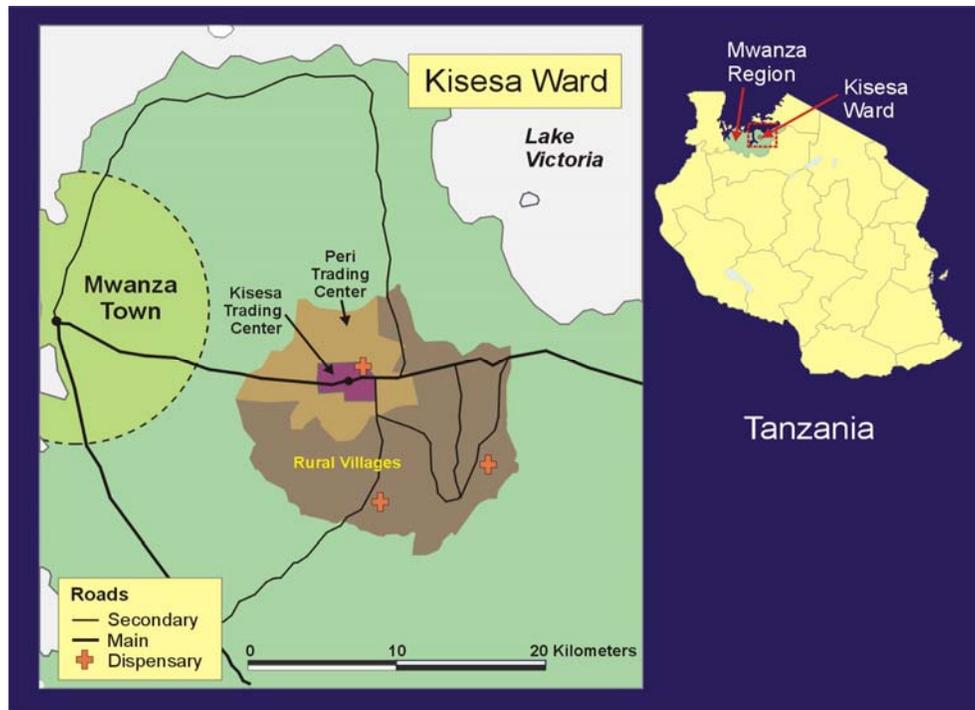


Kisesa ward is a semi-rural community in Magu (one of the districts of Mwanza region) and is 20 kilometres from Mwanza city (NIMR, 2005).

3.4.1 Description of Kisesa ward, and Kisesa Open cohort (KOC)

Kisesa ward lies on the highway from Mwanza to Kenya and exhibits peri-urban and rural characteristics (figure 3.3). The ward comprises of six villages with a population of 30,000 people. It has 4500 households with a mean size of 6.4 individuals. The main ethnic group is Sukuma (over 95%) which is also the largest ethnic group in Tanzania. The main religion is Christianity (74%). The main economic activity is farming (97%) of food crops (such as sorghum, rice, maize and cassava) and cash crops (cotton and rice). A few of the residents are involved in cattle rearing and petty trade of farm and cattle products. There are two primary schools and one secondary school in the study villages.

Figure 3.3: Location of Kisesa ward in Mwanza and Tanzania



Source: NIMR, report of Kisesa open cohort, Dec 2005

The KOC was established in 1994 and is operated by the Tanzanian National Institute for Medical Research (NIMR). The main objective of the cohort is to monitor the scale, dynamics and socio-demographic impact of the HIV/AIDS epidemic. The cohort also estimates the extent of demographic change and establishes the size and composition of the population eligible for survey participation. Eligibility is based on residence status, which is defined as living in the study area at the last demographic round.

Two major activities are implemented in the cohort i.e. research and interventions against STIs/HIV/AIDS. The Research activities are: demographic surveillance, epidemiological sero-survey, antenatal clinic surveillance and other nested studies.

The demographic surveillance forms the base for all the research and intervention activities implemented in the cohort. So far, eighteen rounds of demographic listing have been completed. The epidemiological sero-survey forms the second major activity in the cohort. Five serological surveys of the adult population have been conducted (1994/95, 1996/97, 1999/2000, 2003/2004 and 2006/2007).

Interventions are based on Information, Education and Communication (IEC) activities (School based Programme, Mapping of risk areas for HIV transmission, Village HIV/AIDS Action Committee, High Transmission areas Programme), Health Unit Based Training, Improved management of STIs in the 4 health units within the cohort area and Voluntary Counselling and Testing services. While the research activities were initiated in 1994, interventions started in late 1995.

3.4.2 Why Kisesa ward was selected for the study

Kisesa ward was purposely chosen for this study for the following reasons:

First, it already had background information available on demographics (such as households, education and location), HIV sero prevalence and data on selected sexual behaviours (such as reported condom use and partner numbers). Demographic information (e.g. households and location) and data on HIV prevalence was useful for sampling of the villages for this study. This offered an interesting opportunity for comparison of the different family contexts and interactions. Since this is a qualitative study, available survey data on sexual behaviour was useful in providing background information on prevalence of reported behaviours of interest (e.g. partner numbers, condom use).

Second, KOC exhibits both peri-urban and rural characteristics which are very interesting for the comparison of family contexts in these two different settings.

Third, I was familiar with the study site through prior involvement in research in this site in the past. Given the limited time available for an ethnographic research, prior knowledge of the study setting was useful for quick settling in and rapport building.

3.4.3 Selection of study villages

Two out of the six Kisesa villages were selected for the study. These were Isangijo and Kitumba (table 3.1) because I was interested in maximising the variation of participants within the sample. The criteria for selection were household size, location and individual village HIV prevalence information. The following table shows household size and numbers.

Table 3.1: Kisesa ward, village data by household size

	Village	Total number of households	Total number of people per village
1.	Igekemaja	446	2,820
2.	Kitumba	709	4,438
3.	Kisesa	2392	12,984
4.	Isangijo	409	2,696
5.	Ihayabuyaga	530	3,285
6.	Welamasonga	555	3972
	Total	5041	30,195

Source: NIMR (2005)

Table 3.2: Kisesa Ward HIV data by village

	Village	Total number people tested	Total number of people infected	Prevalence
1.	Igekemaja	811	51	6.3%
2.	Kitumba	1105	52	4.7%
3.	Kisesa	2054	208	10.1%
4.	Isangijo	826	60	7.3%
5.	Ihayabuyaga	899	78	8.7%
6.	Welamasonga	1149	96	8.4%
	Total	6844	545	7.9%

Source: NIMR (2005)

Kitumba village was the participant observation site as well as for focus group discussion and in-depth interviews. It was selected because it had the lowest prevalence (4.7%) (table 3.2) and it exhibits both rural and peri-urban characteristics. This village borders Kisesa (peri-urban) but also has very remote sub-villages. Isangijo village was chosen because it is mainly roadside and a distance away from the peri-urban centre (Kisesa). It had the lowest number of households and population and yet the HIV prevalence (7.3%) was almost similar to the overall ward prevalence (7.9%) (table 3.3). Kitumba village has nine sub-villages with varying household sizes (table 3.3).

Participant observation was conducted in one village because of time and resource limitations.

Table 3.3: Sub-villages in Kitumba village

	Sub-village	Number of households	Number of people per sub-village
1.	Igudija ‘A’	78	482
2.	Igudija ‘B’	146	763
3.	Kitumba ‘A’	69	413
4.	Kitumba ‘B’	119	846
5.	Igadya	43	247
6.	Kigugumuli	79	452
7.	Kisha	48	340
8.	Mondo	55	414
9.	Kimaga	72	481
	TOTAL	709	4438

Source: Statistics in village executive officer’s office

3.5 Conclusion

The prevalence of HIV among young people in Tanzania is high and thus prompting further understanding of the underlying factors. There have been several responses from the government as seen in its National AIDS policy. However, the policy has been limited in terms of its ability to achieve the desired impact. Specifically, the policy has been unable to effectively involve young people and their families.

It is noteworthy to mention that there were no specific national policies that focused on young people’s SRH or families. The existing National health policy does not contain any reference to young people. The lack of a policy focus on young people’s SRH and the role of families in their SRH, is a clear indicator of the way this issues have been given low priority.

The study setting is an area with a known HIV prevalence. This setting has also experienced several interventions on general SRH most of them being health facility based. The two villages selected for the study were deemed representative of the 6 villages in the ward.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

4.0 Introduction

This chapter outlines the research methodology, both theoretical and applied that has been chosen to explore the stated objectives. It begins with a brief discussion of the main theoretical approaches to social research and the reasons for adopting the qualitative approach I took. Next, is a presentation of the research design whereby the three research methods employed in this study are given. This chapter also discusses the specific activities undertaken prior to fieldwork (e.g. ethical clearance, recruitment and training of the research assistants and the pilot study). Subsequently, how data were analysed is provided. An evaluation of the study (reliability, validity) is discussed and finally, a reflection on the researcher's role in the study is presented.

4.1 Selecting method to study the role of family context on young people's sexual behaviour

4.1.1 Philosophical issues in social research

There are many paradigms that underpin social science research approaches. The main ones are positivism and interpretivism. They each differ in their approach and their perspective on social reality. The positivist paradigm for example, is generally associated with the natural sciences and emphasises objectivity and evidence in the search for truth (Snape and Spencer, 2006). On the other hand, the interpretivist paradigm stresses the importance of interpretation as well as observation in understanding the social world (ibid).

There have been debates concerning claims made by these paradigms some of which have been found to be inappropriate. For example, the claim that positivist paradigm provides objectively neutral findings has been debated and shown to be inappropriate to the social world (Denzin and Lincoln, 2008, Layder, 1998). As noted by Layder, (1998), this claim has failed to recognise that the social world is constituted by actions of meaning and that human behaviour is not law-like, predictable and generalisable. On the other hand, the interpretivist paradigm claims to be providing a more adequate account of social reality by pointing to the importance of subjective point of views in understanding social reality. It has been criticised

for taking the view of interpretation to the extreme and envisioning the social world as entirely composed of shared meanings and communication and therefore leaving out of account many features of social life (e.g. social structures and systems, forms of domination, cultural symbols and ideology which are crucial for the understanding of social reality). The interpretivist paradigm has also been challenged by the realist position which claims that there is an external reality which exists independently of people's beliefs or understanding about it (Ibid). The realist position therefore emphasises that there is a distinction between the way the world is and the meaning and interpretation of that world held by individuals (Snape and Spencer, 2006).

Based on these paradigms, the researcher may take a position on how to conduct their investigation depending on what they believe is the nature of social reality (ontology) and what they regard as constituting knowledge or evidence of the social reality (epistemology). A major underlying ontological debate has concerned whether the social and natural worlds exist in similar ways or whether the social world is very different because it is open to subjective interpretation. It has been noted that most contemporary qualitative researchers maintain that the social world is regulated by expectations and shared understandings (Snape and Spencer, 2006). Layder (1998) argues that while the social world is constructed in large part by meanings, motivations and reasons that people give for their behaviour, this does not include all that constitutes the social world. He further argues that the social structure and social agency are tightly bound together to form a complex and multifaceted social reality.

There have been debates in the social sciences concerning what constitutes the most scientific method to carry out research with emphasis being drawn on the impact of the research process on the participants and how evidence is produced. Quantitative methodology is seen to investigate the social world in ways which emulate an approach similar to that adopted in the 'natural sciences' and hence perceived as objective. The emphasis is on hypothesis testing, causal explanations, generalisation and prediction. On the other hand, qualitative methods are seen to reject the natural science models and concentrate on understandings, rich descriptions and emergent concepts and theories that tend to reflect participants' responses.

However, while some qualitative researchers subscribe to objectivity in research findings, others believe that in the social world, people are affected by the process of being studied and that the relationship between the researched and the social phenomena is interactive and hence

the researcher cannot produce an objective account (Snape and Spencer, 2006). Those who believe in the later view have therefore suggested for what they call an ‘empathetic neutrality’ position (see for example, (Mason, 2006). This position recognises that research cannot be value free and hence advocates that researchers should make their assumptions transparent by reflecting on how data are collected and analysed.

4.1.2 My Ontological and epistemological position

My ontological position lies on the belief that social reality is variegated rather than uniform in nature and hence there are multi-faceted realities. From my ontological perspective, the family as an institution has influence on young people’s sexual behaviour (through family interactions, expectations and beliefs, gender relations, motivations for encouraging/discouraging certain sexual behaviours) and that that influence is a meaningful component of the social world. I believe that that influence is knowable through family members such as parents and young people.

I also embrace aspects of interpretivism. My acceptance of interpretivism is reflected in practices which emphasise the importance of understanding participants’ perspectives in the context of the conditions and circumstances of their lives. I emphasise that participants’ own interpretations of the family context, interactions and sexual behaviour is very important. I therefore seek to obtain detailed information about people’s lives (from their own perspectives) and to some extent my own observations either of the circumstances in which they live or their engagement with research issues. I perceive my own interpretations as important and clearly delineate them from those of the participants. In developing my interpretations, I adhere as closely as possible to their accounts, but acknowledge that deeper insights can be obtained by analysing accounts from a number of participants. I am in support of Layder’s (1998) ideas of using as many sources of methodological and analytical strategies as possible and feasible for the research.

I believe that quality and rigour in research practice are a result of choosing the right research design rather than limiting oneself to a particular research method because it is philosophically consistent. An ethnographic approach allows for distinctions to be made when interpreting interview and focus group discussions data by “situating” interviewee’s statements and the circumstances of the interview/discussion as far as possible in the broader context of that person’s life (Lambert, 1998). This approach therefore provides a rich understandings of the

subject of study with emphasis on portraying the everyday experiences of individuals by observing and interviewing people who are relevant to the research questions (Creswell, 2003). This is necessary for the understanding of health issues and important for improved SRH outcomes.

This study triangulated different qualitative methods. Triangulation was used to increase the understanding of complex issues related to family context and interactions and young people's sexual behaviour. It was envisaged that since social phenomena are more than one dimensional, the use of different methods (e.g. in-depth interviews, focus group discussions and participant observation) would allow for the research question to be examined from various angles hence allowing for a diversity of perspectives to be collected. This greatly increased the strength and validity of the theoretical ideas and concepts that emerged from data collection and analysis. For example, in-depth interviews were used in combination with participant observation to provide a clear understanding of how events or behaviours naturally arise as well as reconstructed perspectives on their occurrence. Focus group discussions were mainly conducted before most of the interviews to raise and explore relevant issues which were then taken forward through in-depth interviews.

In relation to the method of participant observation, I see interactions, actions and behaviour and the way people interpret and act on them as important. I am interested in the ways in which these social phenomena occur or are performed in the context of a 'setting' rather than contrived in an experiment or reported or constructed in an interview. I hold the view that knowledge or evidence of the social world can be generated by observing or participating in or experiencing 'natural' or real life settings and interactive situations. My position is based on the premise that these kinds of settings, situations and interactions reveal data in different ways and hence it is possible for me to be an interpreter of such data as well as an experienter, observer or a participant observer. In addition, I embrace the view that meaningful knowledge cannot be solely generated without observation, because not all knowledge is for example, articulable, recountable or constructable in an interview or a survey questionnaire.

In addition, I believe that a research method should be as rigorous as possible and represent social reality 'truthfully' and to a wider level. I acknowledge that in as much as 'objectivity', as applied in the natural sciences is not a feature of the methodology I have adopted, striving to be as neutral as possible in the collection, interpretation and presentation of my data is

important for a truthful representation of participants' views. I took particular care in data collection to minimise my influence on the views of the research participants. In order to achieve this I used semi-structured, open, non-leading questioning techniques. I have tried to reflect on ways in which bias might creep into my study and acknowledge that my own background and beliefs could have an effect here. I have therefore presented 'my role' and that of the research assistant, in the research in the section 4.2.4.2 of this thesis in which I have discussed the assumptions and potential biases I brought to the study.

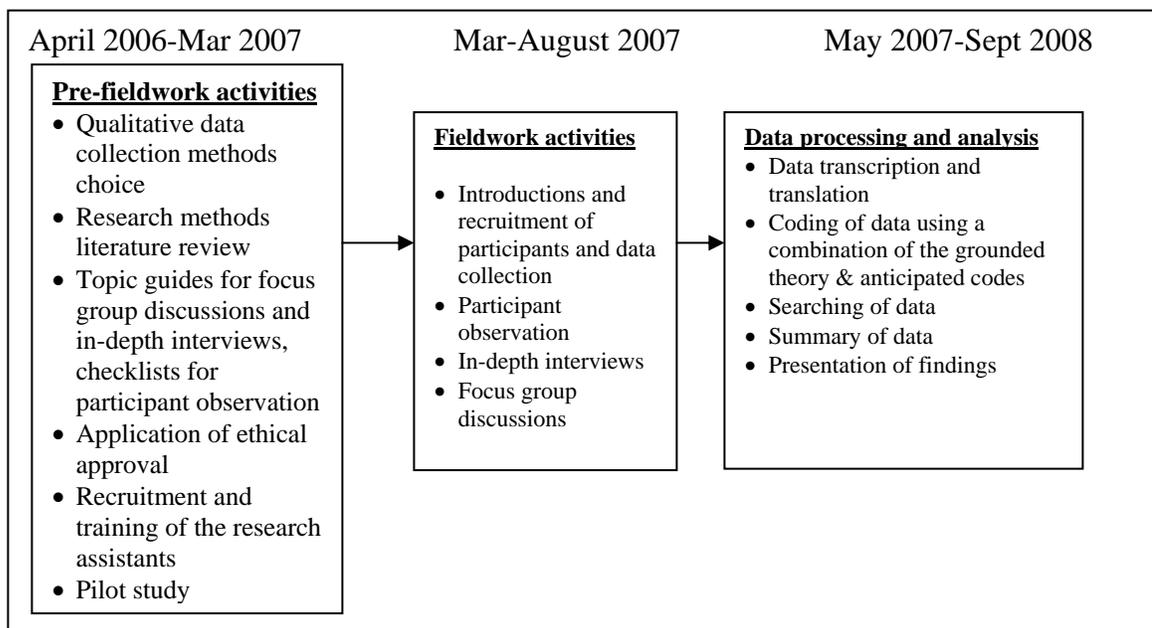
4.2 Study design

This study employed an ethnographic research design. Data were collected using the following three methods:

1. Participant observation
2. In-depth interviews (IDIs)
3. Focus group discussions (FGDs)

The research design and methodology was structured into three phases: pre-fieldwork activities, fieldwork activities and data processing and analysis (figure 4.1).

Figure 4.1: Outline of the design and methodology activities in the study



4.2.1 Pre-fieldwork activities

Pre-fieldwork activities include activities that were undertaken prior to data collection. These were literature review for the methods employed in the study, preparation of field instruments, ethical clearance, recruitment and training of research assistant and the pilot study.

4.2.1.1 Preparation of field instruments

A checklist (appendix B3) was used to guide the participant observation and to help with maintaining focus during the research process. The checklists acted as guides to most of the research issues and were reviewed every week to ensure that the research assistant and I were on track.

Topic guides were used for IDIs (appendix B5 and B6) and FGDs (appendix B8 and B9). The topic guides were semi structured and flexible. Since most of the IDIs were conducted after conducting the FGDs and participant observation, the IDIs ended up being shorter (took thirty minutes to 1 hour) than originally expected (one hour to one and half hours). They mainly provided an opportunity for an in-depth follow up at a personal level on what had been said in the FGDs. Some analysis was conducted after three months of field work. It is after this preliminary analysis that need for clarification of emerging issues arose. The topic guides were modified to reflect these needs in a second round of FGDs and IDIs (Appendix B10) by focusing them to more specific issues.

The checklists and topic guides explored similar issues. However, the checklists were more general while the topic guides focused on specific issues. The checklist and some questions in the topic guides were prepared based on the research objectives and the literature reviewed. Some issues in the interview guides (e.g. socio-demographic information and young people's sexual behaviour) were adapted from guides from previous research that had been conducted in rural Tanzania. Since most of the questions were new, they underwent a series of changes and were piloted (see section 4.2.1.4).

4.2.1.2 Ethical Considerations

Ethical considerations are an important aspect of good research practice. The researcher has an obligation to respect the rights, needs, values and desires of the informants (Creswell, 2003, Murphy and Dingwall, 2007).

Consent during participant observation

As observed by Murphy & Dingwall (2007), it is not easy to achieve informed consent in ethnographic research in the same ways as set by anticipatory regulatory systems that seem to compare it with clinical research or biomedical experimentation. This is because of: the emergent nature of the ethnographic research design which may change in the course of the study; the prolonged periods of time the researcher spends in the study setting; nature and positioning of risk which is sometimes difficult to anticipate; the power relationships between the participant and the researcher; the public and semi-public nature of the settings being studied (ibid).

Since the focus and design of ethnographic research design is in some cases not fixed, it makes it difficult to plan and get approval for definite research activities. I however, employed a number of safeguards to address some of the anticipated ethical concerns that I had prior to and during the participant observation phase of my study. First, since consent in qualitative research is a process, not a one-off event (Association of Social Anthropologists of the UK and Commonwealth, 1999), there was renegotiation over time at the general community and individual levels. At the community level, consent for participant observation was approached by introducing the research, the research assistant and I during two routine public meetings in the village. During these meetings, the research assistant and I explained the research objectives verbally in Swahili and Sukuma (local language) so that they were clearly understood by the villagers (some of whom later were participants). I gave people the opportunity to ask questions about my research and responded to their queries to the best of my ability.

Secondly, at the individual level, prior to any formal interviews during participant observation, we asked for consent. We also introduced ourselves and the researcher to any new participant we met for the first time. Moreover, study participants' confidentiality and anonymity were assured by using codes instead of names. I had separate lists of their names that I kept confidential and eliminated this upon entry of the field notes into the computer. The code list was kept in a separate, secure computer file for which I only have access. This ensured that individuals could not be linked to the data they provided.

Third, we encouraged our host families to introduce us as researchers and not just as their visitors, so that other people (who had not been able to come to the public meetings) knew our role.

I however, acknowledge that complete consent in participant observation is difficult to achieve. Therefore, it is possible that consent may not have been obtained from everyone, for practical reasons, and therefore not all participants may have been aware that they were being observed. Moreover, we both observed and participated in some activities in public places (e.g. drumming ceremonies, church services) without asking for individual consent because it was not practical. Related to the power dynamics between us and the participants, it was the participants who seemed to be in control of the activities of interest to the research in most cases since our continued stay would not have been possible without this. We planned our activities according to their daily routine and rarely did we dictate activities to suit our schedules.

Consent in the in-depth interviews and focus group discussions

For the focus group discussions and in-depth interview participants, I introduced the study through an information sheet (appendix B7) read to them which clearly indicated that participation in the study was voluntary and that they could refuse to participate in the interviews or group discussions if they wished. I left a copy of the information sheet with my contact details to the village authorities in case they wished to contact me in the future for matters related to my research. Thereafter, informed oral (taped) or written/thumbprint consent (appendix B11) was requested from those willing to participate in the interviews and group discussions. Participant confidentiality and anonymity will also be respected during the eventual presentation of the data in public dissemination events, as well as in printed publications, by ensuring that the names of participants do not appear on documents.

In addition to seeking the consent of the participants for those aged below 18 years (adult age in Tanzania), consent was also sought from their parents/carers. When seeking parental/carer consent, I was sensitive to the possibility of a parent pressuring a child to agree and looked out for non-verbal clues from the child indicating discomfort with the activity (focus group discussions/in-depth interviews) but I did not observe any indications that this was the case. Although I had planned not to include any young people whose parents did not want them included, there were no such refusals.

Although participants for group discussions were given Tsh 2000 (£0.90)¹ as a compensation for their time, this was carefully done so as not to be a motivation for them to participate in the discussions. Participants were not informed about it during the invitation for the group discussions and only knew about it at the end of the group discussions. Focus group discussion was also the only activity that compensation was given and this was because participants spent long periods of time at the venue prior and during the discussion.

Ethical clearance

Ethical approval for the overall DSS activities was granted by the Tanzanian Medical Research Co-ordination Committee (MRCC). Moreover, a separate ethical clearance for this study (ref no: NIMR/HQ/R.8a/Vol.IX/512) was applied from the MRCC. Additional permission to conduct the study was granted at the district, ward and the village levels.

4.2.1.3 Recruitment and training of the research assistant

It has been observed that depending on the positions and perspectives, the use of different researchers might access different although equally valid representations of the issues being studied (Malterud, 2001). Moreover, approaching the same research issue with different researchers may lead to an increased understanding of complex phenomena, and strengthen the research design through supplementing each other.

I worked with one male research assistant to complement my efforts, but also for him to focus on the male participants. This decision was based on prior experience working in similar rural communities, where I had learnt that it was not appropriate for one to freely interact with the opposite sex. For this position, three young men aged between 24 to 26 were interviewed. I then trained two of them using theoretical and practical exercises. The training took place at the NIMR offices and involved reading of materials on qualitative research methodology, practice interviews, short field observation activities (lasting for a day) and writing of notes after observation. At the end of the training, I selected one person who emerged to be suitable.

The research assistant was a sixth form leaver with little research experience but quick at understanding. He was a native Sukuma speaker born in the neighbouring village to the research site. This turned out to be beneficial in terms of easy building of rapport and trust

¹ One UK pound is equivalent to 2,350 Tanzanian Shillings. The average minimum wage per month is Tsh 50,000 although very few villagers got this.

since some villagers already knew him. The research assistant's role was limited to data collection. He however, made process reports which I drew on during analysis. I have reflected on the challenges of his involvement in section 4.2.4.2.

4.2.1.4 Pilot study

As noted by Arthur & Nazroo (2006), conducting a pilot study is a crucial part of research. It gives the researcher an opportunity to try out the methods, instruments and the procedures for the main study and therefore providing an opportunity to improve on the proposed methods and procedures. For this study, a pilot was conducted to check on the validity and reliability of the topic guides. This is because not much research on the role of family context has been conducted in this setting, and I wanted to test the suitability of the question guides to the context.

The pilot study helped in the restructuring of the topic guides for the FGDs and IDIs, and the introductions. For example, it helped in the reframing of the questions on parental social support and restructuring of the introduction by making it more comprehensive to participants. The pilot study was also useful in the refining of the overall research strategy by alerting me to the seasonal activities and availability of participants during the time field work was planned. However, the pilot interviews were not included in the final analysis because they were intended for testing of the topic guides and research procedures.

The pilot study was conducted in one village in Nyanguge ward. I decided to pilot the topic guides at this site because it had similar characteristics to Kisesa ward (study site) villages. It is a neighbouring ward to Kisesa and it is the site where NIMR usually pilots their research instruments for research being conducted in Kisesa ward. The research assistant and I interviewed a total of 7 people comprising of 4 young people (2 male, 2 female), 3 parents (1 female carer, 2 male parents).

4.2.2 Fieldwork activities: Data collection methods and procedures

This section includes procedures that were undertaken during the data collection.

4.2.2.1 Participant observation

The participant observation research strategy originated from the field of anthropology. It entails a researcher spending an extended period of time among the people they are studying in order to gain a thorough understanding of social reality and human action (behaviour or culture) of the group being studied (Ellen, 1984, Hammersley and Atkinson, 1995). It thus provides a description of behaviour and explains why and under what circumstances the behaviour took place (Morse and Field, 1995, Savage, 2000). The researcher engaged in participant observation tries to learn what life is for an “insider” while remaining, inevitably, an “outsider” and does not assume any meanings ascribed to categories (Lambert and McKeivitt, 2002) (e.g. family, parenting), but tries to understand it from the participants’ point of view. Moreover, participant observation not only allows for phenomena to be studied as they arise, but also offers the researcher the opportunity to gain additional insights through experiencing the phenomena for themselves (Ritchie, 2006a). It does not rely entirely on people’s retrospective accounts (Plummer *et al.*, 2004) and on their ability to verbalise and reconstruct a version of interactions or settings (Mason, 2006).

As noted by several authors (Murphy and Dingwall, 2007, Pequegnat *et al.*, 2001), the best way of understanding family interactions and the experience of its members, is by observing and interacting with them. In this study, participant observation provided rich understanding of the activities and interactions within families specifically, parent-child relationships and the circumstances of the interactions. This method supplemented the information obtained from IDIs and FGDs. It also allowed for the cross check of the validity of data collected by directly observing and talking to several people in the same families and community.

Participant observation was conducted at the beginning of the data collection phase. This decision was based on the following reasons:

- To improve the design of IDIs and FGDs topic guides by ensuring that culturally relevant and appropriate questions were asked.

- To determine participant selection for the IDIs and FGDs. This was through identification of relevant participants during informal interactions during participant observation.
- To provide an opportunity to explore and clarify in IDIs and FGDs issues emerging from participant observation.

The research assistant and I conducted the participant observation in one village (Kitumba) for a period of eight weeks. The eight weeks period was chosen to allow for enough time to build rapport and to gain access to rich information on young people's family context and interactions. Issues that were observed on the family interactions in relation to young people's sexual behaviour included: cultural, social and economic contexts in which the young people live; gender relations/interactions between family members; family/parent material and social support (e.g. communication about SRH); behavioural control (control and monitoring). Sexual behaviours of interest were nature of sexual relationships (e.g. formation and dissolution, transactional sex, partner choice and numbers, and protection use).

4.2.2.1.1. Participant observation procedure

Participant observation involved living with, befriending, observing and participating in the daily activities of rural young people and their families. The primary participants were young people and their families (parents, carers, siblings), although an effort was made to interact with other people within the village without necessarily following up on their families. This was mainly because some understanding of what was happening outside the families and in the village in general was deemed important for the overall understanding of the participants.

To assist in the data collection phase, I utilised a field log, which provided a detailed account of ways I planned to spend my time during field work and in the transcription and analysis phase. In the initial days of entering the field, we focused on almost everything that was happening around us, but as time went by, we directed our gaze towards more specific issues such as communications, interactions, behaviour and social events that involved young people. I developed a checklist (appendix B3) for linking my research objectives to the issues I was interested in observing and asking about while in the field. The checklist enabled us to maintain focus and remained fluid throughout the participant observation period.

Sampling

Sampling included villages, families and young people. Convenience sampling was initially used, whereby contacts were made with people the research assistant and I met. Through these initial contacts, their social networks were utilised to obtain other suitable participants (snow ball sampling). As the research assistant and I got to know many people, purposive sampling was employed. Purposive sampling involves purposely selecting respondent who are relevant to the research question, it thus deliberately seeks to include ‘outliers’ (see example, (Bryman, 2004, Mays and Pope, 1995). In the study, purposive sampling involved selecting people from certain family types to understand their family contexts. This sampling approach was to help ensure access to a wide range of individuals relevant to the research questions as possible and thus allow for the collection of many different perspectives.

The practicalities of participant observation and access to participants

‘Entering’ the participant observation site involved introductions to the administrative government officials. First, a meeting was held with the district level officials where an explanation about the study objectives and procedures were presented. After getting approval, the ward level was approached. The ward level in turn introduced the study to the village level officials on my behalf. At the village level, two meetings were held with community members to explain the study and the data collection methods to be used.

During these meetings, any questions and concerns the community had about the study were clarified. Emphasis was paid on our role as researchers as not being there to judge, or take sides with any particular individuals or families and that we would try as much as possible to associate with most people regardless of their social status and reputation. An explanation was also given concerning how the information from each participant was going to be handled by not sharing whatever participants say with others.

With the aid of a selection criteria I had prepared, the village officials and the Kisesa DSS field workers² helped identify two families where the research assistants and I were based for most of the participant observation period. The criteria for the selection of the families were: that they had to have at least one or several young people aged 14-24 years old; had to be

² Kisesa DSS field officers comprise of representative from the community who are responsible for the demographic surveillance activities in the village. They understand their villages well as they had been raised there.

ordinary families (not too wealthy or too poor); and the owners had to be willing to live with strangers for a period of eight weeks. The research assistant lived in a female headed family while I lived with one that although was perceived as having both parents, in essence it was also female headed as I never saw the male head for the eight weeks I lived there. The families were in different parts of the village, which provided an opportunity to interact with people from different parts of the community. It is noteworthy to mention that the two families selected were like gatekeepers in the initial stages of participant observation. As we accompanied them in their daily activities, they introduced us to other people they knew and hence enabling us to make contact with many people.

To begin with, we familiarised ourselves with our immediate environments which involved interacting and talking to other families and neighbours. Our initial contacts outside the host families were mainly those that were related to the host families (e.g. relatives, friends or neighbours). After about a week we made contact with other young people through hanging out at market places in the evenings, meeting at places such as the water well, market, church and along paths. Since I was aware of the social norms around interactions, the male research assistant mainly focused on making friendships with the male participants while I concentrated on the females. As we got to know many of the villagers we visited their families.

The total number of families we interacted with were approximately 20. The time spent in people's families varied from one family to the other and with the activity. For example, helping with a farm activity (such as harvesting) involved spending a whole day with one family. Families were also visited several times whenever an opportunity arose. Overall, more time was spent with the two families that we lived with than other families.

The total number of people we interacted with (observed or participated in an activity together) were approximately 80 to 100.

Description of the family life and interactions with the families the researchers lived with

During our stay in the village, we lived with two families. The female researcher shared a sleeping house used for storage of farm produce with two young women while the male research assistant shared a two roomed house used as a kitchen with one young man. Since the two families could not afford comfortable beddings (sponge mattress), we used locally made mattresses (sacks stuffed with dry grass). The houses we slept in were both grass thatched with mud walls. They were in bad condition as seen in the roofs that leaked whenever it rained.

Hygiene was a challenge in the two families as they did not have safe toilets and bathroom and therefore similarly to other family members, we used the temporary structures (a hole dug and fenced with old nylon sacks) as toilet. We also had to bath at night time outside the house for privacy.

We interacted and engaged in the family daily activities (e.g. farming, fetching water and firewood, going to the market), befriended them, accompanied them to social events (funerals, video shows, church services). The family activities started at 5.00am in the morning and ended at 9.00pm when most of the family members went to bed. The research assistant and I woke up at the same time like the rest of the family members. I participated in morning activities usually done by women (such as sweeping outside the house and fetching water from the well), before going for farming. The male research assistant joined the young men in farming activities. During the period of the research, farming was the main activity and work started at 7.00pm until midday. In the course of the different activities we participated in, we informally interviewed the family members especially the parents and young people.

After we came back from the farm, I helped women to prepare food while the male research assistant had an informal chat with fellow men as he waited for food to be cooked. Since household tasks are structured around sex with females expected to do most of the work, the research assistant seemed to have more time after farm work than I did as he was not expected to join in household tasks. After lunch, we joined in a few minutes of gossip about general issues happening in the village and thereafter, had a stroll to the market or went out to visit other families. On different days we spend time with other families, sometimes engaging in similar routines to those of our host families. When I returned at around 6.00pm to my host family, I participated in preparation of the evening meal. After dinner, we joined in the evening chat which took between 30 minutes to an hour before going to bed.

The two hosts were not paid for us to stay with them but were given a small contribution of Tsh 500 to 1000 per week to contribute to any necessities they had.

How I interacted with the research assistant during participant observation

We tried as much as possible not to spend much time together but instead focused on forming friendships with the participants. In the first week, we met daily at the end of the day to review

progress. After that we met after every three days to discuss any issues we had. During these meetings, I reviewed the research assistant's notes and advised him as necessary.

Activities during participant observation

Although when conducting participant observation, participation and observation seem to overlap a lot, I have attempted to separate some of the activities that I felt may have belonged to each of these (table 4.1) for the reader to have a picture about what was done. Observation involved seeing people's activities and interactions, while participation involved engagement in people's daily activities some of which were during observation. While participating in several activities and observing some of the participants were sometimes informally interviewed.

Table 4.1: Activities during participant observation

Activities		
Observation	Participation in daily activities	Participant observation
Economic resources (e.g. houses, land livestock),	Cultivation activities	Attendance of social events (e.g. Easter celebrations, video shows, drumming ceremonies, funerals)
Economic activities (e.g. farming, petty trade)	Food preparation	Participation in economic activities (e.g. farming and petty trade)
Negotiation for sex	Accompanying young people on errands (e.g. Fetching water, going to the market, petty trade)	Informal conversations
Interactions in families	Informal conversations	
Social facilities (e.g. schools, health care)	Visiting young people's friends and relatives	
Social events (e.g. traditional drumming events, religious celebrations)		

4.2.2.1.2 Writing notes during participant observation

It has been noted that researchers conducting participant observation are usually interested in the verbal interactions, accounts and discourses as well as the non-verbal elements of their research settings (Mason, 2006). Therefore, whatever is recorded during participant

observation must be related to the research questions and hence the researcher must have a self-conscious sense of what they are interested in knowing about when they are recording and observing (ibid).

The research assistant and I wrote daily notes related to our observations and conversations in field note books. The notes were structured around certain themes, interests and ways of seeing things. Notes contained detailed descriptions on what had happened, discussions of our own feelings and impressions and emerging analytical ideas. Notes were jotted down as quickly as possible after hearing or seeing something interesting and involved fairly detailed summaries of events and behaviours and researcher's initial reflections of them. To facilitate writing jottings, the research assistant and I developed strategies for taking small amounts of time away from people, without generating their anxieties. For example, after an interesting conversation/event, I could go back to the home where I was based to make jottings while the issue was still fresh on my mind. Notes were written as entries, whereby an entry represented an occurrence at a particular time. I had also provided prior information concerning documentation of the research to the community during the introduction meetings. Later at the end of the day full field notes included details such as location of the observation/conversation, who was involved, what prompted the discussion, date, time of the day and other details.

We also kept a field diary to reflect on our own feelings, experiences and perceptions throughout the research process. To ensure anonymity, I developed a system of using codes instead of participants' names (appendix C1, see document details column).

4.2.2.1.1.3 Challenges during participant observation

Despite participant observation's major strengths in the generation of rich data, this research design had some limitations. As noted by others (Creswell, 2003, Spradley, 1980), since this method involves spending much longer periods of time and in a wider range of activities with the study participants, the researcher's capacity to cause harm in the process of data collection is increased. It is possible that participants may have revealed sensitive information which they may have felt uncomfortable afterwards. Although, I did not encounter any issues directly pointing to this, I raise this as a possibility.

Gaining informed consent

As discussed in section 4.2.1.2, gaining complete informed consent was a challenge. Although the study was mainly overt, it also had some covert elements (e.g. not repeatedly telling the participants about the analytical link I was drawing from the observations and conversations). It was also not possible to gain consent from everyone during the introductions at the two public meetings we had. This is because not all villagers were able to attend these meetings. It is therefore possible that we may have observed events and interactions that everyone had not given their consent to (e.g. *ngoma* dance celebrations).

Selection of the families to live with

As much as I had set a criteria to help with this, this was not fully followed when the village officials were helping us to find families to live with. This could be because the village authorities may not have been fully aware of the family dynamics or may have ignored them. We had set out to live with one single parent family and one with both parents, but ended up living with one clearly single parent while the other though recognised as a both parent family, the father was absent for the whole period of the fieldwork. We however, interacted and formed friendships with all the family types to gain an understanding as to how they functioned.

Another challenge is that related to poverty in families. The families we resided with were not able to afford breakfast meaning that we had to stay hungry until lunch time which was usually between 2.00pm and 3.00pm. Staying hungry for long periods of time seemed to interfere with remaining alert at all times

'Remaining neutral'

Researchers' remaining neutral was a challenge during participant observation. This is because we interacted with people from different socio-economic circumstances as well as social reputations. We had to balance our own perceptions of the participants and what was discussed about them by others when interacting with them. For example, negative labels were given to individuals based on the community's perception of their sexual experience/reputations and these seemed to determine whom individuals interacted with in their daily lives. Specifically, single mothers were labelled as sexually immoral and were referred to using derogatory terms such as '*msimbe*' (singular). Therefore a researcher relating closely with *wasimbe* (plural) posed the challenge of receiving little cooperation from the non-

wasimbe women and communities which felt that such a group did not deserve respect. Although I had explained during the introductory meetings about our role (as researchers) and how we could interact with people, this seemed not to have eliminated this problem completely. We however, tried as much as possible not to participate in gossip about our participants with others from the communities.

4.2.2.2 Focus group discussions (FGDs)

Focus group discussions are widely utilised in exploring understandings and attitudes at the wider community level (Bloor, 2001). This method allows the researcher to elicit a wide variety of different views in relation to a particular issue while providing the opportunity for the researcher to observe the ways in which individuals collectively make sense of a phenomenon and construct meanings around it (Bryman, 2004). In addition, the group interactions can help people to explore and clarify their views in ways that would be less easily accessible in one to one interviews (Kitzinger, 1995). For example, through group interactions, the researchers tap into the many different forms of communication that people use in their day to day interactions including jokes, anecdotes, teasing and arguing that would contribute to the understanding of the research question. Moreover, gaining access to such variety of communication is useful because people's knowledge and attitudes are not entirely encapsulated in reasoned responses to direct questions (ibid). Therefore, by tapping into the everyday forms of communication, they may tell us much about what people know or experience. In that sense, FGDs have been noted to reach the parts other methods cannot reach, revealing dimensions of understanding that often remain untapped by other methods.

In the study, FGDs were conducted for the following reasons:

- To elicit a multiplicity of views and thus provide a general understanding and a sense of how widespread the issues explored in participant observation and IDIs were.
- To draw upon participants' attitudes, feelings, beliefs, experiences and reactions in a way that would not be feasible using participant observation and IDIs (e.g. debating issues and helping each other recall and reconstruct accounts).

As shown in table 4.2, although the plan was to conduct 22 FGDs, a total of 17 were conducted. At first, 15 were conducted but later an additional 2 were conducted to follow up on emerging issues from the preliminary analysis. The decision to stop at 17 was reached after I achieved data saturation. The issues explored in the initial 15 FGDs were similar to those in

the interviews but with a more general focus. The follow up FGDs were focused on issues such as parental control, gender relations in families and power in sexual relationships (appendix B10).

Table 4.2: Breakdown of focus group discussions

Respondents categories	Originally planned	Conducted during first round	Follow up
Young women	6	4	1
Young men	6	5	1
Female parents/carers	5	3	0
Male parents/carers	5	3	0
Total	22	15	2

4.2.2.2.1 Recruitment and profile of participants

In the selection of the study participants, I aimed for homogeneity within the groups in order to capitalise on people's shared experiences. Homogeneity was in the following aspects: schooling status, sex, village, residence and having had a child out-of-wedlock for the girls. The participants were predominantly from subsistence farming families, their main religion was Christianity, most had some primary education, and a few had never been to school or had attended secondary school. Table 4.3 provides a summary of the characteristics of the 17 focus group discussions.

Table 4.3: Summary table of characteristics of FGD participants

Characteristics of group	No. of focus groups	No. of participants range	Age range
Females (14-24 years)			
School girls	2	7-10	14-18
Out-of-school	3	7-10	15-24
Males (14-24 years)			
School boys	2	7-12	14-21
Out-of-school	4	7-12	15-24
Female parents/carers	3	7-10	34-54
Male parents/carers	3	7-12	42-60

Sampling

The selection for the participants for the group discussions was mainly through snowballing. Snowballing was used to ensure that all the participants knew each other well and were free to

discuss sensitive issues in each other's presence. With the help of the Kisesa DSS field officers, I identified initial participants (especially parents) from different family types that had emerged as important for young people's upbringing during participant observation. For the first round of the group discussions, three days were spent on getting to know and recruiting pre-existing friendship groups. The groups were recruited and organised according to sex (male and female) and education status (in and out-of-school). While a stratifying criteria like this helped to ensure that groups with a wide range of features were included, it also helped to ensure participants were comfortable with each other.

The selection of participants for the follow up group discussions was based on theoretical sampling approach. Based on the issues that had emerged from preliminary interview analysis, I decided to conduct two more FGDs with young people to explore them further. It was not possible to get all the participants who had taken part in the first set of group discussion and therefore those who had not participated in the first set were also included. I got to know about the new ones through those who had participated in the first round.

4.2.2.2.2 Procedure for the group discussions

Prior to the start of the group discussion, all participants were provided with fresh drinks. The refreshment time provided an opportunity for informal conversations with the participants and familiarisation between the researchers and participants prior to the start of the discussions.

At the beginning, we had detailed introductions (appendix B7) which covered the following: purpose of the study; why participants were selected to participate in the discussions; their right to refuse participation; confidentiality issues; and permission to use a tape recorder. After the introduction, the discussions were started with a general question concerning family types and the socio-economic status of families. In almost all group discussions, sexual behaviours topics came up as other general issues were being discussed and thus providing an opportunity for us to easily direct them in a way that appeared natural and directed by the participants.

After reaching data saturation, some of the issues were left out and instead I focused on those where more information was required. As shown in appendix B10, the guides for the follow up group discussions were shorter and focused on fewer specific issues than the first set. They focused on gender relations in the family; power and decision making in sexual relationships; parental control and monitoring; and communication patterns in families.

Based on the way the group discussions were getting on, there was a ten minute break where necessary. At the end of the group discussions, participants were given an opportunity to ask any SRH questions they had from the discussions. We responded to most of the questions and those we were not able to (e.g. questions about contraception), advised them to visit the health facilities for further details. In addition, even though we were not there to intervene, we clarified issues that may have been harmful (e.g. beliefs such as brand new condoms have HIV virus and thus condoms should be avoided).

A total of two group discussions (1male and 1 female) were conducted every day. Each took approximately 2 hours.

4.2.2.2.3 Challenges of FGDs in the study

It was difficult for us to ensure full confidentiality or anonymity since the issues being discussed were shared with the rest in the group. This may have been particularly challenging given that some of the discussion issues were sensitive and participants sometimes started discussing their personal sexual experiences instead of focusing on the general issues. We however, tried to encourage them to discuss issues at a more general level.

Although we tried to make groups homogeneous and encouraged everyone to participate in the discussions, there were some people who were shy. This may have biased the findings in some way, as they may reflect more the views of the articulate ones. We however, kept encouraging everyone to give their opinions. However, in one FGD with out-of-school young women, I realised that although the participants had identified themselves as friends, they were not relaxed enough to have the discussion together. I decided to stop this group discussion a quarter way through because the participants appeared uncomfortable to discuss sexual issues in the presence of each other.

During the discussions, participants sometimes gave information that was clearly incorrect based on scientific merit (e.g. a belief that brand new condoms have HIV and therefore condoms should be avoided). As much as I tried to correct such myths at the end of the discussion, it is possible that some may have left with incorrect information instilled in them from fellow participants.

It was also difficult to distinguish individual views from the group views since participants had been encouraged to discuss issues at a more general level. Kitzinger (1995) noted that a 'true' representation of group processes may not portray a 'true' representation of what the participants are doing or thinking at the individual level. Although an effort was made to overcome this challenge through having follow up interviews focusing on personal experience, it was not possible to do this with all the participants for practical reasons.

4.2.2.3 In-depth interviews (IDIs)

The main reason for in-depth interviewing is to elicit a person's subjective view of the world so as to be able to tap into their lived experience and the meanings with which they construct their everyday worlds (Legard *et al.*, 2006). By interviewing individuals about their own experiences, one can move from a normative view (as presented in group discussions) to the practice of individuals, through their narratives.

In the study, IDIs were conducted for the following reasons:

- To explore from the participant's point of view the meanings and perception of family and parent-child relationships
- To explore young people's experiences of familial interactions and gender relations
- To explore young people's sexual behaviours
- To follow up at a more personal level on issues which emerged from the FGDs and participant observation

As shown in table 4.4, the initial plan was to conduct a total of 55 IDIs, but I ended up conducting 46. The IDIs were stopped at 46 when data saturation was achieved. The breakdown for the 46 IDIs is summarised in the table 4.4. Out of the 46 IDIs, 39 were conducted first and later an additional 7. These seven were conducted based on preliminary analysis (coding) of the 39 IDIs and some participant observation data which revealed areas for further clarification of the emerging theory (e.g. the role of gender on parenting practices and behaviour expectations).

Table 4.4: Breakdown of the IDIs

Respondents categories	Originally planned	Conducted during first round	Follow up
Young women	15	12	2
Young men	15	10	2
Female parents/carers	12	8	2
Male parents/carers	11	7	1
Key informants	2	2	0
Total	55	39	7

4.2.2.3.1 Recruitment and profile of participants

The categories of the participants were young women and men (in and out-of-school), male and female parents of young people aged 14-24 years.

Sampling

It was envisaged that interviewing parents and young people would provide a detailed understanding of the effects of family context and processes on young people’s sexual behaviour. Participants were obtained through purposive sampling mainly from FGD participants and some from participant observation. Those identified from participant observation were selected based on the different family types identified, a known SRH outcome (e.g. past experience of unplanned pregnancy as evident in having a child out-of-wedlock). This was to ensure that I interviewed people who were relevant to the research questions.

Theoretical sampling was used for the selection of participants for the 7 follow up interviews. After reviewing data generated in the initial 39 IDIs, the decision for follow up interviews was informed by preliminary analysis, theory and explanation emerging from the initial data. Three parents were interviewed a second time for a more detailed understanding of some of the issues they had raised. The other follow up IDIs were conducted with new participants but following up on the issues that had emerged in the first phase of the interviews. The selection of participants for the follow up IDIs was also through FGDs whereby, participants who had brought up issues that needed further follow up were contacted and IDIs conducted with them.

4.2.2.3.2 The procedure for the IDIs

Prior to the start of the IDIs, we spend some time with the participants having refreshment and informal conversations. This was followed by a detailed introduction about the study (appendix B4) covering issues such as purpose of the study; why participants had been selected; participants rights to participate or refuse; explanation on how confidentiality would be ensured; and permission to tape record the discussion.

The IDIs were semi-structured and involved the use of topic guides (appendices B5 and B6). Topic guides acted as an aide-memoire helping to ensure that key issues were explored systematically while allowing for flexible and responsive investigation. During the interview, questions that were not included in the guide were asked as the interviewer picked up on relevant issues raised by the interviewees. Hence as suggested by Bryman (2004), the use of an open-ended, discursive approach permitted for an iterative process of refinement, whereby lines of thought identified by earlier interviewees were taken up and explored to later interviewees.

During interviewing, leads were followed up as they came up after asking an initial question. Some of the research questions were explored in a more natural way as respondents brought them up in the course of discussing other issues. After reaching data saturation, some of the research topics were left out in subsequent discussions and instead we focused on those more information was required. As shown in appendix B10, the guides for the follow up IDIs were shorter and focused on a few specific issues (e.g. gender relations in the family; power and decision making in sexual relationships; parental control and monitoring; and SRH communication patterns in families) than those explored in the first set.

I conducted all the female IDIs and the 7 follow up while the male research assistant conducted most of the IDIs with the males. Parents of young people were interviewed first to ease any concerns young people may have had concerning their responses being discussed with their parents. Each interview took approximately 30 minutes to one hour and a half to complete.

4.2.2.3.3 Limitations of IDIs in the study

Since in the interviews the information given is filtered through the views of the participant, it is possible that the participants revealed only the information they felt was appropriate and were comfortable with. Therefore, they may have left other equally important issues that would have contributed to the understanding of the role of family context on young people's sexual behaviour.

Despite spending time with most of the participants prior to the start of the IDIs and assuring confidentiality at the start and in the course of the IDIs, I noticed that some of the younger female participants (in-school) found it difficult to talk about their personal experience of sex. When talking about this, they responded in brief thus leading to lot of probing from the researchers. This resulted in spending more time than had been initially planned.

4.2.2.4 Tape recording, venue, language

Although FGDs and IDIs were mainly conducted in Swahili (national language), some respondents occasionally used their local language (Sukuma) during discussions if they had limited Swahili ability and wanted to explain something in detail. The interviews and group discussions were tape recorded. The research assistant and I explained what a tape recorder was, how it worked, and how confidentiality and anonymity (not linking names to individuals) would be ensured and sought for permission to use it prior to using it. Tape recording was necessary and had the following benefits: first, it enabled us to capture the details of the narratives and exchanges between us and the participants and between participants; secondly, it allowed the research assistant and I time to be highly alert to what was being discussed following up on interesting points and drawing attention to any inconsistencies in the interviewee's responses.

The participants were asked to suggest a private place that they felt they would be comfortable for the IDIs and FGDs to be conducted. In one village they selected the community meeting office while in the second village they preferred a village primary school. This is where most of the IDIs and FGDs were held.

4.2.2.5 General practical challenges during data collection

Although most of the data collection went well, I would like to mention that there were some practical challenges:

Timing of the fieldwork and the sessions

Since most of the participants' activities are organised according to the two seasons of the year (farming/rainy and dry/harvest season), I missed an opportunity to capture most of activities in families and young people's sexual behaviour during the dry season. Usually, the dry season is characterised with festivities as this is the time families have money after farm harvest sells. However, despite the timing of the fieldwork being fixed and limited by time, an opportunity was created during the follow up FGDs and IDIs to observe and interview during the dry (festive) season.

Despite the time for the FGDs being set by the participants themselves, it was difficult for most of the participants to adhere to the set time. This caused delays and inconveniences for other participants who had kept to the set time. Delays also interfered with the planned day's activities, making it difficult to plan adequately for other IDIs and FGDs. To help overcome this, we arrived earlier than the FGD participants and had a general chat with those who had arrived early. After knowing the time when most of the participants were usually available, we adjusted our plans and had to have most of the discussions at around 11.00 in the morning instead of 9.00am as most had suggested. We also became flexible with our plans and only had one group discussion in a day.

Suitable venue for the discussions

There were interruptions during FGD and IDI sessions. It was sometimes difficult to find a suitable venue for the interviews and occasionally there were interruptions from visitors, other family members and children for the interviews that were held in participants' homes. We however tried as much as possible to conduct the interviews at the community offices and the village school which seemed to have less interference.

Competing distractions

Some female participants seemed worried about going back home to prepare food for the family. In the group discussions, this was particularly for those who had arrived early and had been delayed by others who arrived late. The problem of competing distractions was dealt

with by informing the participants prior to the start of the IDIs and FGDs about the amount of time the discussion would take. In addition, participants for IDIs were given a choice of rescheduling it depending on when they felt they had enough time. For the FGDs, the participants were given a choice of leaving whenever they wanted to although only one left before the discussion was over. Her reason for leaving early was because she had to remove grains from outside the house since the rain was about to start.

Tape recording

A few interview respondents seemed uncomfortable with the use of the tape recorder and thus took time to get used to it. Some said that they were worried that the interview could be broadcast on radio. The problem of the tape recorder was dealt with by spending time demonstrating how the tape recorder works. We did this by tape recording ourselves and playing it back to the participants. At this point, participants were also reminded about the aim of the research, confidentiality reassured and the reasons for tape recording mentioned. However, after the demonstration and reassurance, participants were still given an opportunity of refusing to use it if they were still uncomfortable. None of the participants refused apart from one young woman who agreed for it to be used, but appeared uncomfortable in the course of the interview. This was realised later when she started discussing issues that she had not mentioned during the tape recorded interview. This happened as the participant and the researcher were having an informal chat after the interview. This later bit of the discussion was not included in the analysis as I assumed it was not consented.

4.2.3 Data processing and analysis

This section presents data management, data analysis procedures, addressing quality in the research, and guidelines to the presentation of findings.

4.2.3.1 Recording and managing of the qualitative data

Transcription and translation

As soon as each IDI and FGD was completed the tapes were transcribed verbatim by three people with secretarial skills and prior experience of transcription work. The research assistant added his own recollections of non-verbal communication based on the notes made at the time by preparing process reports of the IDIs and FGDs. Participant observation notes were also typed. Most of the Swahili interview transcriptions (39 out of 46) and 9 out of 17 FGDs were

translated into English to allow for non-Swahili speakers (supervisors) and colleagues helping with multiple coding to make sense of the original data.

To help keep track of the transcription and translation status, I developed a transcription and translation table (appendix C1 and C2) that contained information on transcript document details; transcriber and translator initials, the date the transcription and translation was started and ended. The transcriber and translator details were useful in the quality check of the transcripts and in giving feedback for the improvement of the whole process.

4.2.3.2 Data analysis

4.2.3.2.1 Theories applied in the conduct of the analysis

There are several theories that can be applied in the analysis of qualitative data. Whatever the theory that is used, qualitative data analysis should strive to reflect the experiences, meanings and understandings of research participants (Mason, 2006, Kneale and Santy, 1999). For example, grounded theory approach to analysis proposed by Glaser & Strauss (1967) underpins much of the qualitative analysis. It postulates that all explanations or theories are derived from the dataset itself rather than from a researcher's prior theoretical view point (ibid). In the application of grounded theory, coding categories reflect the content of the data collected rather than the topic guide and often use concepts and vocabulary borrowed from the participants. According to this theory, analysis starts during data collection and based on the findings, further data collection are determined with the aim of building the emerging theory.

However, in reality, it is very difficult to achieve such an inductive approach as suggested in the grounded theory approach to analysis. This is because much of the research is based on prior theoretical assumptions which have an influence on data collection and the analysis of data. As noted by several authors (Layder, 1998, Malterud, 2001), adhering closely to the grounded theory limits the range of flexibility and explanatory power of the theory that emerges. It is more helpful for researchers to acknowledge that most research is likely to some extent be influenced by prior theoretical assumptions and thus it is better to deal with them openly and systematically for more informed and useful findings.

It has been argued that a combined use of anticipated codes from the outset and new ones grounded in the data can help achieve added value (Melia, 1996). In this study, a pragmatic

approach was adopted. This involved a combined use of an already designed coding scheme (anticipated codes) and grounded codes. The grounded codes were based on the ongoing interpretation of the data. On the other hand, the anticipated codes were developed from the research questions and repeated reading through of the data during the early stages of the analysis. As noted by Mason (2006), anticipated codes could be developed even before data collection starts or with a few data since they are informed by the research questions although they may need to be refined in the light of further generation of the data. The stage at which anticipated codes are developed is important. As much as they reflect the research questions, they should reflect clearly what emerged from the data itself.

4.2.3.2.2 Development of anticipated and grounded codes

Anticipated codes are used in this research for organisational purposes. A coding scheme was developed whereby a ‘parent code’³ represented some topics on the topic guide (table 4.5). Under each of these ‘parent codes’, ‘child codes’⁴ were created. Some ‘child codes’ had ‘sub-child codes’⁵. For example, from a ‘parent code’, *parenting practices*, ‘child codes’ were:

- ‘Parental beliefs and expectations about their young people’s sexual behaviour’
- ‘Parental control and monitoring’
- ‘Communication about SRH in the family’
- ‘Parental worries and concerns’
- ‘Gender relations in the family’

From a ‘child code’ *communication about SRH in the family*, examples of ‘sub-child codes’ were:

- ‘Topics of discussion’
- ‘Reasons for the discussions’
- ‘Timing for the discussion’
- ‘Venue for the discussion’

After they were created, I had a trial run with five IDI and three FGD transcripts. I then, standardised the ‘child codes’ for a more systematic and workable coding scheme. I again applied the standardised version and had another trial run before I finally constructed a final

³ ‘Parent codes’ represent main categories (tree node) in NVIVO 7 programme.

⁴ ‘Child codes’ represent the sub-categories and may comprise of INVIVO codes. Several ‘child codes’ make a category.

⁵ Refers to more fine code that represents specific details for the ‘child code’.

list of child codes. While I did the trial run, I referred back to my research objectives, cross-checking between them and the data in the process of developing and applying codes. I then started the coding afresh.

Table 4.5: Anticipated codes

Anticipated codes ('parent codes')	'Child codes'
Entering the participant observation village	Introductions
Economic context	Economic activities, housing type, ownership of property
Social context	Kinship and family interactions, gender relations
Young people's lifestyles and support systems	Material and social support, social activities
Parenting practices	Control and monitoring, expectations, roles, parental worries and concerns, communications about SRH
Nature of sexual relationships formation and dissolution	Partner characteristics, transactional sex
Sexual culture	Topic for the discussion, reason for the discussion, timing, and venue
Suggestions and comments from participants	Suggestions from parents Suggestions from young people

Grounded codes were developed by a thorough reading of the data. As indicated in table 4.6, they reflect the language and ways of expressing ideas as portrayed by the participants. Most of them were 'child' and 'sub-child codes'. Most of the grounded codes were finally brought together to form parent codes.

Table 4.6: Examples of grounded codes

Grounded codes
‘Money rules in sexual decision making’- role of exchange in sexual relationships
‘Having sex is the law of nature’- (beliefs about sex)
‘Do what I say and not what I do’- (parents as role models)
‘HIV/AIDS is in small radios’-(beliefs about HIV/AIDS and perception of it as a minor issue)
‘Father is the overall’-(gender power in families)
‘Women’s bodies are shops’-(Perceptions of sexual exchange)
‘We change/go with the times’

The parent codes were later developed into themes during the summarising of the findings. Examples of these themes are: contextualising the family and social interactions; parent-child relationships; beliefs and expectations about young people’s sexual behaviour; communication about SRH in families; young people’s material support and their sexual behaviour; parental control and monitoring and young peoples’ sexual decision making; and suggestions for working with families.

4.2.3.2.3 Coding of data

Coding refers to the process where codes (labels) are attached to the segment of text. Codes can be used to organise and analyse qualitative data in two ways: cross-sectionally and non-cross-sectionally. The cross-sectional coding involves devising a common system of codes which are applied manually or with a computer across the whole data set and used as a means of searching for and retrieving chunks of labelled data. The advantage of the cross-sectional approach is that it provides a systematic overview of the scope of the data (Spencer *et al.*, 2006). Non-cross-sectional data organisation involves looking at discrete parts (e.g. cases, contexts) within the data set and documenting something about those parts specifically (Mason, 2006). It is therefore useful in organising the data around themes which do not appear in all parts of the data and offers better opportunities to gain a sense of distinctiveness of particular sections of the data (Spencer *et al.*, 2006). Nevertheless, both methods have their weaknesses. Cross-sectional coding is likely to group and compare chunks of data outside the context in which they occurred. On the other hand, non-cross-sectional coding may not be

suitable for a large data set because one can end up with too many categories that may be difficult to bring together.

In this study data were entered in qualitative data analysis computer software, NVIVO 7 (QSR International, 2006) and coded both cross-sectionally and non-cross-sectionally (see appendix C3). The cross-sectional coding involved use of grounded and anticipated codes that were applied across the whole data set while the non-cross-sectional involved looking at whole 'families' and 'cases' (individual participants) holistically. During coding, data were sorted, organised, resorted and reorganised repeatedly. The codes were applied to sizeable units of text segments in order for them to be interpreted in context at the time of retrieval. This is because data were retrieved according to codes and not individual source documents. Moreover, some of the text units were coded with more than one code. Each of the data sources were coded separately for ease of retrieval and follow up on emerging issues.

Coding of participant observation data

Special codes were used for the coding of the participant observation notes. They were designed to consider 'settings' and circumstances and to capture verbal and non-verbal issues. Most of such codes were anticipated and were based on the participant observation checklists. Examples of these codes are presented in table 4.5.

Coding of participant observation involved labelling of sentences and sometimes a whole entry. An entry refers to a whole incidence noted at a particular time. This was because the way the participant observation notes were written, they were sometimes based on particular occurrences/observations. Most of the participant observation notes were easy to code because of the way they had been written i.e. representing a particular issue. Moreover, they had undergone preliminary analysis during their write up.

Coding of focus group discussion data

As observed by several authors, the approach to analysis of FGD is different from that of IDIs in that the researcher may want to distinguish individual opinions/views from group consensus (Kitzinger, 1995, Mason, 2006). Attention to minority opinions (deviant case analysis) is valuable (Mason, 2006). There is also a need to indicate the impact of the group dynamic and analyse the sessions in ways that take full advantage of the interaction between research participants. In addition to the cross-sectional coding, special codes were used for certain

types of narratives such as jokes, anecdotes and types of interactions such as ‘questions’. These narrative types were also indicated in the transcriptions and hence retrieved with the relevant text during the searches.

Coding of the in-depth interview data

Since most of the interviews were semi-structured and seemed to explore similar issues, cross-sectional coding was utilised for the whole data set. In situations where new issues in the transcript could not fit in the anticipated child codes, a new code was allocated.

4.2.3.2.4 The process of moving from codes to identifications of themes

Since I had designed the study and collected most of the data myself through interactive means, I approached the analysis with some prior knowledge of the data and initial analytic interests and thoughts. The analysis process started during data collection and in the writing of the participant observation notes and continued during the coding process. After the coding process had been completed, searches were carried out and data looked at interpretively. In the process of doing this, I documented what I could infer from it combining participants’ interpretations with my own. The searching involved thoroughly reading the individual codes for emerging patterns. This process involved formulation of theories that were later tested. An example of a theory is ‘are young women who mentioned they did not get financial help from their families more likely to engage in transactional sex to obtain their needs?’. In order to answer this type of query, ‘child codes’ relating to family type, economic activities and motivations for sex were searched. Thereafter there was an attempt to explain the emerging patterns of associations e.g. why the observed patterns were occurring.

Links were identified in two ways. First, based on participants making a logical or symbolic link (the ‘emic’ view) (e.g. a response such as ‘you cannot teach your child to use a condom, because you will be encouraging them to have sex’). Second, analysis was also conducted by looking out for frequent links not mentioned directly by participants (‘etic’ view) e.g. older participants (parents) were against discussion of SRH with their children. The key issues coming out of the codes were combined to form overarching themes. However, within each theme, the responses of participants formed the basis of the interpretation and reporting of the findings. I used visual representations (appendix C4) to sort out different codes into themes, whereby I wrote the name of each code (and a brief description) on a separate piece of paper and played around organising the themes. As shown in appendix C4, some initial codes went

on to form main themes whereas others formed sub-themes. The themes and sub-themes were reviewed, whereby others were collapsed into each other while others were broken down into separate themes.

4.2.3.2.5 Theoretical underpinnings for case study analysis

Case studies can be utilised for different purposes in research. It is therefore important to understand what they refer to in this study. Bryman (2004) defines case study research as an intensive study by ethnography or qualitative interviewing of a single case for example, an organisation, family or community. Yin (2003) distinguishes three types of cases: critical, unique and revelatory. A critical case is chosen on the grounds that it will better the understanding of the circumstances in which the hypothesis will and will not hold. It is used when the researcher has a clearly defined hypothesis. The unique case sometimes referred to as the extreme case is commonly used in clinical studies while the revelatory case exists when the investigator observes and analyses a phenomena that reveals new information (ibid). Bryman (2004) mentioned about the exemplifying case, whereby cases are often chosen not because they are extreme or unusual in some way but because they will provide a suitable context for certain research questions to be answered. They therefore provide a suitable context for the working through the research questions. Authur and Nazroo (2006) have argued that the use of cases helps to move beyond initial general responses and to achieve a greater level of depth and specificity. Therefore, looking at detailed case examples can help to ensure that the information collected is not very general or idealised, but a description of actual behaviour.

However, while some researchers regarded a case study as a strategy for conducting research (Yin, 2003), others have argued that it is better regarded as a form of reporting (Wolcott, 2001). It is in this respect that I have utilised case studies.

Notwithstanding, case studies have their limitations. One of the criticisms of the case study is that findings deriving from it cannot be easily generalised. Although the exponents of case study research argue that the purpose of this research design is not to generalise to other cases or to populations beyond the case(s), I would like to argue that this may depend on the nature of the case and the purpose for which it was selected. For example, if it was chosen to represent a particular category, then it can be generalised to people in that category in similar

socio-economic circumstances. They however, provide very detailed understanding of the issue under investigation.

The rationale for use of case studies in this study

Although I did not employ a case study research design to collect data, I presented some of my findings in the form of cases. Most of these are presented in appendix A1. In this analysis, four families were utilised as exemplifying cases. By analysing specific family types, I have attempted to provide an understanding about why young people in particular family types became sexually active and how they experienced undesirable SRH outcomes such as unplanned pregnancy. This implies that the cases provided comprehensive, contextualised understanding of how families function and influence young people's sexual behaviour because they were selected from a wide range of family types in existence in the setting and after a prolonged engagement with them. The four families were chosen not because they are extreme or unusual but because they will provide a suitable context for the examination of key family contexts. They were chosen to represent the family types that emerged.

4.2.3.2.5.1 How illustrative cases were selected

The four families (appendix A1) used as cases here were selected based on the predominant family types (e.g. both parents and single) that were identified during analysis. They represent the different family types that most young people live with. Two of the four cases selected were those that the researchers lived with during participant observation and hence there were lots of data about these families resulting from observation, conversation and participation in their daily activities.

4.2.3.2.5.2 How illustrative cases were analysed

Since NVIVO like most of the other Computer Assisted Qualitative Data Analysis software (CAQDAS) programmes are mostly designed to assist in cross-sectional coding, I organised most of my data for the cases manually. All the relevant data on the selected cases was read repeatedly and a summary of each case made. The summaries were based on the research objectives and hence focused on family interactions, material and social support, behavioural control and young people's sexual behaviour. Biographies of individual young people in the selected families were then presented. For one family case whereby an IDI had been conducted with the family head, that data were collated with the participant observation data. Detailed information about the cases is presented in appendix A1.

4.2.4 Evaluating qualitative research

4.2.4.1 Validity, reliability and generalizability

In research, it is important to reflect on the quality of the research process and findings and to shed light on how useful they may be to others. The following is a discussion of the issues related to validity, reliability and generalizability.

Validity refers to whether you are investigating (observing, identifying, measuring) what you say you are (Mason, 2006). Internal and external validity are concerned with how wide the findings can be generalised (Hennekens and Buring, 1987). For example, while internal validity refers to whether the research findings can be generalised to the population in which they were collected, external validity refers to whether findings can be generalised across social settings (ibid). Reliability refers to dependability of the findings (Mason, 2006).

As mentioned earlier in the literature, qualitative and quantitative study designs may differ in epistemological stance concerning the achievement of reliability and validity and hence these two should not be applied in the same way for both types of research. For example, while external validity is a strength for the quantitative approaches, internal validity is a major strength of qualitative research particularly the ethnographic research design. This is because of the prolonged participation in the social life of a group over a long period of time which allows the researcher to ensure a high level of agreement between concepts and observations. Generally, external validity can be problematic for the qualitative approach because of the tendency to employ small samples (LeCompte and Goetz, 1982).

Concerns about standards and the need for particular types of evidence have led to quality control measures being recommended for qualitative health research. The suggested options for enhancing validity comprise: multiple coding, purposive sampling, use of software packages for text analysis, respondent validation, triangulation, use of grounded theory (Barbour, 2001, Lambert and McKeivitt, 2002, Seale and Silverman, 1997). However, there have been differing views on how these standards for assessing quality of qualitative research should be adopted. Barbour (2001) argues that imposing these measures may constrain the direction and content of qualitative studies and legitimise substandard research, as the procedures recommended can be adopted without enhancing the quality of the empirical work.

As stated in my ontological and epistemological position, I am in support of the idea that quality and rigour in research may enhance validity of findings and hence increase their applicability in solving health problems. However, the measures adopted should be carefully selected to suit the research approach. I am in agreement with some of the measures (e.g. multiple coding, purposive sampling, use of software packages for text analysis, respondent validation, triangulation) suggested by others (for example, (Barbour, 2001, Seale and Silverman, 1997).

4.2.4.1.1 How validity was addressed in my study

Validity and reliability determine the usefulness of the findings. Several attempts have been made to ensure internal validity at different stages of this study. Although I cannot make claims about the findings here being generalisable to populations in other contexts (due to their possible lack of external validity), they can however, be generalised to other rural settings with similar socio-economic circumstances.

In this study, validity and reliability were addressed at different stages as follows:

Proposal development stage

Various consultations were made during proposal development with supervisors and other experienced qualitative researchers and suggestions incorporated as appropriate. The data collection instruments were piloted prior to the start of the study and underwent a series of changes incorporating feedback on different drafts. This ensured that the questions asked were relevant and appropriate to the cultural context.

Data collection stage

The use of different methods during triangulation allowed for the exploration of the research objectives in a rounded and multi-faceted way and thus yielded comprehensive data on the role of family interactions and parent-child relationships in influencing their sexual behaviour.

Participants for this study were sampled purposively. The purposively selected samples were used to interrogate the data collected and hence in the presentation of the findings, there is a mention of the source of the findings (e.g. male and female parents' views, in and out-of-school young men and women's views). The use of purposive sampling ensured that participants who were relevant to the research question and interested in participating in the study were selected. Moreover, the amounts of time spend with the participants allowed for a

detailed understanding of their lifestyles. Also, the regular and repeated observations of similar phenomena and settings that occurred over the eight weeks period of participant observation allowed for rich understanding of the research issues. These were documented repeatedly as they occurred.

Collection of data by two people allowed for complementarities. To enhance the research assistant's research skills, he underwent rigorous training in qualitative research methods and the objectives of the study. Since the research assistant spoke the local language, his proficiency in it meant that he could follow unsolicited conversations going on around him without having to question everything, thus enhancing the validity of the findings. A further measure to ensure validity was through ensuring linguistic accuracy. The field instruments were translated into local languages (Swahili) and then translated back into English by independent persons. This ensured that the participants understood the questions.

Validity of the information collected in IDIs and FGDs were also ensured by conducting them in private and quiet areas. The study participants were also assured of confidentiality before and during the interview. Participant observation notes were written almost immediately after observation or discussion to ensure accuracy.

Participant validation is important because it ensures that there is a good correspondence between the findings and the perspectives of the research participants. In this study, participant validation was ensured through short summaries after each section of the in-depth interview and focus group discussion, whereby the participants were asked to confirm whether the researchers' summary was a true representation of what they had said/discussed. Clarifications were made where necessary.

The topic guides used were similar in all the villages visited which ensured consistency although allowed for flexibility and the addition of new areas of interest that came up. Moreover, there was validation of information collected from various sources e.g. parents and young people since they were asked similar questions. I also tried as much as possible to interview some people from the same family to validate what each separately reported about what was happening in the family. However, in case of differences, their views were treated as multiple views.

Analysis stage

The use of qualitative data analysis software simplified the data analysis and it also enabled for quality check to be conducted on the coding. Prior to coding, a quality check of the Swahili transcripts was done (by listening to the tapes while going through the transcripts) before they were submitted for translation. Feedback was given to the transcribers to help them improve on the consecutive transcriptions. A quality check was done on most of the English transcripts to ensure that the meaning of what was said had not been lost during translation.

Four of the in-depth interview transcripts were coded by other researchers (multiple coding) to assess if we were able to pick similar broader issues, but also with an intention of minimising subjectivity. In case of disagreements, these were discussed explaining how each one understood the text. For example, it alerted me to the value of looking at cases to get a clearer understanding of some of the things that had come up. However, as observed by Seale & Silverman (1997), during multiple coding, the aim is not to get exact interpretations by all the researchers but to tap into any divergent views to refine the emerging theory.

4.2.4.1.2 How reliability was addressed in this study

Reliability may have different meanings in quantitative and qualitative research approaches. While in quantitative approaches it implies getting the same results if the same research procedure is repeated, in qualitative research the flexible nature of the research process, it can be argued makes the results dependable. Moreover, the close relationship the researcher has with the participants makes the findings more reliable. In this study, there were several attempts to address reliability:

The study has provided detailed account of: the focus of the study; data collection and analysis strategies; description of the researcher's role; the participants' position and the basis for the selection; and the context from which data were gathered. This provides a good background about the circumstances under which data were collected and the findings arrived at.

Other measures involved the use of a CAQDAS, NVIVO 7, and tape recording interviews and group discussions. This means that the data are conveniently available for verification. The transcription of the tapes verbatim implies little distortion of the participants' views.

4.2.4.2 Reflexivity (The role of the researcher)

In qualitative research, the researcher is the primary data collection instrument through the prolonged involvement and intensive interactions with the participants (Creswell, 2003, Mason, 2006). It has been noted that this prolonged involvement introduces ethical, strategic and personal issues to the research. This makes it essential to identify personal values, assumptions and biases in the study.

4.2.4.2.1 My role (main researcher)

My perceptions of rural young people and their sexual behaviour may have been shaped by my personal experiences from conducting research with young people in the past. Since April 1999 to December 2005, I conducted research with young people, the majority of whom were from the same ethnic group as the participants for this study. I conducted qualitative research sometimes using ethnographic methods which gave me an opportunity of living and interacting with young people and sometimes their family members as I studied their sexual behaviour. I believe this understanding of the context and participants' expectations of appropriate gender interactions enhanced my awareness, knowledge and sensitivity to many of the challenges, decisions and issues I encountered when conducting this research which is on a sensitive topic - young people's sexual behaviour. I brought knowledge on how to introduce myself and the research, how to conduct research with participants of different sex, with different social reputations which was particularly helpful for the participant observation study. I also brought knowledge of how to encourage participants to freely discuss sensitive issues such as personal experience of sex (e.g. by spending some time with them prior to the start of the discussions). As shown in section 4.2.2.5, although challenges were encountered, prior knowledge was very useful in overcoming them.

On the other hand, my previous experience conducting research on sexual behaviour with young people may have brought certain biases to the study. Although I made an effort to be as objective as I could, it is possible that these biases may have influenced the way I approached different participants and several research issues. This may have shaped the way I interpreted the data. For example, based on my prior knowledge of how families operated, I commenced this study with a perspective that it may be difficult to discuss sex with young people of the opposite sex. I went in with the assumption that it may be difficult to study school going young people's sexual behaviour because they are particularly shy and they may perceive me as a figure of authority. Although most of my assumptions were borne out and had enabled me

to prepare for any uncertainties, it is possible they affected the way I related with certain people (e.g. adult males and pupils).

Power dynamics in the research context have to be acknowledged (Murphy and Dingwall, 2007). According to discussions of feminist methodology (Crawford and Kimmel, 1999), a critical reflection on relations and power in the research process at different levels, is necessary if power differentials cannot be eliminated. It can be argued that power dynamics may vary with the research design and the study setting. Therefore, while it is assumed in most experimental studies that the participant is always powerless this may not necessarily be the case with ethnographic research design (Murphy and Dingwall, 2007). In this study, the participants assumed some power as they are the ones who determined the direction of the research by introducing us to other participants and inviting us to participate in their daily activities. Notwithstanding, I cannot completely dismiss the fact that my social position (relatively higher education, social status and residence-urban) did not have an affect on the way participants related with me and subsequently what they reported.

4.2.4.2.2 The role of the research assistant

Although the use of multiple researchers in qualitative research has been noted to be a strength (Malterud, 2001) it can also have some limitations. Depending on the research question, the effect of using a research assistant in research conducted in their communities may be devastating. As observed in a study by Lesch & Kruger (2005), participants were more comfortable talking to ‘strangers’ about sexuality than with someone from their own community.

Therefore the likely limitations of using a research assistant in this study are that given that he came from the same ethnic background as the research participants, it is possible that he may have unintentionally censored the data he presented in the field notes or in the way he probed for issues in the interviews and group discussions. Coming from the same culture, he may have overlooked some issues during observation just because they may have appeared obvious to him.

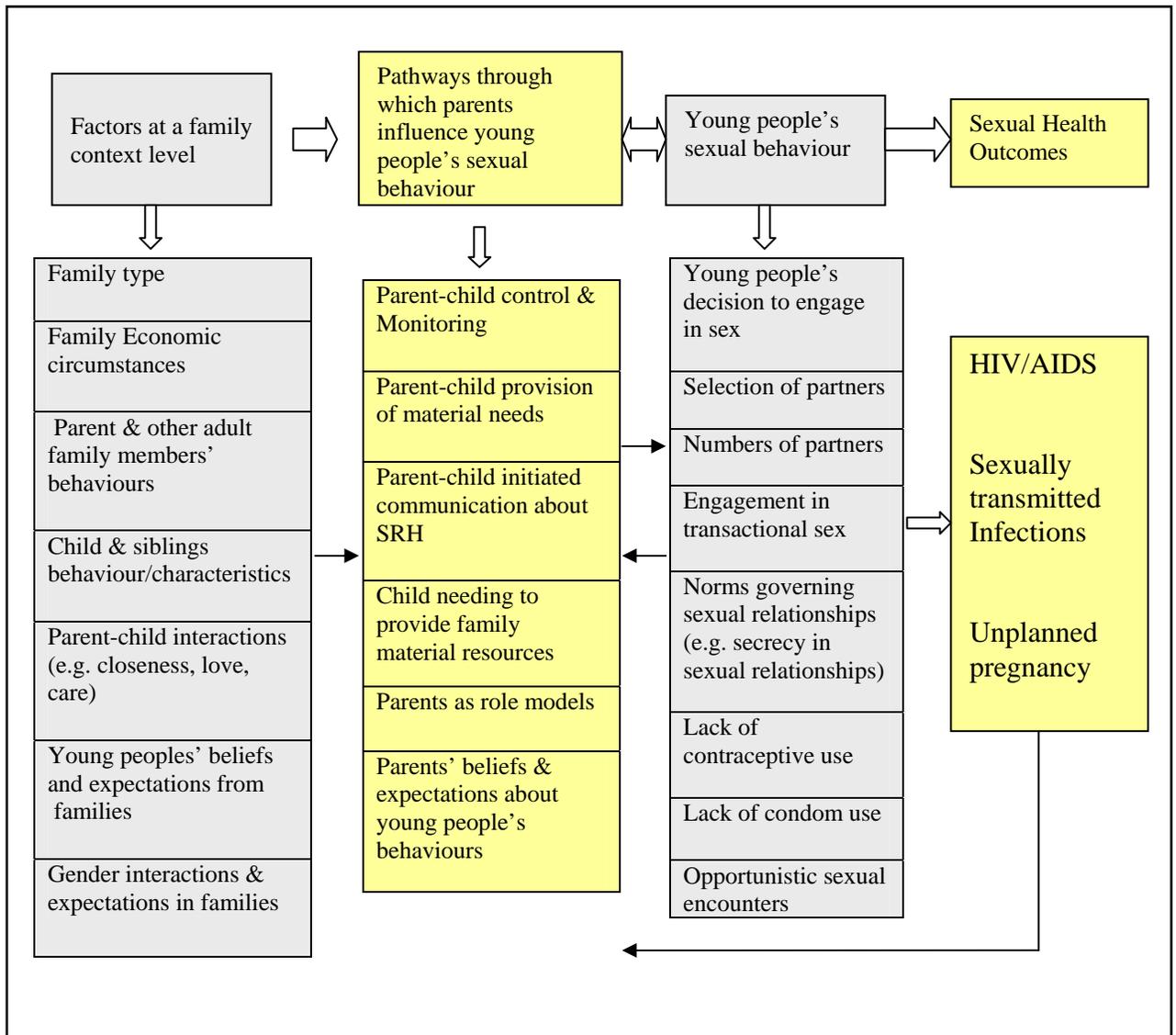
The research assistant being male in a predominantly patriarchal community may have affected the way participants particularly females related with him and presented themselves. As was observed in other ethnographic studies conducted in similar settings (Wight *et al.*,

2006a), gender relations are very important in this setting and researcher interactions across sex is not encouraged. The research assistant therefore, collected most of the male perspectives on the research questions. The assistant had a limited role in the analysis but I frequently discussed with him the details of data he had collected that I was unclear about. I also read the process reports he prepared after each interview and group discussion: this was helpful in clarifying some issues.

4.3 Guidelines for the presentation of the findings

The findings are presented in chapters 5, 6, 7, 8 and 9. I have attempted to guide the reader by providing a framework for looking at the findings in figure 4.2. As can be seen from the figure, the directions of the relationships are complex and not clear/linear.

Figure 4.2: Framework for the findings on the role of family context on young people’s sexual behaviour



Chapter 5 includes a conceptualisation of the family and the social and economic characteristics of families in the study setting and mainly focuses on factors at family context level (as indicated in figure 4.2). Chapters 6, 7, 8 and 9 draw on the links in the pathways, young people’s sexual behaviour and sexual health outcomes. Chapter 6 consists of findings on the beliefs and expectations parents have about their young people’s sexual behaviour, what, and how they communicate with them concerning SRH, while chapter 7 focuses on young people’s material needs support and the decision to engage in transactional sex. Chapter 8 discusses family behavioural control and young people’s sexual decision making, while chapter 9 comprises of findings on the nature of young people’s sexual relationships, effects of their sexual behaviour on their relationship with their parents, challenges to positive

parental influence and suggestions on what can be done to reduce young people's sexual risk behaviours.

The findings from the two field sites and the three data sources are presented concurrently to make it easy to compare views coming up under different themes. Data were combined from the two study sites because there weren't many differences in the findings between the two sites, apart from the road site village participants being more open to discuss sexual topics. This openness could be partly because of more interactions with outsiders since they were situated along a main highway compared to those of the interior village. I envisage that some of their interactions were with people from different cultural backgrounds, which may have had an impact on the taboos in their society concerning discussion of sexuality.

Findings from parents and young people are also presented concurrently and where necessary differences in views are indicated. The findings are presented by use of verbatim quotations from the study participants. The source of the quote is indicated (i.e. brief description of the participant, the number (#) of the IDI or FGD). Some of the information has also been presented in form of tables and figures and some of the excerpts from the group discussions include responses from more than one respondent belonging to the same group. Where necessary this has been indicated (e.g. R1 referring to respondent 1, R2 to respondent 2, etc). The quotations are presented in italics font style to make it easier for the reader to differentiate the researcher's summaries and interpretations and the participants' verbatim responses.

The names used in the excerpts and illustrative cases are not the true names of the participants or their family members but rather have been adopted to make readability easy instead of using codes as it were during field work.

4.4 Conclusion of the research design and methodology section

People's understandings and interpretations are very important in understanding social phenomena. This understandings and interpretations however, have to be understood in context. The three qualitative research methods used in this study have played a complementary role and thus provided rich data. Participant observation provided contextual information about family interactions, economic circumstances and young people's sexual behaviour. It is a method that allowed the researchers to experience the lives and circumstances of families and young people in their own settings. IDIs provided an

understanding of the personal experiences of participants while FGDs provided for an understanding of family contexts and participants behaviour at a more general and wider community level.

The data analysis methods employed ensured that the interpretations of the findings were the true representations of the participants' responses. A combination of both anticipated and grounded codes, in the coding of data ensured the findings were understood and interpreted in the light of other previous work. This is likely to add value to the interpretations.

In summary, the focus of this chapter has been research methodology, both theoretical and applied. The following chapter (5) will present introductory findings which were the result of the three methods used to carry out the study.

Chapter 4: Key points

- The theoretical approaches adopted emphasise people's understanding and interpretation of social phenomena
- The research design was ethnographic and involved participant observation, IDIs and FGDs
- Study participants were young people aged 14-24 and parents of young people in this age group
- The analysis was conducted using grounded and anticipated codes
- Reflection on the quality of the research and the role of the researchers is important in assessing the usefulness of the findings

CHAPTER 5

CONTEXTUALISING THE FAMILY AND SOCIAL INTERACTIONS

5.0 Introduction

This chapter aims to put into context the research findings by presenting the social and economic characteristics of families in the study area. I specifically provide information on the meaning of, and types of families, socio-economic context of these families and the interactions within families (e.g. gender and power relations). The results presented in this chapter address objective one (characteristics of young people's family contexts and interactions). I draw from all the three methods (participant observation, IDIs, and FGDs) that were used to collect data. The use of multiple data sources has provided a detailed understanding of young peoples' family contexts.

From the outset it is important to mention that the typologies of families I have presented here may not necessarily follow the conventional classification but are the practical/actual classification from these settings. Therefore, I have approached families in terms of their practical functioning (whom young people live with and what they regard as their family). In other words, my study offers an 'emic' conceptualization of a family. The interactions between young people and their families presented in this chapter are developed further in the following findings chapters.

The findings have been presented under different sub-themes such as contextualizing the family, socio-economic context of young people's families, social and family interactions. In the final part of this chapter I provide a discussion of the findings.

5.1 Contextualising the family

5.1.1 Local framing/conceptualisation of the family

There were different types of families and this tended to vary in composition and other characteristics. According to the conventional classification of families, the predominant family type was nuclear but still it was not nuclear in the strictest sense of mother, father and their children but included grandchildren. Participants' views about 'family' seemed to differ a lot. They debated about meaning with some defining it as a clan (extended family) while

others took the nuclear position saying a family comprised of father, mother, children and grandchildren. Others defined it based on residential units by simply saying a family comprised of those they lived with. A family was also defined from the point of view of production and consumption. Those in favour of this view based their argument on the ability of a family unit to provide for its members needs.

Family is a union between a husband and wife. It also includes children and relatives who depend on you...that is what makes a family [IDI # 39, 50 year old male parent]

It was realised that participants' definition of a family (table 5.1) was very much determined by their own experience especially whom they lived with. Those who lived with relatives/grandparents were more inclusive in their definitions (e.g. talked about family as a clan), while those who lived with parents seemed to be limited to the nuclear convention but interestingly included grandchildren. The inclusion of grandchildren when referring to the nuclear family could be explained as emerging from the commonness of children born out-of-wedlock by daughters and thus were considered as part of the girl's family. Hence the definitions mirrored their actual family circumstances. This highlights the complexities attached to meaning.

Table 5.1: Typologies of families as locally defined

Type	Characteristic
'Clan based' (extended)	-Both parents, their children and other relatives such as one or both grandparents
Nuclear based	-Defined as a family with both parents living with their children and grandchildren
<i>Msimbe</i> family	-These comprised of single father or mother living with their children and sometimes grandchildren. If they were headed by the mother they were highly stigmatised and referred to as <i>wasimbe</i> families
Children-headed	-These were defined as families headed by children below 24 years of which none of them was married.

It is worth noting that although quite a good proportion of young people lived with other relatives other than their biological parents most did not consider them as their family until when probed further. Some of the parents also talked about families in terms of marriage types (polygamous and monogamous). Based on the perspectives of the marital union, most of the families were monogamous. Since my focus was to understand families based on whom young

people lived with, different family structures that are relevant and practical for young people's upbringing in this setting emerged. These are:

- a) Both parents (permanent both parents and temporary both parents)
- b) Grandparent headed (include both grandparents or one of the grandparents),
- c) Single mother (also referred as *msimbe*⁶ families)
- d) Single father
- e) Child-headed families

It was observed that the family is in transition and new forms of families that were not common in the past are now becoming common (e.g. single parent, child headed). Based on the participants' definition of the family and my observation of how they functioned, I have classified the five types that emerged into two categories:

- (1) Ideal family, which is mainly based on the conventional classification (e.g. the both parent (nuclear) and the extended (more than one conjugal union in one family)
- (2) The actual or residential family which though based on kinship ties is mainly based on the practical arrangements (e.g. grandparent, temporary both parents, single mother, single father and children headed).

Young people changed families very frequently. Although this pattern applied to both the ideal family and the residential, it was particularly common in the residential. They lived with different relatives at different times of the year and sometimes at different stages of their lives hence making it difficult to sometimes put them in a particular category. For example, during school holidays some could live with their grandparents while during school term they could either live in any of the other family structures indicated above. However, most of the young people did not consider the temporary households as their families. Some had changed residence several times when they were children because of death. This is shown in the following excerpt:

*My mother was married and she gave birth to us. That home was hers. Our father then died and then left us with our mother. After some time we were taken away to W [place] to our father's clan. We went to live with paternal grandfather. After sometime grandfather died and later grandmother too. We started living with aunt and her children. Then aunt died too. We remained with our maternal grandfather, but he died after sometime. It was now us the grandchildren alone. We started quarrelling with each other ...So I couldn't withstand that life. I had to leave and come here to join my mother [single mother with her own home] [IDI # 10, 20 year old *msimbe* woman].*

⁶ *Msimbe* (singular) and *wasimbe* (plural) refers to single mother.

The above excerpt indicates that family instability characterises some of the young people's experiences of the family. This level of mobility may complicate parenting as young people move within families with different practices and values.

Generally, family composition seemed to change a lot during the dry season because this was the time most people had money after farm produce sales. It was also the festive season with many social events such as traditional *ngoma*⁷ celebrations, discos⁸ and videos⁹ taking place. Observing the patterns of those who said moved within families, those with older siblings seemed to change families a lot.

During participant observation, I observed that although some families classified themselves as having both parents, in reality only one parent was available. This false classification could be attributable to the stigma linked to being a single mother. Case 1 presented in appendix A1 shows the way social norms around appropriate family typology may impact on how individuals classify their families so as to be in line with the acceptable norms. This in itself introduces social desirability bias as reflected in what they report. In the same case, the family head had been away for more than 12 weeks and none of the family members had any contact with him. All the three adolescent daughters were *wasimbe* (had their own children living in the family). It was one of the largest families in the village with very limited economic resources. It is also a difficult one to classify as its characteristics seemed to cut across the other family types. It is a clear illustration of how unstable and complex young people's families were.

In situations where young people lived with both parents, they also lived with other relatives hence some families had up to 17 children below the age of 24. It is clear from these findings that young people's, family types are very fluid and depended on many factors. It is worth noting that the most reasonable way to understand young people's families is from their own perspectives. Generally, young people's movement within different family types complicates

⁷ *Ngoma* refers to traditional drumming ceremony that is usually held during the dry season. It involves beating of drums and dancing.

⁸ Discos consisted of mobile music systems usually performed in people's homes whenever there were functions such as weddings. Entrance was free but people had to bid for the type of music they wanted played. The highest bidder had theirs played and danced with girls of their choice.

⁹ Video shows comprised of a television screen and video recorder. They were held in small buildings at the ward centre or outside fenced spaces in people's homes. People paid an entrance fee of Tsh 100 per show. The shows ranged from football, music, pornographic and wrestling movies.

the understanding of families especially if approached from a conventional classification perspective. However, it is important for the programmes intending to work with families to improve young people’s SRH to have a thorough understanding of the actual functioning of young people’s families. An interesting observation was that families were in transition with the single mother families likely to become both parent and vice versa.

5.1.2 Types of ‘actual’ families in Kisesa

Table 5.2: Actual types of families existing in Kisesa

Order by commonality	Type	Characteristic
Commonest	Both parents present permanent	-Father and mother always present most of the time in the family -Mainly monogamous
Few	Both parents temporary	-Father rarely present in the family. -Polygamous families
Moderate	Grandparents	-Headed by grandfather mostly -Some headed by grandmother -One or both grandparents with one of the young person’s parents/other relatives
Few	Single mother	-Presently unmarried mothers living with their children in their own homes
Rare	Single father	-Presently unmarried fathers living with their children in their own homes. -Temporary
Rare	Children-headed	-Children living in parents homes alone mainly due to orphanhood -Children living in rented accommodation in order to attend secondary school.

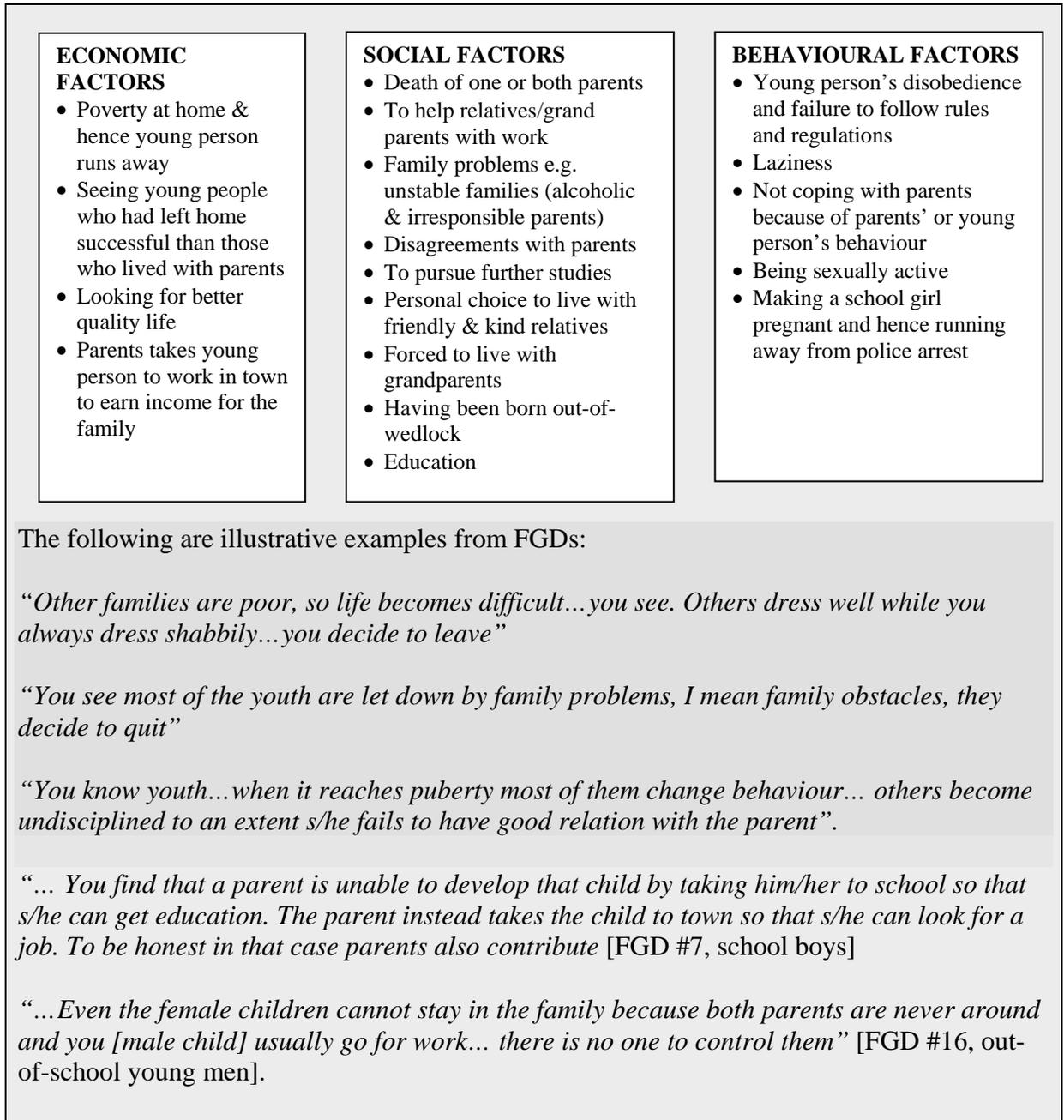
5.1.2.1 Both parents

Most of the young people mentioned that they lived with both parents. However, living with both parents tended to differ as follows: permanent (in which case both parents were always present) or temporary (one of the parents usually a father appeared once in a while).

Although some temporary both parent families were also recognised as both parent families, sometimes none of the parents was physically present. This was if the father was polygamous, and the mother engaged in petty trade on a daily basis.

Although some young people referred to themselves as living in families with both parents, a father may not have been physically present to participate in daily running of the family. Examples of this were young people from polygamous families whose experience of a father's presence depended on whether their mother was a senior (first to be married to their father) or junior (most recently married). If their mother was first or middle wife (depending on the number of wives their father had), they could rarely see their father as fathers tended to ignore their first wives and lived with the junior wives. This means that although children from the senior wife may have regarded themselves as coming from families with both parents, they in reality experienced similar parenting to children from the single mother families who clearly did not have a father. Hence, it is the children of the junior wife who experienced living with both parents. As summarised in figure 5.1, there were several reasons young people did not live with both parents.

Figure 5.1: Reasons for not living with parents



5.1.2.2 Grandparent headed families

Living with grandparents varied as follows: living with both grandparents, one grandparent and one parent or just one of the grandparents only. The residence was mainly at the grandparent's home. As shown in figure 5.1, the reasons for young people living with grandparents only were sometimes circumstantial or out of choice.

Circumstantial reasons included: having been born out-of-wedlock, one or both parents deceased, young person having had disagreement with parents and biological mother/father

living and working far away from the village. Those who lived with grandparents out of choice said that they had decided to assist them with work and some perceived them to be less strict than parents.

Parents' marital dissolution was also an important reason for young people living with grandparents. Interestingly, the type of grandparents young people lived with depended on the nature of relationship (e.g. marriage or non-marriage) their parents had had prior to giving birth to them. Young people from a marital dissolution were likely to live with paternal grandparents while those from *wasimbe* (out-of-wedlock births) women were likely to live with maternal grandparents. Most of the young people who lived with paternal grandparents or fathers with step-mother did not know about their mother's whereabouts. On the other hand, those living with maternal grandparents usually knew where their mothers were. What this may imply is that children born out-of-wedlock may build a closer relationship with their grandparents than with their biological parents.

Some of the young people living with their grandparents said that they had been living with them for a long time and did not remember when they started living with them. Some were born in the grandparent's family. Mothers occasionally came to visit their children living with their parents and hence some young people said had not seen their mothers for five years. They looked forwards to living with them one day because they imagined life with their mothers would be better. A few young people who had wanted to join their mothers, said had not been allowed to do so by their uncles because they felt that since they had been brought up by their grandparents they had to keep assisting them. In such circumstances maternal uncles had much power over the biological mother.

It is worth noting that although children traditionally belonged to the father, this right of ownership is only recognised if bride wealth has been paid. Failure to do this means those children live with their mothers or maternal grandparents where they are valued to contribute labour and hopefully for the girls earn them bride wealth when they get married.

5.1.2.3 Single-mother headed families

The village authority estimated the number of households headed by single women to be 147 out of 709 households in the village (Village executive officer, official statistics). In a male parent group discussion, they estimated the number of single mother families in one sub-

village as being 19 out of 78. These varied from the widowed to the separated and the never married women (appendix A1). The currently unmarried women with children or without children but who had ever been married were commonly referred to as *wasimbe*. *Wasimbe* women owned their own homes and lived with their children just like other families. The explanations for one becoming a *msimbe* (singular) were separation with husband, widowhood and never been married but having had children out-of-wedlock. Depending on the cause of the singleness, the different single women were perceived differently by the society. While the widows were respected, the never married and the separated women were not respected as much. In their case the term *msimbe* was used in derogatory manner and mainly implied promiscuity.

Children of widowed and separated women were likely to have experienced the presence of a father in the family while for the never married *msimbe* may not. It is worth reiterating that being a single mother was not a permanent condition and hence some mothers may get married. In addition, since being *msimbe* is derogatory, most of the *wasimbe* women aspire to change status through marriage. This means that children from single parents may experience living with both parents at some point of their upbringing.

Wasimbe women who did not get married still had hope in regaining their respect one day if they had male children. This was when their sons became adults.

For example if you are msimbe like me, they treat you with contempt. But once you get married or have a son, they respect you. So I don't know if it is men who make us to be respected [IDI #46, 40 year old msimbe woman].

It is important to note the societal value of masculinity and the way a woman's lost respect in the society for having had pregnancies out-of-wedlock could be regained through their sons later in life. This is a clear example of the operation of the structure of the cathexis (Connell, 1987) at the societal level. Expectations of a woman's respect being manifested through the men (marriage or having sons), constrains the expectation the society has about women with regard to their sexuality and hence as a result shapes the expectations people have about themselves and others and limits their experience of reality.

Conversations with several participants showed that single-mother headed families were disadvantaged in many ways. They lacked respect and struggled to obtain basic needs and hence were characterised by high levels of poverty compared to majority of families with both

parents. Children in these families sometimes spent most of the time without a parent as their mother was out struggling to earn a living through manual labour outside the home.

5.1.2.4 Single father families (currently unmarried fathers)

This type of family structure was rare and more temporary compared to the single mother families. A total of three single father families were observed during participant observation. One was as a result of death of a spouse while two were because of separation with spouses. My observation was consistent with what participants in a male group discussion said. They mentioned only 3 families out of the 78 households in their sub-village were of single fathers.

In the three single father families, fathers lived with their children. Young people from these families mentioned that they worked closely with their fathers. Girls were responsible for all the household chores while boys contributed in the provision of basic needs such as buying of food and kerosene for lighting. Young women attending school but from those types of families reported that they had to do all the household chores and shopping for the family. These were mainly done after school or during weekends. This may mean that girls from such families were exposed to mothers' responsibilities at a very early age compared to those from families where a mother was present. While this may be perceived as advantageous for their future responsibilities, it means they lacked a role model (mother) to emulate in their future parenting. This may also mean that they may not have had the opportunity to think and develop as children because they were forced to take up adult roles at a very early age.

5.1.2.5 Young people/child-headed families

These types of families were very few and were as a result of orphanhood and secondary education. The majority of them consisted of secondary school young people living in rented accommodation. Since there was only one secondary school in the village, it was not able to cater for all the children and therefore some were allocated schools in different wards¹⁰ where they were not able to commute from their homes daily. This compelled them to live alone or pair up with other young people near the school. This is a new form of household (young people headed) emerging as secondary school education expands. This may have implications for parenting practices and young people's sexual behaviour.

¹⁰ Ward refers to the government administrative unit that comes after a division but before the village.

Only two orphaned families were identified in the study area where children/young people lived alone with other siblings. One of the families was headed by a 17 year old girl who had two children out-of-wedlock. However, other family forms e.g. single parent families and both parent families were sometimes temporarily child headed when the mother/father had travelled for long periods of time.

5.2 Socio-economic context of young people's families

Some basic information about rural young people's material living conditions should help place these findings in context. The main economic activities were subsistence farming and petty trade. In addition to these, some family members were engaged in money earning tasks such as casual labour on someone else's farm or stone mining at the stone quarry. There were more money earning activities available to young men than to young women. For example, they were engaged in activities such as *daladala* business (bicycle taxi), brick making and house construction while girls were not expected by society to engage in such activities.

There was a village microfinance scheme known as *ifongongo*'. Memberships were by marital status and residence, hence only married people and those with permanent residence in the village were eligible to join. Each member paid a monthly contribution of Tsh 100. *Ifongongo*' was also a loan scheme for the members. The amount to be borrowed had to correspond in value to the assets an individual had, hence those with no assets (e.g. furniture, bicycles) were limited in the amount they could borrow. The *wasimbe* young mothers were not allowed membership because they were not considered permanent residents of the village. *Wasimbe* young women complained about the terms of the scheme as biased against them.

As indicated in the illustrative cases (appendix A1), most families seemed to struggle to get their basic needs as was reflected in their ability to afford food. Typically two meals were eaten each day. Most families had their first meal for the day at around 3.00pm after coming back from the farm and these comprised of porridge or sweet potatoes and water. Evening meal mainly consisted of *ugali* (stiff maize flour porridge) served with green vegetable, beans or fish stew. Dishes such as meat were only eaten on special occasions (e.g. Easter celebrations) because families could not afford them on a regular basis. However, meal type/availability seemed to vary with season with most families enjoying adequate diet during harvest season. Similar to other family members, school going children stayed hungry and had their first meal from 3.30pm onwards depending on when they returned home.

Most village houses have earthen walls and thatched roofs. The houses mainly have one or two rooms. In a homestead with only one house, it was mainly used for cooking, storage of farm produce and as parents sleeping place. Small children below the age of five shared a sleeping house with their parents while most of the young people slept in a separate house which they usually shared with same sex siblings on crude mattresses (sacks stuffed with grass) on the earth floor. Young people from homes with only one house shared accommodation in their friends' homes. They went there at night after having supper in their homes.

There were a few cases of families who lived in rented accommodation which mainly consisted of a single room. The reason for renting accommodation was if a woman was a *msimbe* and she had not been allocated clan land on which to live with her children. Another reason was conflict with one's family and also having been ostracised from place of birth/marriage on beliefs of witchcraft.

Most of the young people have a few clothes and sharing of clothes with peers and other family members is common. Old cloth is used for sanitary towels. Most wear plastic sandals. Few households own a bicycle, though many can borrow one, and only around two in ten families own a radio. While a few young men owned their own small radios, young women did not.

The village kiosks got busier in the evening when most families came to purchase supplies such as cooking oil and paraffin. Household items were bought when they were required. Retail items were measured in very small quantities on a bottle lid because most villagers could not afford buying them in large quantities.

5.3 Family interactions

5.3.1 Imparting family values and ethics

Respect seemed to be an aspect that most families strived for all their members to have. The explicitly observed ways of showing respect were through the greeting etiquette whereby young women and small girls were expected to greet the men or elderly women while kneeling on the ground or making a squat like gesture. Greetings were detailed in nature and

reflected the value of each other as seen in asking about the well being of other family members. Children were socialised to understand this and were rebuked when they failed to do what was expected of them

It was observed that all the adult family members had the responsibility for teaching young family members concerning appropriate behaviour that would maintain and boost the reputation and respect of their family. They reminded them about appropriate dressing (e.g. dressing in clothes that covered their legs), acceptable socialisation (e.g. limited interactions with the opposite sex), generosity and greeting etiquette. Young people were also reminded about their clan/lineage and expected to know how to relate with clan members of the opposite sex as sexual relationship with someone from one's clan was taboo. 'Good behaviour' comprised behaviours that were characterised by fear and respect for adults and unquestioning obedience.

With regards to imparting family values, participants differed in opinion concerning children's behaviour varying according to family structure. While most of the female parents reported that children from female headed families did not have good behaviour like those from both parent families, some said there was no difference. Some fathers however, felt that this was not the case and that children's behaviour depended on parents upbringing hence there were some strict female headed homes that had better behaved children than those from homes with a male parent. Ironically, the majority of the participants who felt that women were not capable of ensuring good behaviour for their children were mothers. However, male parents gave examples of women who were very powerful and whenever they said something their children listened.

Unlike mothers from both parent families who got a father's help in ensuring good child behaviour, single mothers had to do this alone. Some used the instilling of fear tactic so that children could fear them and finally have respect.

One of the single mother's [case 2, appendix A1] who had this view said:

I decided to talk to them [children] so that they could fear me...I mean they can respect me [IDI #19, 46 year old msimbe].

“Children just copy”-Parents and adult family members acting as role models

Role modelling referred to behaviours that young people emulated from their parents and older siblings that would be necessary for their future good. These ranged from the overall family environment to the behaviours of family members. Some parents were aware of their behaviours as being an important influence on their children and hence had a strong feeling that they had to be good examples. Parents mentioned some of the ways they tried to do this as: not openly showing their sexual partners to their children (especially for the single mothers); not being divided in opinion in the presence of their children; and fathers returning home early (before the family had dinner) in the evenings. Male parents talked about this in the following way:

If the male household head just walks around, for example, ‘you can eat in the afternoon and go out until 9.00pm it is when you return home, definitely the children will copy it too...it depends on the upbringing from you the male household head... The way you bring them up...mother and father...you should be united [FGD # 5, male parents].

The majority of the parents mentioned that they liked their elder children to be good role models for their young siblings by not engaging in sex and focusing on their education. The SRH experiences of older siblings were important in teaching younger siblings about expected behaviour. For example, if all the older sisters in the family had had unplanned pregnancy, then a particular young woman may not have had immediate role models. She may think that it is impossible for her to complete her studies without having unplanned pregnancy because every one around her failed to.

5.3.2 Social networks and family support system

Parental and sibling social networks were very important support mechanisms. Parental social networks over saw the activities of children and acted as parental monitors. Relatives seemed to play an important role in supporting each other with material and social resources. Some took care of each others children and breast fed them when their mothers were away. Grandmothers were particularly useful in taking care of their grandchildren especially for their unmarried daughters. It was observed that they also supported their married children by providing them with food and child care. It was noted that some of the grandmothers agreed to live with grandchildren even though they had difficult economic circumstances themselves.

Older sibling (especially the males) and their network of friends were also instrumental in ensuring good morals among their family members. Their role is discussed further in the chapters 6, 7 and 8.

5.3.3 Young people's expectations of treatment from their families/parents

For a thorough understanding of young people's general, and sexual behaviour and the role of their families/parents in it, it is important to not only focus on understanding the behaviours families/parents expect from their young people, but also how young people expect to be treated. The outcomes in young people's behaviour depend on how they feel their families perceive and in actual sense treat them. This may result in heeding parental advice or retaliation to parental authority. Some of the expectations in treatment from their families/parents that young people had were: respect for them, parents' acknowledgement of pubertal changes and independence/freedom.

'I need my right, to be respected'-Respect and confidence in young people

As much as parents and adult family members expected young people to respect them, they in turn had very low respect for them. This was indicated in the way they treated them and their expectation for young people to accept everything they said without questioning; not valuing young people's ideas and contributions in adult discussions; and generally not having confidence in young people's ability to perform certain tasks without their close supervision. As a consequence of parents lacking confidence in their children's abilities and behaviour, they sometimes closely monitored them. They believed that any unsupervised moments would be spend badly. Interestingly, young people were aware of this low confidence and lack of respect for them. They mentioned that some of their parents couldn't allow them to handle their own money because they believed they could waste it.

When young people were asked about what their needs were, only one talked about 'respect' as a need for young people from their families. This young man's mention of respect for him as one of his rights is interesting and could be attributable to his level of education (secondary school). He talked about respect as one of the fundamental child rights:

I can say that I just need my right... to be respected and to respect others...we can say this is one of the human rights [IDI # 22, 19 year old secondary school boy].

Most of the parents were unaware of the need to also show respect for their young people. The few who tried to show respect seemed to be guided by the cultural norms around gender hence showing respect for their male child and not the female. Their decisions were also guided by age of the parent and the experience with female relatives/daughters.

Taking the example of education, older parents/carers (e.g. 50 years and over) seemed to still maintain the traditional notion about the loss inherent in educating girls. They talked about reasons for their low confidence as being unplanned pregnancy before they completed school. Another reason for the low confidence in their daughter's education was the belief that she could benefit someone else's family when they got married and not theirs. A 17 year old primary school girl who lived with her grandfather aged over 70 was aware that her grandfather did not have any confidence in girls' education:

Grandfather says that modern girls are a loss. Uncle had daughters in secondary school, now by bad luck all of them dropped out-of-school due to pregnancy. Now grandfather keeps saying 'to have female children really is just a loss' [IDI # 17].

Desire to live independently

Most of the data on this sub-theme came from discussions with out-of-school young men. This is understandable because most of them worked hard to earn income and felt that they were adult enough to control themselves even though they still lived with their parents.

As much as parental control and monitoring is important for young people's healthy behaviour, too much of it could have a negative impact. Young people felt they needed to make their own decisions and did not expect their parents to stop them. They interpreted lack of independence as being denied permission to do something they thought was right without explanation, not being allowed unsupervised time, being overworked, parent keeping for them their money and determining how they were to spend it. They valued being allowed some independence and those who did not get this perceived leaving their families as a way out to achieve this. Some talked about examples of other young men whom because of their independence had been very successful in acquiring wealth.

This is illustrated in the following FGD excerpt:

...for example a young person like me, you find that someone in my family has stopped me doing something. Now if you stop me ...I could talk to my parents, if they fail to understand me, I take my own decisions. I come out of home by deciding it myself and begin my own life [FGD #13, out-of-school].

Out-of-school young men seemed to have more options of leaving home if they disagreed with their parents and demanded independence than the in-school. This may imply that parents may need to treat their in-school and out-of-school children differently depending on their needs. Young people's interpretation of strict parental control and monitoring as lack of independence, had implications for their decisions around residence (i.e. whether to live with their parents, other relatives or alone). Seeing the out-of-school enjoy their independence in decision making made the in-school young people long for the moment they would complete school to retaliate by leaving home.

5.3.4 Gender and power relations

The social interactions between family members were mainly on the same sex basis with the exception of some farming activities. This pattern of interaction was also observed at home where males ate separately from the female family members. The male family members were served food first and ate from inside the house while women and children ate from outside the house. In the course of eating, the younger girls kept checking that the men had enough food. When the family had a chat after a meal, young women rarely contributed and did not look at their fathers/uncles/elder brothers in the face. Looking at them in the face (equivalent of eye contact) was perceived as lack of respect.

While visiting one of the families, I observed that as we had a chat on general things, the young women present (a niece to the family head and her friend) were very uneasy. They did not contribute to the discussion. When food was served, they request to go and eat from inside the house. Their uncle later commented that his nieces could not seat near him as that was not respect' [PO notes, 30 year old man].

Young women did not chat in the presence of their fathers or other adult male relatives unless they had been asked something, did so because of two contradictory reasons: out of fear and respect. Fear and respect were perceived to be related. Parents argued that it was out of fear that children respected adults.

a) Sexual division of responsibilities

'Women have been changed into men'

Gender and masculinities were sometimes viewed in terms of material provisions and changing power dynamics. Participants reported that in the past, gender roles were very clear and that the decision making and family provider roles were traditionally entirely men's. It was acknowledged that the hierarchy of power shown in the figure 5.2 may be changing in

some families as can be seen in the shift of the provider role from the man to the woman. Participants referred to this change in family provision as change in masculinities, in which women's ability to provide was equated to becoming men. Although men still play this role in most families, participants reported that this role is being taken over by women. A female parent referred to this change as '*women becoming men*'.

For those with husbands, he provides...but nowadays men have become women, women have been changed into men...nowadays women take care of homes. [IDI # 46, 40 year old single mother].

However, there still remains a clear division of labour in most families with women being responsible for most of the household tasks. Most of the basic farm work such as initial ploughing and planting was shared among both the male and female family members but harvesting was left for the women and children. Some crops (such as sweet potato cultivation) were perceived as 'women's crops' and hence men did not participate in their cultivation. This crop was however, not planted in the usual farming season of the staple crops but during the dry season, meaning that while men rested, women were expected to plant 'women' crops.

While household chores were mainly done by women, there were exceptions in some families with no girls. In such families the boys helped their mothers with household tasks. Child care was mainly women's task. After the family members returned from the farm, the women started doing household tasks such as fetching water and cooking while men rested. In some families adolescent boys who attended secondary school did not participate in farm activities. It was girls and their mothers who did all the tasks.

b) Sexual division of power and the manifestation of the structure of the cathexis

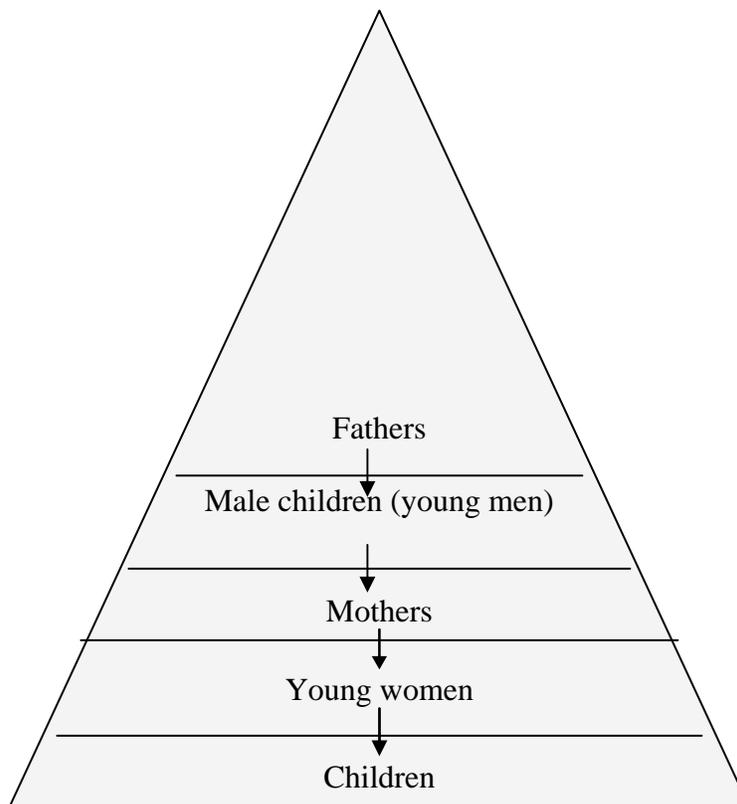
'I fear father because he has all the decisions'

Knowing who is powerful and the overall decision maker in families is important for parenting interventions. It is worth noting that the absence of a father in the family does not automatically give mother power. It is also evident that mothers may not be confident enough or feel able to control their children in the absence of a male parent.

Power dynamics in the family were important in the control and monitoring of young people. In the majority of families with fathers present, they were the heads and the ones responsible for decision making. Examples of some of the decisions they were expected to make were those concerning farming activities, sell of farm produce, resolving of family conflicts,

protection of family members and to oversee all the family plans. In terms of hierarchy of power, next to the father were his sons (figure 5.2). Whenever the male head (father) travelled, he left family running responsibilities to one of his sons regardless of whether he had a wife or elder daughters. The son was expected to oversee any activities in the home and report back to his father on his return. Where there were no sons, a male relative living in the same village could be requested to keep an eye. On the hierarchy of power in the family, next to the males are mothers followed by young women and those with the least power are the children. As is illustrated in figure 5.2, young women only had power over children. Most of the participants seemed happy with their positions.

Figure 5.2: Hierarchy of decision-making power in families



In families with both parents, women acknowledged that men were the heads of the homes and anything requiring decision making was channelled through them. Interestingly, even in women formed homes where men had moved in to live with them, the man was perceived as the one with all the decision making powers. This perception of the male as the overall decision maker based on the biological fact reinforces further the gender imbalances. It is clear that women are also on the forefront of perpetuating this as seen in relationships in their

families and on their arguments that men should be head. Young people's views about fathers being the overall decision maker in the family were similar to their mothers'. For example, they mentioned that usually when they made a mistake it was their fathers who warned them. Also, whenever they wanted permission to do something they had to ask father either directly or indirectly through their mothers. Mothers were perceived as powerless as shown in the following excerpts:

I fear my father because he is the one who makes all the decisions. He can decide to forbid or allow you to do a certain thing, but my mother can forbid but if father allows me...then I just do it [IDI# 40, 20 year old out-of-school boy]

Father's decision was final even if mother had said yes...If mother agrees, she tells you, go to your father first...If father refuses after mother has agreed you just stay [IDI # 16, 15 year old primary school girl].

Mother is limited in her decision-making powers because she is under a man [FGD #8, primary school girls].

Most of the participants also said that a father's ability to provide for his family was not usually linked with his powers in the home and thus he remained the overall decision maker even when he did not provide for his family adequately. Males were therefore considered powerful in the family regardless of whether they provided for the family's material needs or not. In group discussions with young men and male parents, they said that the only thing that could result in a father losing his respect and power is when he was a heavy drinker and when he made bad decisions (e.g. telling children not to go to school or church so that they could go to the farm or be send somewhere else).

In single parent families, the decisions about daughter's marriage and sell of family property were discussed and decided by male relatives. This was because single mothers perceived such issues to be too big for them to handle and moreover, these were traditionally not women's roles. This is illustrated in the following excerpt when a single mother (case 3, in appendix A1) talked about how she could not discuss issues concerning her daughter's marriage proposal:

...he [suitor] came home and said, 'mama I have come to be born here,' I asked him, 'to be born here [a way of presenting a marriage proposal to girl's parents]... which daughter?' ... 'for your younger daughter Clare'. Then I told him, 'My son I cannot talk about these issues' ... 'I have a brother, may be I should tell him to come'. Then I send one of the children to call him [IDI # 19, 46 year old msimbe mother].

Notably, even in *wasimbe* families where the female owner had never been married, she still put a higher value on her male children than the female. While single mothers lack respect in the society because of their marital status (e.g. being single), they were however, respected if they had male children. Due to these reasons, most of the single parents respected their sons more than daughters and had confidence in the future because of them.

A single mother talked about how she respected her son because he offers her social security in the following:

A male is respected more...Because he is male... 'For example, the way I live with my son [17 year old], they [villagers] fear me because I have a male child...They cannot do anything to me' [IDI #46, 40 year old msimbe woman].

In the above excerpt, respect is operating in two directions i.e. from the child to mother and vice versa. Because of the social security and respect single mothers may get from the society for having male children, they are more motivated in respecting them. They also have lots of confidence in them. This is a clear example of how the societal norms on acceptable versus non-acceptable family types indirectly affect parenting (respect for young people) favourably. Although it is biased towards the male children, it is noteworthy to mention that it is a positive step towards parents' respect for their children.

Generally, people seemed to have less trust in women headed families. They doubted the way single mothers set up and enforced rules in their families. Female control of the family and children's behaviour was particularly frowned upon if it happened in families where men were present. This led to despise of the male head by the community. Ironically, most of the participants who felt that fathers should be the ones in control were those from single mother families. This may reflect their feelings about what they thought was missing in their families (without a father). This could also be interpreted to mean that they did not believe in their own ability as women to effectively control their children.

5.4 Discussion

The way these participants conceptualised the family is a clear reflection of their thinking of what a family should be but not necessarily what it actually was. There is a widespread agreement that the modern nuclear family with its two or three children is the ideal end result of progress in the evolution of family forms (Zeitlin *et al.*, 1995). This to some extent equates with these findings, whereby even though participants also lived in other family structures, they may not have recognised them as families. This is reflected in their definitions that

emphasised a family as comprising father, mother and children. However, for any meaningful understanding of families, their definitions have to reflect their actual functioning and not necessarily stick to the traditional/conventional classifications. Pequegnat's (2001) definition of the family as a network of mutual commitment, is closer to the classifications I have suggested. I have come up with different forms of families based on participants' groupings and practical way of living. Although other scholars (Ragin, 1984, Zerubavel, 1996) may argue against classifications such as this, it is noteworthy to mention that they may be a good starting point for the SRH programmes intending to work with young people's families and parents. In addition, this research was not in any way limited by pre-existing conventional classifications but rather was approached with an open mind.

Although norms guided the societal perception and acceptability of particular family structures and not others, this may be misleading when trying to understand the reality of how families function in relation to the upbringing of young people. Mothers and other family members classifying themselves as living in both parent families and yet the father was rarely present may be a reflection of norms surrounding societal perception of acceptable versus non-acceptable family types. The other relatively new family forms (e.g. single mother families) were highly stigmatized and linked to sexual immorality and economic hardship. This linkage could be traced back to the stigma that was attached to having children out-of-wedlock. It could also be interpreted in terms of the challenge to male power since women were believed as not being capable of leadership and decision making and hence could not run families properly. However, it has been noted that neither norms nor realities of family structure are static, but instead change with the changing circumstances of the society (Lee, 1999). Lee (1999) argued that:

“family structure is best conceptualised as a set of alternatives from among which families choose in attempts to maximise their well being and resolve problems, whether these problems involve productive efficiency or the support of young adults or aging parents” (page 107)

I concur with Lee's argument because it reflects the actual functioning of families. Therefore the emergence of other family structures presented in the study seems to be reflections of the changing realities (e.g. single parent families as a result of increased out-of-wedlock pregnancies and marital dissolution and the child-headed families as a result of the expansion of secondary education). These rapid changes in the family structures have meant change in

the way children are brought up with different family forms having different values and priorities.

Although most of the young people lived with both their parents, they sometimes lived in other family types for reasons such as death of one or both parents, separation of parents, being born out-of-wedlock and young person not getting along well with one or both parents. A quantitative analysis of the Kisesa DSS data indicated that 66 percent of children in Kisesa lived with both parents (Hosegood *et al.*, 2007). Hosegood, (2007) also noted that while the majority of paternal orphans live with the mother (58 per cent), only 30 per cent of maternal orphans live with the father. These statistics shed light on the findings presented here.

Different family types observed in this study clearly indicate that the family is under transition in this setting. There has been a shift from the extended to the nuclear family mainly comprising of father, mother and their children. Other family forms (single parent, child-headed) that were never common in the past are now becoming increasingly common. This trend is consistent with what has been observed by other researchers (Halle-Valle, 2005, Haram, 2005 , Silberschmidt, 2001, Silberschmidt, 2005).

It has been observed that changes in families in developing countries where there isn't significant industrial growth have been attributable to globalisation (expansion of the global markets, the mass media, the civil service and other services such as the health care, education and transportation) (Zeitlin *et al.*, 1995). The emergence of the single mother families for example, has been documented in other studies in Kenya and Tanzania (Haram, 2005 , Silberschmidt, 2004). In these studies, rural and urban women are making a choice to be single. This is mainly because of their desire to maximise on the financial returns they get from different men but also to be free to control their own lives. However, although these studies found that women are making the choice of remaining single by themselves, this is contrary to the findings in this study whereby this was not a choice women made, but rather an unfortunate occurrence that happened mainly in their adolescence (due to unplanned pregnancy) and thus jeopardised their chances of getting married. Contrary to the two studies, single women in this study aspired to get married one day. Hence the difference in my findings and that of others (*ibid*) could be attributed to factors such residence (urban versus rural), level of education and the differences in exposure between the single mothers in this study and their studies.

Single mothers' limited access to economic resources would be attributed to this society's patriarchal system where they were not allowed to inherit property such as land and livestock. This left them with no option than to rely on sexual partners to substitute the meagre earning they got from petty trade and farming. Other studies in Tanzania (Wight *et al.*, 2006a, Silberschmidt, 2004) and other parts of SSA (Macdonald, 1996, Mill and Anarfi, 2002, Oyefara, 2005) have reported similar findings.

Males are the ones still in control in family decision making and interestingly women seem happy with the status quo. Although most studies have shown women to be subordinate (Bauni and Jarabi, 2000, Gysels *et al.*, 2002, Mill and Anarfi, 2002) in families and relationships and recommend for interventions to empower them, women in this setting seemed least prepared to take control. They perpetuated the gender norms on masculinity by treating their sons and other males as special. Moreover, they did not believe in their own ability to make decisions as seen in single mothers consulting male relatives and sons to make decisions for them.

Respect was characterised by unquestioning obedience and was a widely expected value from all young people towards adults. This finding though similar to what has been reported by other authors (Fuglesang, 1997, Ntukula and Liljeström, 2004) it is not in agreement with the WHO (2007) defined dimensions on parenting, particularly the dimension on respect for individuality. Although the WHO dimension on respect for individuality, stipulates that parents respecting their children is a value for good parenting, this was not the case in this setting. In the study, young people who were easily manipulated and with low confidence were considered respectful and thus loved by the community and their families. Respect was mainly expected to flow from the children to parents/adults and not vice versa.

In sum, this chapter has presented findings on young people's family context and interactions. The findings have shown that the way people understand and conceptualise something may be varied and may be a reflection of their lived experiences. Hence the meanings people attach to something are important in the way they define their expectations of that thing. For example, the different definitions we had about families' highlights the different experiences the participants had in relation to their families. These findings have also highlighted the symbolic role of males in families and highlighted the emerging role of women as providers, as placing

them in the category of males. It has also pointed to the fact that young people live in different family forms. The following chapter (6) presents findings on the beliefs and expectations about young people's sexual behaviour and what parents communicated with them about SRH.

Chapter 5: Key points

- Local meanings and understanding of the family is varied and reflects the participants' lived experience
- Young people live in a variety of family forms (e.g. both parent, single parent and child headed) and therefore in order to understand the role of the family on young people's sexual behaviour, there is need to approach families as suggested here rather than sticking to the conventional classifications
- The family is under transition as reflected in other family forms (e.g. single parent and child-headed)
- Socio-economic contexts of families varied with family type
- Young people have expectations as to how they should be treated by their families
- Gender power differences exist in families with males being the overall decision makers

CHAPTER 6

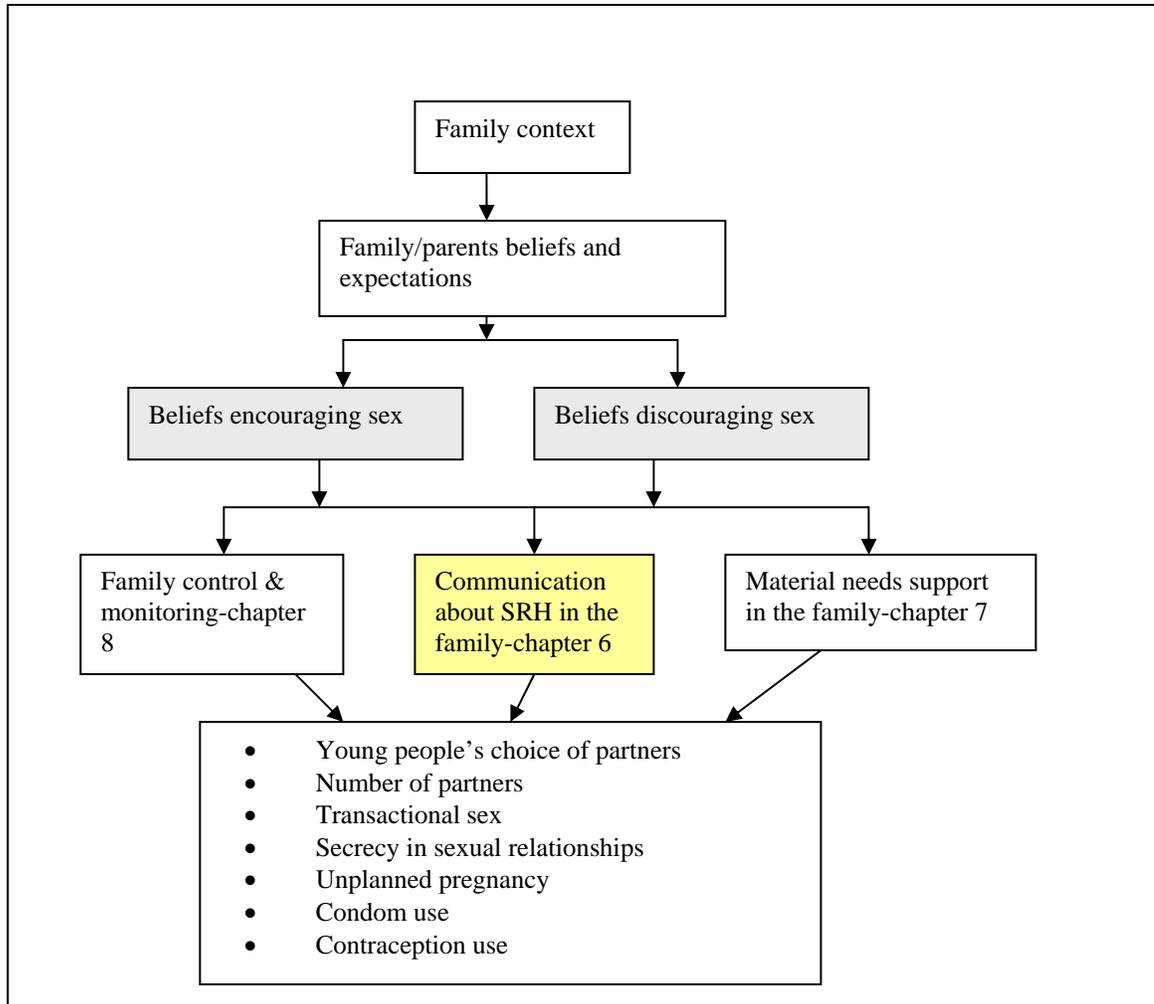
BELIEFS AND EXPECTATIONS ABOUT YOUNG PEOPLE'S SEXUAL BEHAVIOUR AND COMMUNICATION ABOUT SRH

6.0 Introduction

This chapter presents findings on the beliefs and expectations that parents had about young people's sexual behaviour and what they communicated with them about SRH. Figure 6.1 presents pathways through which parents influence young people's sexual behaviour. As indicated in the figure, it was envisaged that parental beliefs and expectations determined the worries they had about their young people's SRH and influenced what they communicated with them about SRH. Findings are presented on the content, timing and frequency of communication. The biggest concern parents had about their children's SRH were risk for HIV and unplanned pregnancy. This was reflected in what and when they communicated with them about SRH. I would like to highlight that most of the parents' beliefs and expectations and communications about SRH were characterised with contradictions. A discussion of the findings is given at the end of this chapter.

Other findings shown in figure 6.1, i.e. young people's material needs provision, parental control and monitoring, in relation to young people's sexual decision making are discussed in chapters 7 and 8.

Figure 6.1: Pathways through which parents influence young people’s sexual behaviour



6.1 Beliefs about sex

The interactions between parents and young people were determined by the way the parent perceived the young person’s sexual behaviour. Parents’ beliefs about young people’s engagement in sex varied from one parent to another and according to the sex of the child. While some of the parents did not mind their sons engaging in sex, they were clear about wanting their daughters to abstain. Their decision to intervene in young people’s SRH may have been influenced by the beliefs they had about sex. For instance, parents who believed that young people’s decisions to engage in sex were natural and hence controlled by hormones, may approach SRH in a different way from those who believed it is caused by contextual circumstances e.g. family material resources. As shown in table 6.1, views about sex are classified as those encouraging and discouraging sex.

Table 6.1: Summary of beliefs about sex

Beliefs encouraging sex	Beliefs discouraging sex
<ul style="list-style-type: none"> • Hormonal changes • Bodily desire • Sexual behaviour is inherited • Sex cannot be stopped long term • Proof that they are normal e.g. able to erect, attract opposite sex • Proof of manhood • Need to practice before marriage 	<ul style="list-style-type: none"> • Sex and education are not compatible • Need to maintain social reputation e.g. girls • Death from AIDS before having children • Consequences of school girl's unplanned pregnancy

It is noteworthy to mention that most of the beliefs were contradictory. This was manifested in the way parents and families believed and expected their young people to behave.

6.1.1 Beliefs encouraging sex

It was observed that parents' beliefs that encouraged sex were similar to young people's. They both had beliefs such as: bodily desires were strong and had to be satisfied, and therefore could not be stopped by anyone.

Hormonal changes and bodily desires

Generally, parents believed that when their young people reach puberty, they had bodily desires that made them to engage in sex. They said that it was difficult for them to abstain because of such desires. Participants argued that while young men are driven to have sex mainly by bodily desires, young women were driven by both desires and lust for money and gifts. When discussing young people's needs with parents, one of them mentioned sexual partners as one of the needs of young men. They reported that as much as they tried to advocate for abstinence it was difficult. Some argued that it was only children who had not reached puberty who heeded abstinence messages but once they reached that stage, the messages did not matter as much as their feelings. Some parents talked about this as 'overpowering temptations'. Parents gave examples of the age they believed their children would be sexually active as being 15.

Parents talked about this in the following excerpts:

When the child reaches 15 years old and over, s/he becomes an adult ... There are so many temptations that make them to have sex... They get certain body feelings [IDI # 39, 50 year old father].

You may forbid him/her here, s/he may understand you but once a person reaches puberty s/he needs a partner [IDI # 23, 44 year old father].

Other parents argued that another reason as to why abstinence was difficult was because sex was a result of the law of nature and people engaged in sex in response to the call of nature. One parent equated the desire for sex to the desire for food. For those who believed in this view, pregnancy was a consequence of responding to what they referred to as the law of nature (desire to have sex).

A male parent talked about this in the following excerpt:

Because someone has been born with bodily desire, it is not easy to prevent that desire...it is the law of nature...Yes, the body wants this not you. For example, you want to eat, that is the law of nature...in order to prevent someone from sex you must have great strategies but still you can't prevent, you can only reduce [IDI # 5, 71 year old male parent].

This is a very interesting way of looking at sex because it shows parents' feelings about what they could and could not do concerning unmarried young people's engagement in sex. For those who approach it with this view, they felt powerless to do anything since to them human actions are controlled by nature and hence external intervention does not seem to be a viable option. What parents said concerning their young people being sexually active was in agreement with what young people said and expected their parents to know. The out-of-school young people reported that they thought their parents were aware that they were sexually active even though they had not asked them about it. They said that they believed that when they reached puberty, they had to engage in sex. They expected adults to understand this.

While some young women reported that the reason for them deciding to have sex were mainly because their parents could not provide for their material needs, some clearly had an opposing view. They admitted that they were content with the support they got from their parents and hence their main reason for engaging in sex was because of bodily desire. Some parents were in agreement with this. They reported that they thought that their provision of material resources would not prevent their daughters from engaging in sex. They believed that the main reason for daughter's engagement in sex was not entirely for material benefit but to also satisfy their sexual desires. A male parent said:

You can give her everything. That money or daily material provisions cannot satisfy bodily desire...even if she is given everything she will still have sex...Because of bodily desire...money is just an ignition that tries to lure her in that act [sex] [IDI # 41, 42 year old father].

'No one could stop sex long term'

There was a belief among both parents and young people that sex among young people could not be stopped. In addition to their arguments about nature and satisfaction of bodily desires, they also argued from the point of view of religion and role of peers. Those who argued religiously said that God had a purpose for each body part and hence the private parts were put there to be used for sex. A male parent said:

No one in the whole country can stop someone from going to that place [private part] because God put them [private parts] there for people to use...and that is why the disease comes because no one can stop it [sex] or prevent it...To prevent [sex] it is perhaps your own heart...I mean your heart is your prevention [FGD #5, male parents].

The belief that the only workable prevention of sex was the individuals themselves came from both parents and young people. Young people reported that if someone tried to stop them from having sex they could not succeed doing this long term because the decision to abstain long term was an individual's and not from an external force. Peers were important confidants on sexual relationships for young people. They encouraged sexual activity by finding partners, for friends or through the way they talked about their own sexual experiences. Parental advice was therefore overpowered by the advice and experiences of peers. A young man compared peer power with parents in young people's sexual decision making in the following:

It depends on someone's head and how the person himself is...You find that he is close to peers, may be five or four, he will now see those peers having sexual affairs...He will be the only one not doing it. The more he walks with them they will influence him. Now that becomes very difficult for the parent to prevent...Because the parent will forbid him when he is at home, he stops for a month, but when he sees all his friends enjoy with girls and you are just alone, you convince yourself ...now let me continue [have sex] just like that...you know [IDI # 42, 24 year old man].

It is clear from this excerpt that peers play a major role in encouraging sexual activity. They are one of the challenges to parental messages on abstinence.

'Sexual behaviour is inherited'

Some parents believed that sexual behaviour was inherited. They talked about girls from clans known to start sex at an early age as also doing the same. The belief about inheriting

behaviour could be linked to role modelling where children from families in which parents and older siblings engaged in premarital and extra marital sexual relationships were likely to engage in sex. This is because they learned from other adult family members. Examples of such families were single mother headed families. The belief that children from single mother families were likely to engage in sex at an early age than those from other family types could be attributed to factors that characterise single mother families (discussed in chapter 5 and 7) such as limited parental control and monitoring, and inability to obtain basic needs.

‘Prove that you are normal’

There was a cultural expectation that parents should tell if their children were normal when they reached puberty by observing for clues that they were attractive to the opposite sex. Parents found out that their children were sexually active by looking for signs (e.g. child delay returning home, being very clean and occasionally accidentally finding them chatting with the opposite sex along the path). Therefore, if parents noticed that their adolescent child was not normal (by looking out for the above signs), they may decide to visit traditional healers to find out if the child had been bewitched with *salala* (bad spell). There was a belief that a person who had been bewitched with *salala* was not attractive to opposite sex. They reported that *salala* had to be detected and treated early. The treatment was by use of traditional medicine that was believed would make one to be likeable to the opposite sex. This may mean that as much as parents controlled their children’s behaviour they may have been pleased to see that they were normal if they received sexual advances. Hence, the belief in *salala* contradicts parental messages and expectations on abstinence.

Young men were also expected to show that they were normal through being able to maintain an erection and bearing children. Young men were apparently aware of this expectation. Some said that they thought their parents would be happy to see them with a girlfriend. A young man talked about this in the following:

There are some parents if they hear that you don’t have a girlfriend, s/he will start asking if you are normal, ‘may be my child’s veins/muscles don’t work’. She can go to the traditional healers to look for medicine for you [IDI # 40, 20 year old out-of-school boy].

It was challenging for the young people to clearly understand the behaviours their parents expected them to have. Parents communicated different messages at different times thus confusing them about what they meant as appropriate behaviour. For instance, parents

emphasised abstinence while at the same time expected their children to prove their manhood through having girlfriends and children. Beliefs like this coupled with the stigma that was attached to not functioning well sexually are motivations for young people to engage in sex as none would have liked to wait until it is too late.

‘You should practice while young’

While participants believed that young women should not have sex, there was a belief among young men that sex was necessary for unmarried men if they are to function normally in their marriage life later. They believed that abstinence would lead to problems (such as failure to erect for long since they are not used to it) when they get married.

A 19 year old boy reported:

They used to say that if you stay for a very long time without having sex, you may get problems in your marriage...I mean you should practice while still young [19 year old boy, IDI #30]

Moreover, traditional marriage ceremonies known as *bukwilima* also encouraged young men to engage in sex as a way of practicing and a means of avoiding embarrassment on their wedding night. During *bukwilima* marriage ceremony, the groom was expected to show that he was a real man through his sexual performance. The groom’s sexual performance was assessed by asking the bride to give an account of the groom’s sexual performance on the morning after their wedding. A typical question that was asked was, ‘was *mkwilima* (groom), able to perform’. If the bride said the groom had failed to satisfy her sexually this was interpreted to mean that the groom was not normal. The marriage was nullified and bride wealth returned. The assumption of such a belief was that the bride and the groom had never had sex. This though may have been the case in the past when young women got married at very early ages through arranged marriages, it may have little meaning in the present time where marriage arrangements happen much later in life and most young people choose their own sexual partners. In addition, premarital sex is very common as proved by the commonality of unplanned pregnancy and hence most girls will have known their partner’s sexual ability before marriage. Beliefs about practising before marriage may be very strong among young men and may act against messages on abstinence and advice on having one sexual partner.

6.1.2 Beliefs discouraging premarital sex

The beliefs discouraging sex were mainly gender biased as seen in their focus on women. While they expected the girl to abstain until marriage, they expected the boy to prove his manhood. A girl's abstinence was emphasised because of consequences of unplanned pregnancy on their reputation as well as that of their family. They stigmatised girls who had had children out-of-wedlock as seen in the use of derogatory terms like *wasimbe* while referring to them. Secrecy in relationships was important for women because people knowing they were sexually active resulted in one being classified as *mhuni* (promiscuous). This was even worse when they had unplanned pregnancy. *Wasimbe* had low value for marriage compared to girls who had not had unplanned pregnancy. Ironically, most of the people who were in agreement with these views were women:

For the Sukuma to engage a msimbe...no, it is not possible because she is impossible to manage, she is a prostitute...She has got a child ...how did she get that pregnancy when she does not have a husband? Normally you should be married before you get a child [IDI # 30, 37year old married woman].

The above excerpt illustrates the stigma attached to unplanned pregnancy. While the man who makes a woman pregnant is not labelled using any derogatory terms, the woman is labelled as *msimbe* and *mhuni* (immoral). These terms affects the woman's reputation and future attractiveness for marriage. Girls not wanting to be *wasimbe* or to be reputed as promiscuous had an effect on their decision to abstain and also the way families controlled girls (discussed in chapter 8).

Some parental beliefs were useful in ensuring that daughters avoided multiple partners. There was a belief that if a woman had sex with a different man other than the one responsible for her pregnancy, her child's health would be affected. Girls who had had unplanned pregnancy said that they tried as much as possible to abstain during the breast-feeding period or only had sex with the father of the child.

Mother usually tells me that I should protect myself against disease ...I have a small child I can cause him to be sick...you better have one...because if I have many men, I can infect the child with frequent fevers, the child can even die [IDI # 43, 21 year old woman].

6.2 Parental worries about their young people's sexual and reproductive health

The beliefs parents had about appropriate behaviours determined the worries and concerns they had about their young people's SRH. This in turn determined what they communicated about sex and the control and monitoring measures they adopted. These concerns included:

vulnerability to HIV, STIs and unplanned pregnancy. Parents' views about the risks facing their young people seemed to have changed from what it used to be in the past. They reported that in the past they were mainly concerned about their daughters' sexual behaviour and not their son's because the main fear was unplanned pregnancy. However, at present time, they are worried about both genders because of the HIV pandemic which is not selective.

Parents used several expressions to refer to the concerns they had about their young people's SRH. Examples of these were: living in 'a bad world' or 'weather conditions'. They expressed doubts about their daughters being able to survive the 'adverse weather conditions' [present times] such as STIs and unplanned pregnancy.

Unplanned pregnancy and low confidence among parents in their daughters

The different expressions used by parents to refer to their children's sexuality and vulnerability showed that they had little confidence in their children's sexual behaviour. They talked about a daughter completing primary school without having unplanned pregnancy as luck because they perceived them as vulnerable. They talked about the world having changed to being very dangerous. The following are illustrations of young people's vulnerability:

A mother said:

We are in a very bad world, it is good luck for a female child to complete standard seven without pregnancy [IDI # 7, 33 year old mother].

Another mother said:

I: Do you think your children are at risk of any SRH problems?

R: Yes, they are, having been brought up in that weather condition...now when you are in the lake you can't say you are safe, that I will arrive safely [IDI# 37, 35 year old married woman].

Group discussion views were similar to the IDIs as shown in the following excerpt:

R1: Another concern is unplanned pregnancy...You [parent] incur costs for her education and when you hear that your daughter is pregnant, really you can't be happy, you will be confused.

I: So pregnancy is a big worry?

R2: It worries me most

R3: In fact you incur so many things. Sometimes you have to sell your livestock or part of the family land, but she ends up in form one and fails to finish school

R1: It's a loss....I mean it is a big worry, I don't know what we parents can do [FGD # 4, female parents].

As indicated in the above excerpts, the high prevalence of unplanned pregnancy among unmarried young women discouraged parents to invest in daughters' education. Parents said

that they were always worried that their daughters could drop out-of-school and this could be a waste of resources, since they had to sometimes sell family property to meet secondary school expenses. Those with daughters in secondary school reported that they knew they were venturing into risk but hoped for the best. They however, frequently warned them about pregnancy and reminded them about the costs their family had incurred for their education.

Due to the low confidence parents had concerning their daughters' ability to complete school without having unplanned pregnancy, they preferred to educate the male than the female children. Young women who had dropped out-of-school as a result were in agreement with parent's opinion to focus on the male children's education than girls. They said that educating a girl was a loss. As can be seen in these examples, these young women seemed to have very low self-esteem about being female and associated being a woman with being gullible. They talked about this in the following:

R1: But a female child can be made pregnant and drop out-of-school. You will get a loss, a very big one...The initial costs that you incurred in her enrolment will be lost

R2: Better a male child he can be of some benefit when he completes school...May be he succeeds to go to form 6 or university and becomes a teacher or a doctor or whatever, he will just be beneficial...That is why they take to school the male.

R3: The males are the hope. If you educate a girl, their thoughts tell them that she will not complete school, because we women are gullible...I mean we are very cheap and easy to be cheated by something [FGD # 17, out-of-school young women].

It is clear that most parents have low confidence in the ability of their daughters to protect themselves from unplanned pregnancy. Some parents thought that the easiest option to prevent this would be by marrying them off at an early age before unplanned pregnancy happened. Most parents reported that they prayed that their daughters got marriage proposals immediately they completed primary school. Some said that they were willing to let their daughters get married even without payment of bride wealth so long as they did this before they had unplanned pregnancy.

A mother talked about how her husband had agreed to let their daughter to get married because they feared she could engage in transactional sex in the following quote:

Now her father agreed that her partner should take her [16 year old daughter]... He didn't want this child to become promiscuous, given the difficult economic situation we have at home [IDI # 36, 58 year old married woman].

It is evident in this excerpt that parental worries about a daughter's unplanned pregnancies were a major concern. Young women and parents may need to see role models of other young

women in similar circumstances who stayed for long periods with their parents after completing school but never had unplanned pregnancy.

Masculinity issues were important in determining what parents expected from their daughters and from their sons in connection with unplanned pregnancy. While most of the parents were worried about their daughters having unplanned pregnancy, few said were worried about their son making someone else's daughter pregnant. Some said that it was easy for their son to get away with it by denying responsibility. When asked about their views concerning their sons making a girl pregnant, mothers said:

R1: But he is a man... Others are just happy.

Rs: Others even rejoice... [laughter] even their father rejoices that 'you are really a man' [FGD # 4, female parents].

The deceit of young people seemed to have affected parent-child trust as observed in the doubts parents had about their children when they asked for permission to go somewhere. Some said that that they were worried about their daughters when they were away from home because they thought they had gone to have sex. They said that a child could ask for permission to go to the market but instead go to have sex.

HIV/AIDS and STIs

Another major worry that parents had concerning their young people was about HIV/AIDS. Parents reported that they were worried that their children were at risk of HIV because they were living in a 'dangerous world'. For the parents with children in secondary school and living away from home, they said that they were concerned that they could not monitor their children when they were away. They said that since secondary school children had lots of freedom, they were likely to engage in sex and get infected with HIV. Female parents talked about this in the following:

R1: The second thing that really worries us is AIDS. A child succeeds in her exam and she is taken to a distant secondary school... Perhaps she gets a boyfriend who is HIV positive, if you hear about it you will be worried.

R2: This disease [AIDS] is a bigger worry than pregnancy [FGD # 4, female parents].

Most of the parents expressed fears about their children dying early from AIDS before they fulfilled their procreation roles. Some explicitly talked about this with their children as a way of cautioning them against engaging in sex. This concern about early death and thus failure to

fulfil their procreation roles could be explained as emanating from their belief in keeping their family lineages alive. A father talked about this in the following:

Now my worry is that this boy will get other problems because I believe that he has started having sex. I am worried he may not be patient until he reaches the stage where he can say 'father I want to marry and get a family'. He may get HIV and die early [IDI # 38, 50 year old father].

It is important for parents to be aware of what their young people thought about the severity of HIV for them to effectively advise them. Most of the young people were well aware that HIV would lead to death although they tried to down play this severity. For some of the parents who had tried to talk to their children about HIV, they reported that they were worried about the fatalistic attitudes some of their young people had towards HIV and death. They said they referred to death as sleep and the grave as resting bed. A male parent who was concerned about his daughter's attitude said:

My daughter says, 'death is sleep' so you can't know if she means what she says or she is just joking... I told her 'You will die before your time and also childless' [IDI # 38, 50 year old father].

6.3 Young people's worries about their sexual and reproductive health

Young people's worries about SRH were similar to those parents had about them. Their commonest worries were unplanned pregnancy and HIV. This consistency in reporting is an indicator about the seriousness of these issues. Young people were clear about the consequences of unplanned pregnancies among unmarried young people. Unlike HIV, their worry about STI was in relation to how they could seek treatment than about the consequences of the disease. Having an STI was stigmatising and hence most of the young people could not easily tell others about it. It was also a clear sign of promiscuity. In a group discussion with primary school girls, they talked about their SRH worries in the following:

R1: Pregnancy and diseases

R2: It is AIDS...Syphilis...Because AIDS is a risk to man's life, you can die

R1: Pregnancy can cause you to terminate your studies

R3: If you get pregnancy you are expelled from home

R4: Or from school [FGD # 8, primary school girls].

The primary school girls in the above example however, said that parents' reaction about pregnancy would depend on the love they had for their daughter. Those who did not react violently taking stern measures such as sending their daughters away from home were perceived as loving.

Others are not worried about pregnancy if parents are polite. They can't beat her or expel her from home because they love her a lot [FGD # 8, primary school girls].

It is interesting the way the school girls in the above excerpt perceived love in terms of consequences for misbehaviour and hence loving parents would not punish misbehaviours. However, they did not know what their parents' reactions would be until after pregnancy happened.

Young people's awareness of the expectations their parents/families had in them seemed to influence their sexual decision making. Girls who felt their parents had high expectations in them said they did not want to disappoint them. They talked about their worry for unplanned pregnancy in relation to bringing shame to their families. They also talked about the way their parents expected them to be good examples to younger siblings through their behaviour. A primary school girl said:

I am worried about getting pregnant...you bring shame to your family...perhaps they had high expectations in you [IDI # 11, 15 year old girl].

While most of the parents did not appear worried about their sons making other peoples' daughters pregnant, their sons mentioned that they were worried about this. Young men talked about the consequences for making a school girl pregnant as imprisonment for 30 years or payment of a large fine which in most cases they could not afford. When asked about the things that worried him, a 19 year old school boy said:

If I get HIV by bad luck or if I make someone's daughter pregnant, I am worried about such things...To get AIDS...but also thoughts about school and pregnancy...It worries me because those things last for ever...For instance if you get HIV, your final destination is death...And if you make a girl pregnant, you will hide...she can come home with that pregnancy and if your parents had forbidden you, it will be a problem...they forbade you but you didn't obey, so you have broken a rule [IDI # 21, 19 year old primary school boy].

As much as young men appeared worried about making a school girl pregnant, this did not seem to be a major worry to their parents (as discussed in the parental worries section). This was particularly among those who related this to their son's masculinity. However, parents and young women were clearly worried about a young woman's pregnancy especially if she was still in school. Most of the young women were worried about the effect of having unplanned pregnancy on their relationships with their parents. As discussed in chapter 9, this was one of the reasons young people (especially women) tried to keep their relationships secret.

6.4 Parent-child initiated Communication about SRH

Generally, some communication about SRH did happen in most families. This communication was mainly initiated by parents and rarely by young people. The topics of discussion were mainly about abstinence, unplanned pregnancy and HIV/AIDS. These communications reflected the worries (section 6.2) parents had about their children's SRH. Among the issues that were rarely discussed were measures such as contraception and condoms.

6.4.1 Parental perception of the communication about SRH with their children

'It is shameful to tell a child about sex'

Participants used euphemisms to refer to sexual issues during the discussions with the researcher. Most of them were also observed to be careful in their selection of words when giving warnings related to sex to their children. At the beginning of the discussion about SRH, participants were told to mention some of the words they used to refer to sex, they mentioned words such as 'act', 'act of marriage', and 'meet bodily'. However, during the actual discussions, they struggled to look for appropriate terminology and avoided using explicit sexual terminology. Their discomfort about explicitly mentioning sexual terms shows how difficult it was for these parents to talk about sex with their young people. This difficulty could be attributed to the sexual norms in this setting that prohibit openness about sex across genders and generations.

Participants related parents' ability to talk about SRH with their children as being influenced by parent's level of education and concern about their children's future. This was in relation to the dangers of HIV/AIDS. They said that they think those who had never attended school found it more difficult than those who had some formal education. This argument seems plausible given that education may have enhanced their knowledge on SRH. It is also likely that it reduced the barrier that made it difficult to discuss sexuality as their outlook towards health broadened. Mothers talked about the difficulty of discussing SRH in the following quote:

It's very rare, perhaps you may get two out of ten...I think she has got education or she is serious with her child's future because if her child gets HIV it will be a burden to him/her [FGD # 4, female parents].

When asked about how they felt talking about sex with their children, most of the male parents said that they perceived talking about sex with one's children as shameful, immoral and encouraging the child to have sex. Some male parents said outright that they did not discuss

SRH with their children because there wasn't anything for them to discuss other than just warning them. Warnings were delivered whenever they noticed that their children were behaving in unacceptable manner. They also did not perceive the warnings to be a discussion about SRH. One of the male parents who shared this view said:

This does not take time for me to talk [about sex] with them. I just say outright that time has come for each one of you to be careful... 'Do you see the deceased young man, he died from AIDS, so you must be very careful with these areas of ours, they are full of AIDS' ... You finish the lesson, there is no discussion, what will you discuss there?...you are just giving them a warning [IDI # 5, 71 year old man].

During focus group discussions, most of the parents reported that they thought other people's children were already sexually active. However, in the individual interviews, most said that they thought their children were not sexually active but maintained that other people's children were. Coupled with feelings of shame, perception of their children as not being vulnerable may have been a barrier to a parent starting a discussion with their children. A male parent who attributed the lack of communication to parental shyness said:

To tell a child before you discover that s/he has engaged in sex, perhaps most parents find it shameful ...but after s/he discovers that the girl has sexual partners, that is when it is possible for the parent to be free to tell her now [IDI # 3, key informant].

Young peoples' views concerning sexual issues being confidential was also in agreement with what some male parents reported concerning discussing their children's SRH issues.

Some male parents said that they did not talk to their children about SRH because they perceived sexual issues to be private. A male parent who had not talked to his children about SRH for this reason said:

I have never, you know it is not easy to discuss [SRH] with her because those are confidential things...She can't tell you and I can't even ask her... I don't want to talk about it completely...it is really shameful to talk about such things with your children [IDI # 32, 42 year old father].

When asked to explain what he considered as confidential the parent in the above excerpt said:

Confidential things are things that are private to her and she doesn't want to disclose...Now she can't begin to tell you that I have a partner... It's impossible, that is her secret [IDI # 32, 42 year old father].

It is evident from this excerpts that some parents held strong beliefs that parents should not discuss sexuality with their children. They felt that sexual issues are secret/confidential issues and not issues to be shared with one's parents. They were clear about not wanting to discuss these issues with their children. It is interesting to note how parents selectively applied respect for confidentiality. While most of them had low confidence in their children's behaviours,

generally, they mentioned the lack of communication about SRH to respect for privacy. This in a way was selectively applied to justify their lack of communication about sex with their children. Other researchers working in different contexts have found similar findings (Lesch and Kruger, 2005, Mbugua, 2007). They noted that parents rarely discussed aspects of their young people's sexual development. For example, Lesch & Kruger (2005), noted that mothers were not only reluctant to communicate verbally with their children about sex, they also tended to discourage such communication through non-verbal messages.

'Only parents with love chat with their children'-Lack of parent-child closeness and communication about sex

Parent-child closeness referred to the emotional distance that existed between parents and their young people. It was manifested in whom and how young people felt free to interact and confide in when they had a social need. Social needs referred to the non-tangible needs (emotional) that young people had. For example, need for advice concerning sexual relationships and handling of SRH incidences (such as unplanned pregnancy, and having STIs). The feeling of parent-child closeness was very important in determining parent-child relationship and communication about SRH. In general, parent-child closeness was low.

Parents' expression of love to children of the opposite sex through informal chats and spending time together were rare. They were limited by parents' personality as well as the cultural norms that stipulated appropriate relationships between family members of the opposite sex. These norms encouraged fear as appropriate behaviour. Young people from families with both parents reported that they were happier in their mothers' presence than they were with their fathers'. Young women interpreted the silences that existed between them and their fathers as their fathers perceiving them as having nothing important to tell them. On the contrary, mothers were mentioned as the most caring and loving.

Young people talked about this in the following quote:

Only parents with love chat with their children [FGD #8, primary school girls].

Regarding father-child closeness they said:

I: Is there a time when fathers chats with their children?

R1: It is very rare

R2: May be if he has a good heart, he is happy with his children...now if you find that father has a bad heart, he has no love for his children...he does not want to talk to his children, both the males or females. I mean that love is lacking.

R3: ...*You find that to sit with him at home after an evening meal...you start to discuss a certain issue, it is very rare in most homes...in some cases it is totally absent...after an evening meal you go to sleep. When father completes eating he leaves for bed. Will you go to pull him out, 'father come we have a chat?' he does not even want to talk to you* [FGD # 17, out-of-school young women].

The above excerpts have illustrated the relationships that existed between fathers and their daughters.

Concerning communication about SRH with sons, some parents reported that they had not talked to their sons about this because they were not close and therefore talking to them would be a waste of ideas. A single father who felt that the emotional bond between him and his son was weak and hence discussing SRH with him was useless said:

You see someone just like that, he [son]can't come close to you so that you may discuss...now you also just ignore him...If you tell him something as his father, he wouldn't care, now ... days go by and we continue ignoring each other...Other people's sons talk when they are eating but not my son. When he finishes eating he washes his hands and disappears. Now what discussion can you have with such a person? ...That will be troubling myself. I will be wasting my ideas [IDI #2, 60 year old father].

The single father in the above example sounds bitter about the behaviour of his son. He is not willing to discuss SRH with him and perceives doing that as a waste of ideas. It is clear that this parent did not trust his son. The son to this single father helped to support the family and during an interview with him, he had shown contempt for his father because he was an alcoholic and rarely provided for their family. As indicated in chapter 5, parent's behaviour is important for his credibility among his children. This is a good example of the value for talking to the parent as well as the child as it enabled me to get a true picture of what was happening in this family from both the parent's perspective as well as from the young person's. While the son felt that his father was irresponsible and an alcoholic, the father felt that his son did not value him as seen in him not spending time with him and not listening to his advice. This young man seemed to have some control in this single father family through the material support he provided. This could be an explanation to the limited parental authority this father was able to exercise. It is important for fathers like this one to first mend the relationships with their children before they even think about discussing intimate issues such as SRH. They may also need to gain their children's confidence through proving that they were responsible parents.

In a follow up discussion with the single father in the above example, it was noted that although he felt his 17 year old primary school daughter was better behaved, than the 24 year old son [in the example above], he had not talked to her about SRH. This father like many others perceives his daughter accepting each and everything he tells her as respect. He feels closer to his daughter because she is obedient and never questions his advice. However, he could not discuss SRH issues with her because he did not know how to do this. The only sexual issue he was willing to discuss with his daughter however, was her marriage proposal. When asked if he had talked about sex with the daughter he said:

What would I discuss with her about?...may be if someone will come to engage her, then we will discuss...because how will you discuss such things while she is just alone....How will I begin that to a child? [IDI #2, 60 year old single father].

As can be seen from the above excerpt, this parent is one of the many who found it difficult to discuss SRH issues with their children. He blamed lack of discussion with his son to the son's behaviour. However, although he had mentioned that he loved and was close to his daughter, it emerged that he was uncomfortable talking about SRH with his children unless it was about marriage.

Parents perceived the closeness they had with their sons and daughters differently. Fathers reported that they thought they were supposed to be close to their sons and not their daughters and thus argued that they could not talk to their daughters explicitly about SRH because this was a taboo in the Sukuma traditions. They however said they did this through their wives. When asked why fathers thought that mothers were the ones supposed to talk to daughters in details about SRH and not them, one of the fathers said:

You know between a mother and a father, the female child is closer to her mother and not her father...when it is a boy, he is closer to me [IDI # 23, 44 year old male parent].

As can be seen in these examples, fathers had different excuses for lack of discussion about SRH with their children. Although they reported that fathers should be close to sons while mothers to daughters, this was not the case.

In spite of fathers being aware of what was required to enhance closeness with their children, they respected traditions more and as a result maintained distance. They expected their children to fear them the way they too had feared their own fathers. A male parent talked about his experience in the following:

You know as a child, I was very close to my grandfather...so when I had a problem I feared that perhaps if I tell father, he can slap me...You know in Sukuma traditions,

you have to fear your father a little bit...but with grandfather, he keeps calling you 'grandfather too', it brings your relationship with grandfather closer than with father [IDI # 32, 42 year old male parent].

6.4.2 Nature of discussions

It was clear that although parent-child communication about sex does happen in some families, most are characterised by warnings, threats and are rarely friendly. They also varied between the genders, siblings, grandparents, other relatives and parents.

6.4.2.1 Teaching expected behaviour through teasing and jokes

The difference between the communication about SRH with children and young people was in the tone, message and seriousness of what was being communicated. While parent-child communication was characterised by threats and warnings, that with grandparents were humorous. Most of the young people who lived with grandparents reported that they were closer to them than to their fathers. Their conversations were usually delivered as jokes and rarely as straight forward warnings the way parents did. Some of the jokes involved issues such as grandmother referring to her grandson as 'husband' while grandfather referring to granddaughter as 'wife'. However, these jokes did not imply sexual contact.

When some of the grandparents were asked why they were comfortable to talk about sex with their grandchildren but not their own children, they said that this was because they were not their children and hence there was nothing for them to fear. A grandfather living with his granddaughter said:

She is my granddaughter and not my child. So I can't feel shy to talk about HIV...I don't tell her to use those protection [condoms], that is not my duty... the major thing is to prevent yourself against diseases [IDI # 5, 71 year old male parent].

It was observed that grandparents were not restricted in what they communicated with their male or female grandchildren and hence were not concerned about being careful with what they said. The cultural norms around communication about SRH across generations seemed to be flexible with them. This flexibility could be attributed to the traditional role observed in many African cultures where grandparents were the main sex socialisation agents for grandchildren. It is noteworthy to mention that grandparents may be limited in what they could communicate about SRH. This is because most of them were illiterate and had limited knowledge concerning HIV/AIDS prevention, modern contraception and condoms.

6.4.2.2 Masculinity and femininity

The society's expectations about masculinity and femininity were distinct. Femininity was linked with abstinence until marriage while masculinity was associated with sexual prowess. The out-of-school young men said that when fathers were in a good mood, they sometimes talked about their sexual prowess with their sons. Out-of-school young men talked about this in the following:

R1: There is a day you are seated at home as a family, all happy. Then may be jokingly you talk to each other...Father jokes about how he used to attract girls when he was young...it is possible that the old man [father] has not seen you with a girl. He wants to assess your 'sharpness'. That I have narrated to you, it is now upon you

Rs: Laughter

R2: Or you may find that some fathers until now they love women...so his aim is to lure you [FGD #16, out-of-school young men].

On the contrary, mothers related femininity with sexual innocence. While seated with their daughters, they talked about how they had abstained until marriage and that they expected their daughters to do the same. Discussions such as this though intended to encourage young people to behave in ways that are in agreement with the stipulated masculinity and femininity, they encouraged sexual activity among young men while reinforcing further the subordination of women. It is clear that some fathers were not good role models. They lured their sons into sexual activity by talking about their own sexual experience when they were young in a heroic way. Young men also talked about male relatives sometimes teasing them about sexual issues. If children are aware that their parents and adult siblings are having extramarital relationships, then they may not listen to their advice especially if it is on abstinence.

6.4.2.3 Communication about pregnancy

Parents did not seem to communicate with their primary school daughters about SRH with the same emphasis they did with those in secondary school. The communication was always delivered as general warnings and the only time it was specific and directed was when talking about their education. Focusing communication to the secondary school daughters than the primary school was partly because they didn't expect those in primary school to be sexually active but also because of the high costs for taking a child to secondary school and did not want to lose them when the girl dropped out-of-school due to pregnancy. Although most fathers did not explicitly talk to their daughters about SRH, a few did this when discussing their education. A father who had done this said:

I told her, 'because you are going to school, you should be careful. There are unplanned pregnancies...therefore if you will have unclear issues [have sex] you will stop concentrating on what we took you to school for' [IDI # 41, 42 year old father].

Although fathers were not close to their daughters, they expected their wives to be. Among some of the SRH issues they expected mothers to communicate with their daughters were about avoiding unplanned pregnancy and focusing on their education. However, very few mothers did this explicitly prior to pregnancy happening and in warning their daughters, they sometimes talked about their own experiences when they were young and the losses they got when they had unplanned pregnancy. For those who used their own experiences, they warned them about the dangers of engaging in sex. This is illustrated in the following excerpt:

If you happen to have sex, this is bad and that is what happened to me [mother]...you get pregnant, there is no time for abortion. I can't kill. You will have to take care of that pregnancy. You will be expelled from school [IDI # 37, 35 year old married mother].

Notwithstanding, for a few parents, the expectations they had about their daughters' future as being in marriage are changing. While others still emphasise marriage, a few have shifted emphasis to education. For those who emphasise education, they said that they encouraged their primary school daughters to work hard at school and not rely on men. A mother who mentioned that emphasised hard work for her daughters (aged 14 and 15) by telling them to focus on their own employment said that she also threatened to forcefully marry them off, if they had unplanned pregnancy. This is illustrated in the following excerpt:

If you do not get someone to marry you, then you will look for a job because nowadays there are many jobs especially if you complete primary school...Here you are in my family. I don't want you to bring me your family. I don't want to hear that you are pregnant. We will not take care of you any more or beat you, .but you will go to live with that boy [boyfriend]... You better just protect yourself until you complete school, then if you are seduced it is okay because you are already an adult [IDI # 7, 35 year old mother].

Although some mothers mentioned to their daughters that they should protect themselves from unplanned pregnancies, they did not explain how. To most of these mothers, protecting oneself meant abstinence. The mothers also perceived the out-of-school age as the adult age and may be the right age to have sex. This is very interesting criteria for defining the right age for sexual activity. This is partly because the earliest age girls completed primary school was 15 years but usually it was 17 years or older. This might also help explain the high rates of unplanned pregnancies among the out-of-school unmarried women. It is possible that these

young women may have the same views to their parents that they are now adults and that their sexual activities are not limited by attending school. It is evident in these findings that the school pupils are expected to abstain and there are lots of parental efforts to help them achieve this. This ranged from the threats about unplanned pregnancies to careful reasoning with them about the benefits of education and what the future held for them.

However, it is important to note that some of the SRH messages delivered by mothers may have been misleading to their daughters. Although meant to scare their daughters from engaging in sex and hence prevent them from having unplanned pregnancies, it may have actually increased their risks for it. I interpret a message such as ‘immediately you engage in sex you will become pregnant’ as misleading especially for the girls who have never had sex and who have not had their first menses. I believe that if they had sex, and didn’t get pregnant, they may get confused and start thinking that they are infertile. In a society where children are valued, the girl may then be tempted to have sex with several men to see if she is actually fertile and in the course of her experiments, she may end up with the much feared HIV or unplanned pregnancy.

Parents beliefs about contraception and reproduction

Parents did not encourage their young people to use contraception. This was because most of them believed that they were bad even though they had not tried them themselves. They had fears concerning the side effects accruing from contraceptive use and one of their main fears was that contraception causes infertility. Infertility is something that is highly frowned upon in this society and anything that can be associated with it was avoided. Participants’ beliefs about contraception would be partly due to their knowledge about how they worked. Since contraception works by preventing pregnancy for some time, it is possible they may have been perceived as causing infertility.

Mothers had their own understanding of reproduction and reported that they knew how their daughters perceived it. They said that they had not discussed contraception with their daughters for fear of them being perceived as anti-reproduction. When asked if mothers talked about contraception with their daughters, they said:

R1: Very rarely...But this contraception the majority don't want it...They say, let her just give birth until the eggs are finished

R2: If you tell her [daughter] about contraception from there she goes to tell her friend, 'my parent wants me to stop giving birth, but I have decided to just continue

because I don't know which child will take care of me when I am old [FGD # 4, female parents].

It can be argued that a mother's own experience with contraception seems to have been important in the position they took about them. Only one out of the 11 mothers interviewed said had used modern contraception and had a positive view about them. She had told her primary school daughters that she would assist them to get Depo-Provera when they completed school. She said that she mentioned this to her daughters as a motivation for them to abstain until they completed primary school. Similar to most parents, she was certain that once her daughters complete primary school they would engage in sex. The eldest daughter was 15 years and hoped to complete primary school the following year. This participant said that she had mentioned this to her daughter when warning her about pregnancy. Her daughter aged 15 was also one of the two among those interviewed who had reported that she had never had sex:

You will go to hospital or one day I will take you there because I have female friends who work there...they can instruct you on how to get family planning injections [IDI # 7, 35 year old mother].

It is possible that this mother considered taking her daughter to obtain contraception because she knew the staff at the dispensary. Therefore access did not appear to be a barrier for her the way it may have been for other parents and young women.

6.4.2.4 Communication about HIV/AIDS and STIs

This was the commonly discussed SRH issue in families. All participants had mentioned this as one of their major worries. Therefore, even parents who said had never talked about other SRH issues and neither had any plans of doing so with their children, mentioned that HIV/AIDS was the only thing they had talked about and would continue to talk about. This was because HIV/AIDS was considered a shameful catastrophe, and also one that interfered with the family economic resources and the family lineage through early deaths before young people were able to have families.

A male parent who had talked about HIV/AIDS with his children said:

I talked about AIDS because once you begin suffering from it, the family economy goes down because you will concentrate on nursing the patient, so you can't even do your agricultural activities [IDI # 32, 42 year old male parent].

Another male parent who perceived dying from HIV as very shameful to one's family as it indicated that one had been promiscuous said:

For instance when you get this disease, it is normally very shameful to yourself and to your family because it seems like so and so's family or daughter was a prostitute [IDI # 31, 42 year old father].

On the part of young people, they reported that they thought that their parents discussed HIV/AIDS with them because they loved them and had future expectations in them. Their views about the severity of HIV/AIDS and hence the importance of talking about it were similar to their parents'.

In their discussions about HIV/AIDS with their children, parents reported used examples of some of their relatives who had died of AIDS to inflict fear in their young people about the dangers of sex and severity of the disease.

This is illustrated in the following excerpt:

During that period when their uncle was sick from AIDS, I was telling them, 'let us go and see how your other uncles are suffering' [providing care]. Then I told them, 'you have now witnessed, what is your opinion?' [IDI # 29, 34 year old married woman].

Parents were aware about their children's vulnerability to HIV. Some of the few mothers who acknowledged that their daughters may engage in sex secretly without their knowledge, reported advising them to go for HIV test with their partners before they engaged in sex. In a group discussion with primary school girls they said that they had been advised by their mothers to insist on testing before having sex:

Some mothers say that it is better if someone loves you... seduces you, to tell him you should go for a test [FGD # 8, primary school girls].

This was an interesting point of view because HIV test centres were not common in the study setting. It is possible that these participants are likely to have presented the normative view. Given the group discussion dynamics, it is possible that these young people presented what they thought was acceptable among their peers and the wider community even though this may not have been the actual practice.

According to some parents, when they warned their children about the dangers of HIV/AIDS, they expected them to understand that this referred to overall SRH. Parents expected their children to think about what they had told them about HIV and to protect themselves. This was apparent in the discussion about sex which seemed to be very general and did not talk about specific SRH issues and prevention strategies. A male parent who felt warning his

children about the dangers of AIDS was enough and meant he was referring to all the other SRH problems said:

If you have already warned them about AIDS, they will just know that nowadays they must be careful with sexual matters. They have to meditate on that message themselves, they are adults [IDI # 5, 71 year old father].

Parents lack of communication on specific SRH issues but assuming that the mention of the dangers of HIV/AIDS would mean everything, could be attributed to the consequences of shame and shyness of talking about other SRH issues. It could also be as a result of their perception of the severity of HIV/AIDS in relation to other SRH issues. This may also mean that although parents may claim to be communicating about SRH with their children, they may not be doing this adequately.

Concerning SRH problems like STIs, a parent's own upbringing seemed to have been an important factor in their belief about what they felt was appropriate to communicate with their children. They drew on their experiences about what they had done when they had these problems and expected their children to do the same. Some male parents mentioned that they feared their fathers and could not talk to them about an STI infection. They interpreted telling their parents that they had an STI as being equivalent to telling them they were promiscuous. One of the male parents talked about his decision to talk to his friends instead of his father when he was young and had an STI in the following:

You know that is a shameful problem to direct to your mother or father...It was not easy because you could be ranted at a lot...s/he may tell you, 'so you have started prostitution', so I had to hide it like that [IDI # 32, 42year old male parent].

Parents reported that the social and economic changes were to blame for young people's change of behaviour and hence their increased risk to HIV. They complained about present time young people not following traditions such as observing respect and being fearful. The social and economic changes that the parents were referring to here were those they mentioned as giving young people lots of freedom and the parents reduced parental authority. They attributed this to the increased risk as shown in the following quote:

They have changed. Modern young people don't observe customs and traditions... if a child doesn't listen to you finally s/he may bring the things you didn't expect ...for instance even AIDS...Someone who listens to his/her parents, can't be careless [have sex]...but for the one who thinks 'this one is wasting my time', it is very easy to get those things [diseases] [IDI # 23, 44 year old father].

6.4.2.5 Communication about condoms

Condoms were among some of the issues that parents mentioned outright that were difficult for them to talk about with their children.

Perception of communication about condoms

The biggest dilemma for most parents seemed to be when to talk about different issues relating to SRH with their children. An overwhelming majority of participants felt that a parent talking to a child about condoms would be encouraging them to engage in sex which would be contradictory to their messages on abstinence. Therefore for the parents who strictly insisted on abstinence, discussing condoms with their children was not something they considered. In addition, some felt that they could not talk about condoms because they did not know whether their children were sexually active. Parental expectations for young people to admit that they were now sexually active for them to deliver the right advice (e.g. condom use) is a contradiction in a society where sexual activity was secretive and expected to be so. Parents talked about condoms in the following:

If I tell them to use condoms it is like allowing them to do such things because they will know that they will not get HIV or pregnancy...So I just teach them not to engage in those things [sex] [IDI # 36, 56 year old married woman].

Because she [16 year old daughter] said that they have never had sex. Now if you tell her you can disturb her mind, that 'this mother talks about condoms, does she want me to go with men [have sex]?' [IDI # 30, 37 year old mother].

In addition to the widely held views that parents' discussion on condoms with their children was encouraging sexual activity, other barriers were reported. For example, shyness and parents lacking appropriate knowledge about condoms. Mothers reported that it was not easy for them to mention condoms to their children because they found it shameful. Moreover, the majority of the parents (especially females) said that they had never seen condoms and thought they were not available in their village.

When mothers were asked if they could consider giving their sons condoms, most said that that was impossible. They wondered how they could do this and what that could mean to their sons. However, a few hypothetically talked about how this would work suppose they were required to do so in the following:

*R1: if you bring them to your son you will be teaching him to go and have sex
R2: You don't just give him
R3: It is impossible*

R4: In fact it is just difficult to tell him...perhaps if they sleep in a separate house from yours [parent's], you just go and put on the table in their house where they sleep [FGD # 4 female parents].

The way the parents in the above excerpt talked about the difficulties they would encounter if they were to give their sons condoms, shows the shame attached to mother-son communication about condoms. Notably, parents talked about this possibility in relation to sons and not daughters. This may be a manifestation of some of the beliefs they held about men as the ones who had control in sexual relationships.

Moreover, parental confidence in the effectiveness of condoms is important in determining what they talk about them with their young people. Some parents said that they believed that condoms were not effective in preventing HIV and hence they did not see the need to talk about them. A 71 year old father was appalled to be asked about if he talked to his children about condoms:

Personally, I am quite against that [condoms]...I oppose that very much. That is not even something to discuss with people. Because condoms according to what they explain professionally only a very little percentage of people can survive...But the majority get infected, then secondly you build a strong base to make people to have sex more and more [IDI # 5, 71 year old male parent].

The parents in the above excerpts argued against condoms. They lack trust in their effectiveness and perceive them to increase HIV risk through encouraging sexual activities.

Reasons for parent-child communication about condoms

Only one parent said that he had talked to his children about condoms. This happened when he went for a trachoma seminar and he was given a packet of condoms. When he arrived home his children asked him about the packet. It was in response to this question that he got an opportunity to explain to them about what condoms were and their purpose. It is noteworthy to mention that the seminar attended by this parent though not focussed on SRH, seemed to have helped him find a reason for communicating about condoms with his children. The same parent suggested that condoms should be made accessible to villagers. He had two daughters in secondary school and when asked if they were sexually active, he said that he thought they were not.

For a few of the fathers/uncles who believed that women were promiscuous and should not be trusted, advised their sons/nephews to use condoms. However, among the young men who

mentioned that their father had talked to them about sex, only two mentioned that they had been advised to use condoms if they could not abstain. They said that they were cautioned by their fathers and sometimes uncles about getting STIs if they had unprotected sex. They were also cautioned about trusting girls because they had multiple partners. These were unique cases where parents/uncles openly talked about options such as condom use for those who failed to abstain. Even admitting that they would fail to abstain after being advised to was not common.

A school boy said:

Father advised me to stop that behaviour [having sex] completely. 'If it happens that you love a girl, then use a condom because we live in a dangerous period... there are so many diseases through sex at present compared to when we were youth [father] [IDI # 21, 19 year old primary school boy].

The above excerpt points to what most of the parents presented about their beliefs about young people's SRH. Some parents believed that their children were living in 'bad weather conditions' (risky era). However, despite this awareness, very few parents provided practical prevention strategies for SRH issues.

Although there have been several SRH intervention activities working in these communities for several years (NIMR, 2005), it is worth highlighting that most of the participants had a vague idea about condoms. Most reported that they had never seen them and did not know where to get them. Young people also had a feeling that their parents did not know about condoms. When asked about whether they would like to talk to their children about condoms in future most said they wondered how they could start such a discussion. Misconceptions and mistrust about condoms were also widespread as illustrated in the above excerpts. Parents have clearly shown their doubts about condom effectiveness. Their biggest fear was about encouraging sexual activity if they talked to their children about this option. This highlights the importance of first understanding the parental views about SRH including preventions such as condoms before they are advocated for. To solicit for parental support in advocating for their children to use condoms, it is obvious that the negative attitudes are changed and misinformation corrected first.

6.4.3 Timing for communication

Triggers and timing for communication

Communication about sex was spontaneous and was often triggered by: radio programmes, occurrence of a villager's death linked to HIV/AIDS, children coming home with flyers from

school, parent perceiving a child's behaviour as risky, and when they saw a very thin/slim person they perceived was HIV positive. Examples of things that parents perceived as cues to being sexually active were being found chatting with a potential sexual partner, returning home late, befriending peers whom parents disapproved of their sexual behaviour, and a child sneaking out or inviting sexual partners home. After the parent seeing any of the above signs, they then warned their children. The communication was mainly in one direction with the parent delivering the warning and the young people expected to listen and heed advice.

For the parent-child communications that were started by radio programmes, it usually happened in the evenings after dinner or after lunch. This was when most of the family members had assembled for a meal. The timing for the SRH radio programmes were usually in the evenings. It was observed that the presence of a visitor in the family provided a good opportunity for the discussion about SRH between parents and their children. Participants mentioned that this was because some adult visitors did not fear talking about SRH (e.g. pregnancy) because their own children were not present.

There was a unique case of a mother who physically inspected her daughter's private parts as one of the ways of monitoring her sexual behaviour (discussed in chapter 8). This mother combined physical inspection with discussion about sex only when she was forced to. This happened when she heard from her friends that her daughter was about to engage in sex:

There is a day I took my daughter with me to the farm... I asked her, 'I guess you understand that programme on AIDS in the world. I think you understand it', she said 'yes'. 'Whenever they talk you should be listening because there are some important teachings'. I then asked her, 'have you had your first menses?' she said 'no'...I then asked her 'Do you have a mchumba [sexual partner equivalent to a fiancée]?' When she kept quiet, I asked her 'how comes we are talking and you are quiet? Talk if you have a mchumba'. She remained quiet. Then I told her, 'why are you quiet, so you have started involving in sexual activities' [IDI # 14, 34 year old mother].

This excerpt is an example of the form of communication mothers employed to investigate about their schooling daughter's sexual activities. This mother decided to talk about sex after hearing from a neighbour that she was about to have sex. Unfortunately by the time the mother initiated the discussion, the daughter had already had sex. Although she had secretly employed monitoring techniques involving touching in her daughter's private parts while she was asleep (discussed in chapter 8), this had not prevented her from engaging in sex. It is evident that timing for parent-child communication about SRH has to be done early. Waiting for clues that a child has started sex may be too late. It is clear that this mother's monitoring techniques

involving physical inspection of her daughter's private parts did not seem to have worked to prevent her daughter from resisting pressure for engaging in sex. This mother had not provided appropriate advice about what her daughter should do in case she was faced by unanticipated challenges such as forced sex. She had also never talked about protection and hence when her daughter was forced to have sex she had unprotected sex. In addition, due to the lack of closeness with her daughter and the cultural expectations of secrets and silences around sex, when this happened her daughter did not inform any family member for fear of punishment.

SRH materials given to children at school were very helpful starters for a parent-child discussion about sex. A father whose communication with his daughter had been facilitated by a flier said:

For instance on the day when I saw her with those fliers, I told her 'stay away from sex'...I started the discussion after seeing the flier [IDI 31, 42 year old male parent].

For the families which had never had a trigger, starting a father-daughter SRH conversation was particularly difficult and some fathers mentioned this as the reason for their lack of discussion. However, they did not have a plan of doing this in future. A male parent talked about this in the following:

I don't even intend to talk about sex...You can't just begin telling her unless there is a conversation that leads you to that stage...I think there has been nothing to make us talk about it and that is why I have never talked about it with her [IDI # 32, 42 year old male parent].

The right time for communication

Parents communicated with their children when they observed changes in their behaviours which they attributed to them having sex. However, most of the parents were in agreement concerning the fact that young people have to be advised about sex before sexual debut. They said that once someone has started having sex, it was difficult to stop them. When they were asked the age they thought it was right to talk to their children about sex, most said 13 years for the girls and 15 for the boys. As noted in these findings, the biggest challenge seems to be how to start the discussion about sex with one's children without a reason.

After a parent discovers that s/he has a sexual partner that is when it is possible to feel free to tell her [IDI # 3, key informant/male parent].

Parents also believed that advising their children about sex at a very early age may not be very helpful as they may not understand. A mother who said had warned her daughter about

engaging in sex at the age of 13, had not done the same for her son because she perceived him to be small.

No, they [sons] are still small...the eldest is 13 years....now when his age comes to 15 years at least he will have matured and more reasonable to counsel. But now it is not easy for them to understand anything [IDI # 14, 35 year old mother].

Other parents had concerns about ‘spoiling’ (encouraging sex) a child if they talked to them about sex at an early age. They gave reasons for their lack of communication to the small age of child. A male parent talked about this in the following:

Now if you start engaging them in issues like those [discussion about sex], sometimes we fear that they may get spoiled [IDI # 41, 42 year old father].

The timing of parent-child communication about sex seems very important in this setting. While parents may wait for clues that their child is sexually active before they initiate a discussion, it may be too late. Waiting for clues may also be a difficult thing because of the secretive nature of sexual relationships. This may mean that very secretive young people may be at increased risk for the SRH problems as they may not get timely advice/warnings on prevention.

6.4.4 ‘It is not very often’- Frequency of communication in the family

Since the discussions about sex depended on something happening, it was difficult for most of the participants to tell how often they did this. For the few who were able to estimate they said that the frequency of communication in their families ranged from once in a day to once in a month or several months.

Most of the male parents felt that talking about sex with one’s children was not a pleasant thing and hence they had to be an important reason for them to do it. When asked about how frequently he talked about SRH with his children, a 42 year old father said:

It is not very often...Like I have said, normally parents don’t want to talk about it [sex]...let’s say its like there is no need...Or if there is nothing leading to it, so to say let’s talk about this...I mean there must be an issue, the issue alerts him/her that there is this and this...now you use that issue [IDI # 31, 42 year old male parent].

Some parents felt that the frequency of discussion about sex with their children did not matter much in terms of child sexual behaviour. They reported that what mattered was the child’s ability to adhere to advice. A 34 year old mother who believed in this said:

If a child is obedient, s/he will just obey...but if you kept repeating and s/he is not obedient it is not helpful [IDI # 20, 34 year old mother].

6.4.5 Child satisfaction with the communication

Schooling status seemed to determine young people's willingness to discuss SRH with their parents. While most of those still in school mentioned that they would like to discuss SRH with their parents (even though they had never done so), most of the out-of-school said that they would not. The school pupils who said had discussed sex with their parents said they were satisfied with the discussions because the parent was helping them to avoid risks. Most of the young people who reported that their parents had talked to them about SRH, said that it was mainly on abstinence, pregnancy and HIV risks. They acknowledged that parental guidance and restrictions on their behaviour was important for their SRH. They also mentioned that they trusted that their parents gave them the best advice because they were experienced. They talked about the consequence of disobedience on one's family when a disobedient young person returned home for care with a serious health problem (e.g. HIV/AIDS).

Parental reaction to their older daughter's unplanned pregnancy was very important in determining how the younger siblings perceived their message on this. Similar to both parent families, single mothers seemed to be accommodative about their daughter's unplanned pregnancies. Their rules seemed to be flexible according to their daughter's situation and daughters were aware of this. For example, before their daughter became pregnant they threatened sending her away from home if they had unplanned pregnancy. However, after the pregnancy happened they did not do this but restated their threats against them not having another pregnancy. Finally, they ended up doing nothing as their daughters realised that what they were saying were mere threats.

A 20 year old *msimbe* woman talked about her experience in the following:

Mother said that she doesn't want to see anyone here pregnant again... 'if you get pregnant for the second time, you will be sent away from home'. And if my elder sister will also get a third pregnancy, she will also be sent away from home [IDI # 8, 20 year old woman].

Some school girls said that although they feared pregnancy, they knew their parents could not do anything when it happened since they had not done anything to their older sisters when they had unplanned pregnancies. When asked about how her parents would react if she had unplanned pregnancy, a school girl said:

They will not do anything....when my sister became pregnant they did not say anything [IDI # 18, 17 year old school girl].

This is a clear indication that the scare tactics did not have the desired impact as those threatened knew that parents were not meaning what they threatened to do.

On the part of parents, they said that threats were mainly intended to scare young women and lead them to abstain from sex. In an interview with a key informant (village official) he said that he had not heard of any cases of young women being sent away from their homes because they had unplanned pregnancy.

When asked about how a parent would encourage his young people to abstain he said:

By forbidding sex...I don't want to hear about this thing...I don't want to hear it here. If I hear about it you would better leave...if I hear that you have been made pregnant, I don't want you to stay here...but those talks are just to scare her, because even if she is made pregnant, he can't chase her away [IDI # 4, key informant].

'I fear it because I have no where to go if I get pregnant'

Unplanned pregnancy was one of the big fears for the young women who had never had sex. Due to the constant warnings and threats about the consequences of sex, 2 out of the 14 young women interviewed reported they had decided to abstain. One lived in a both parent family while the other lived with maternal grandparents. In an in-depth interview with the mother of the one from both parent family, she had mentioned that she usually talked to her daughter about the dangers of engaging in sex. When the girl was asked why she had decided to abstain, she said that she mainly feared pregnancy and STIs. This corresponds with what her mother had said about what she communicated with her. This may mean that the girl had internalised the message communicated to her about pregnancy. She understood that pregnancy was something to be feared and since sex was the only way to get it, she had to avoid it. When asked why she had never had sex, the girl said:

Because there are so many diseases, and I will get pregnant...I fear it because I have no where to go if I get pregnant and also many people at home have high expectations in me [IDI # 16, 15 year school girl].

It is clear that this girl equated having sex with getting pregnant and diseases. Her decision to abstain is mainly because of the fears and threats from her mother. Linking this interview with the one with her mother, it seems like most of what her mother communicated in warnings had an impact on her sexual decision making. In the interview with her mother she had mentioned that if she had unplanned pregnancy, she should never come back home. These findings concur with what Lesch & Kruger (2005) observed in their study in South Africa, where

mothers were noted to be powerful agents in the young women's constructions of their own sexuality. By presenting sex as a dangerous activity to their daughters, mothers unintentionally contribute to their daughters' limited sense of sexual agency.

Parents' ability to provide practical advice

Young people's continued trust in their parents depended on how the parent had solved a previous SRH problem they had. They needed practical solutions and hence expected certain responses from their parents when they approached them with their SRH problems. Lack of satisfaction with a parent's response was a discouragement for the child to further confide in the parent when they had other problems. A 20 year old woman talked about her lack of satisfaction when she had a SRH problem in the following excerpt:

... When I was menstruating a lot of blood, I only told mother but she did not tell me anything. She only said that, 'you appear to be sick. You are supposed to go to hospital and tell them' ...I mean I was not satisfied with that [response] because when I told her, she should have told me that 'let me take you to the hospital', but instead I should go alone...Every time I start menstruating, I tell my mother but she still tells me I should go to hospital myself [IDI #10, 20 year old msimbe woman].

Although young people may know where the health services are, they sometimes needed their parent's help to access them. This could be due to fear of the health workers, but also because they did not know how to explain their problem to the health personnel. It is possible that the parents may also be experiencing similar barriers to accessing SRH services as their young people. They may be shy accompanying their daughters to the hospital and helping them explain their problem. As seen in the above excerpt, the 20 year old young woman continued suffering without seeking health care because the person (mother) that she trusted to help her to find a solution did not.

Measures of satisfaction with communication

When parents were asked about their views concerning the satisfaction of their young people with the advice/warnings they gave them about sex, most of them said that they assumed they were satisfied. They said the only way they could tell that they were not satisfied is if they had unplanned pregnancy or got infected with HIV. Hence, parents who had unmarried daughters who were out-of-school but had not had unplanned pregnancy regarded themselves as successful in their parenting. They attributed their daughter not having had unplanned pregnancy as being satisfied with the advice they gave them about abstinence.

A young woman's decisions to end or start new relationships were sometimes influenced by their families' expectation from them. An example of such an expectation was through marriage. As part of the general family advice, most parents did not want their daughters to elope but insisted on the girl getting married formally. Some of the young women were satisfied with this advice and kept changing boyfriends instead of eloping with those who wanted them to. An example is a 20 year old woman who although was not satisfied with the parental advice on abstinence, heeded that on not eloping. She believed that eloping was wrong and thus ended relationships with partners who wanted this. This is illustrated in the following excerpt:

When I told him [boyfriend] to come home and engage me, he said that he did not have financial ability. He wanted me to elope...And for me to elope, it is not normal...Because father told us that the traditions of that home are against that [eloping]. That is why I decided to leave him [first partner] and went with this one [second partner] who came home to engage me [IDI # 44, 20 year old msimbe woman].

It is noteworthy to mention that young women selectively heed advice from parents. As can be seen from the above excerpt, this young woman heeded the advice on not eloping but not on abstinence. She opted to get married to someone she did not know well because he came home to propose to her parents. Unfortunately the marriage lasted for less than a year and she returned home. She reported that she had revived the relationship with her old partner (who had wanted to elope with her). Since this man still wanted to elope with her and she still felt this was not right, she had decided to get pregnant out-of-wedlock so that her parents could allow her to get married to him. This is an example of an incidence where parental communication led to confusion and hence exposing the young person to risk. Deciding to have a pregnancy so that she could be allowed to marry the man of her choice means this young woman had unprotected sex.

A few parents thought that their children were not satisfied with their advice as was seen in the child's behaviour such as not marrying when advised to. Other signs that parents mentioned as indications of a child's lack of satisfaction with communication is when they disobeyed advice and continued engaging in sex.

6.5 Discussion

Communication among family members is one of the crucial facets of interpersonal relationships and the key to understanding the dynamics underlying relations. Despite the relative pervasiveness of sex in the media, open discussions about the topic are hampered by socio-cultural norms. Traditionally, parent-child communication about sex has not been easy for many African families (Ntukula and Liljeström, 2004, Setel, 1999, Wight *et al.*, 2006a). As noted in the findings here, minimal parent-child communication about sex did exist. This was mainly in the form of warnings and threats especially to the girls when they were suspected of being sexually active and were reminded to abstain. Generally, most parents were uncomfortable talking about sex with their children for fear of encouraging them to have sex, but also because they did not know how to start such a discussion. They therefore, rarely engaged them in a friendly discussion on this.

The only form of parent-child communication about sex that seemed to be widely acceptable was that about marriage. Although other researchers (Fuglesang, 1997, Muyinda *et al.*, 2004), observed that communication about SRH in the form of sex education was common in some cultures in SSA, they also note that this was usually done as a preparation for marriage and was conducted by initiation specialists whom in most cases were relatives. This seemed to have changed in many ways in many cultures (Fuglesang, 1997, Kinsman *et al.*, 2000). For example, the traditional role for such communication (e.g. preparation for marriage) has changed mainly as a result of the expansion of formal education which has shifted the age of marriage from young ages (at puberty) to much older ages. With the social and economic changes taking place in the society, researchers have noted new forms of sex educators emerge in some societies. Notably among this is the use of the modern *ssenga* (adult women) as sex counsellors instead of the traditional *ssengas* (paternal aunt) in Uganda (Muyinda *et al.*, 2003). In urban Tanzania, Fuglesang (1997) observed the emergence of *unyago* clubs (women operated sex counselling clubs) where parents took their children to be initiated into adulthood in the traditional way by providing knowledge on matters related to sexuality, body changes, responsible parenthood and contraception. This was predominantly common in urban areas and involved people who were unrelated.

Findings from this study show that lack of direct parent-child communication about sex has been attributed to lack of parent-child closeness, shame, fear and cultural norms. However, what was noted here was that most parents were forced to communicate through warnings.

This method of communication can be attributed to the severity of the HIV pandemic where parents are feeling obliged to do something to save their children. Several authors have attributed the difficulty of parent-child communication about sexuality to the 'sex taboo' (Fuglesang, 1997, Mbugua, 2007). They argue that the sex taboo prohibits the discussion of sexual matters between people of different generations. This could offer an explanation for the limited communication about SRH experienced by parents in this study. However, the findings in this study point to the positive changes that are slowly taking place. An interesting observation is that the sex taboo seems to be weakening because of the severity of HIV/AIDS pandemic which has forced parents to discuss SRH with their children.

Social support through love and care, were manifested through material needs provisions and parents spending time with their children. This tends to differ with what most studies in the developed countries have observed (Dornbusch *et al.*, 1985, Whitaker *et al.*, 1999, WHO, 2007). For example, most of these studies have indicated the importance of what they referred to as connectedness (love, care and emotional bond) to the overall development of the child (*ibid*). They emphasised the value of emotional bond between the parent and child and the expression of love through acts of care and spending time together with the child. Some of the aspects of connectedness highlighted in these studies were also mentioned in these findings. For example, young people talked about parents with love as those who spent time with their children and did not punish them for having had unplanned pregnancy. The main difference between these findings and those from developed countries and the WHO review is in the way they defined connectedness and how they expected it to be manifested between parents and their children.

Mothers have emerged as very important in their young people's sexual development, especially daughters. They were considered close with their children and spent longer periods of time with them than fathers. A young person feeling close and cared for by their mothers was important for the parent-child communication about SRH. However, although mothers had the advantage of being trusted by their children, they rarely exploited this for a friendly discussion about SRH with their children. Therefore, similar to the fathers who were considered as not loving and caring, they too communicated through threats and warnings. The mother-daughter difficulty communicating about sex observed in this study are consistent to those observed in South Africa (Lesch and Kruger, 2005) and Kenya (Mbugua, 2007).

Parents communicating rarely and through threats may not have had the desired impact. It is noteworthy to mention that there is dearth of literature from SSA on the effect of communication (e.g. quality, timing and frequency) on young people's sexual behaviour. However, there is evidence from US studies (Sieving *et al.*, 2000, McNeely *et al.*, 2002) that indicate that open communication with mothers correlated positively with a reduction of sexual risk taking among daughters rather than sons. Moreover, as noted by (Sieving *et al.*, 2000), aspects such as quality and frequency of communication are important in parent-child communication. This would probably help shed light on the lack of change in young people's sexual behaviour in this setting despite some parent-child communication about the dangers of sex.

The timing for communication about SRH was very important. Most parents waited for clues that a child was sexually active before they warned and threatened them about the consequences of engaging in sex. Parental communication only after realising that their children were sexually active is likely to have had little impact on their use of protection. This finding is in agreement with what has been recommended in other studies about initiating discussions on sex with young people before sexual debut for a more desired SRH impact (Lesch and Kruger, 2005). The discussions about SRH happened in the evenings and afternoons after the family meals and were mainly about abstinence, HIV/AIDS, and consequences of unplanned pregnancy. It was observed that most of the communications were in favour of marriage and in cases where parents were tolerant about children's engagement in sex, encouraged them to have one partner. Due to the difficulty parents experienced in talking about sex with their children they used euphemisms. The difficulty in openly mentioning sexual terminology has also been identified in other studies in rural Tanzania (Mshana *et al.*, 2006, Wight *et al.*, 2006a) and hence reinforces what has been discussed here.

Most of the parent-child communication was also hampered by limited parental knowledge about HIV and other SRH matters. Young people appeared more knowledgeable about SRH issues (e.g. HIV and condoms) than parents. This concurs with what Kinsman (2000) noted in Uganda where the traditional sex educators (known as the *ssenga*), felt that their role was no longer valuable at the present time as young people knew more than the traditional *ssengas* (sex educators).

Among some of the issues that parents rarely talked about with their young people were condoms and contraceptive use. Parents' reluctance to talk to their children about these issues was because they believed that they encouraged them to have sex which was culturally not acceptable. This belief is consistent with what has been reported by other researchers in the SSA (Kinsman *et al.*, 2000, Muyinda *et al.*, 2003, Wight *et al.*, 2006a). The above authors have also indicated that parents may be reluctant to allow their children to participate in sex education delivered through schools and other external sources because they believed that those who participate in sex education are likely to become prostitutes because such education encouraged options such as condom use, undermined morality and established traditions. However, this view has conflicted with two studies which show that sex education does not cause promiscuity (Erulkar *et al.*, 2004a, Fuglesang, 1997).

Most of the young people preferred to keep their sexual relationships secret because they feared punishment if discovered that they were sexually active. Whenever they had SRH problems, some preferred to discuss it with their peers rather than family members. This finding is similar to what Fuglesang (1997) found in urban Tanzania where peers were the main sources of SRH information among young people. The findings here also highlight the value of other community members as sources of SRH information. The danger with this lies in the accuracy of the information as most of them are not knowledgeable enough. As shown in the findings, although peers and other adult community members provided SRH advice, their advice was sometimes misleading e.g. in cases where peers encouraged others to engage in sex and when married women discouraged young women from using contraception because they believed they had side effects.

In sum, this chapter has looked at: the beliefs and expectations about young people's sexual behaviour; concerns about young people's SRH; and communication about SRH in families. Parental beliefs and expectations about sex have emerged as important in determining what, when and how they communicated with their children about SRH. A major observation in the findings is the contradictions in cultural norms and gender expectations that tend to characterise most of the beliefs, expectations, interactions and communications between parents (male and female) and their male and female children.

Chapter 6: Key points

- The beliefs and expectations parents had about young people's sexual behaviour were characterised with ambiguity
- Parental beliefs and expectations and beliefs varied with the schooling status, gender of the child
- The beliefs and expectations determined what, how and when parents communicated with their children about SRH
- The concerns that parents had about their young people's SRH were infection with HIV and having unplanned pregnancy
- Parent-child communication about SRH were through threats and warnings and were triggered by suspicious events pointing to unacceptable sexual behaviour
- Lack of direct parent-child friendly communication about SRH was because of lack of parent-child closeness, shame, cultural norms and parental lack of appropriate SRH knowledge

CHAPTER 7

YOUNG PEOPLE'S MATERIAL NEEDS SUPPORT AND THEIR DECISION TO ENGAGE IN TRANSACTIONAL SEX

7.0 Introduction

This chapter provides findings on how young people obtain material needs and how lack of parental support may lead them to engage in sex in exchange for money. It is important to mention from the outset that as much as parents tried to provide for their children's material needs, they were sometimes limited by financial ability, and the beliefs they had about the effect of this on young people's sexual behaviour. On the part of young women the reasons for engaging in transactional sex were not mainly because of lack of parental support but also because of desires to consume items of modernity and the feeling of power (gender power and principle of reciprocity). The provision of material resources flows in two directions: from the parent to the young person and from the young people to their families. Finally, a discussion of the findings is given at the end of the chapter.

7.1 Parent-child material needs provision

7.1.1 Young people's material needs

Young people's material needs ranged from basic needs to what may be considered non-basic. This is because what young people considered as important needs did not necessarily agree with what most parents termed as needs. Since parents are considered as the main providers for young people's needs, their perception of what these needs are is very important for their decision to provide for them. This understanding is particularly useful in a setting where financial resources are limited. When parents were asked about what they considered as their young people's needs, they tended to mention the known basic needs such as food, clothing, shelter, education and health care. However, when young people were asked to mention some of the things they considered as their personal needs their list was longer. As indicated in table 7.1, in addition to all their parents had mentioned, they had others such as lotions and powder, for the girls, while boys mentioned bicycle, mobile phones, money to watch videos, wrist watch and pocket money.

Table 7.1: Summary of young people’s needs from parents and young people’s point of view

	Parents’ views	Young people’s views	How obtained them
Boys/girls	-Food -Shelter -Education -Health care	-Food -Clothing -School needs -Health care	-From parents -Government aid -Church aid -Young people themselves
Girls only	-Pocket money	-Lotion -Body jelly -Soap -Tight fitting clothes -Shoes -Powder	-Boyfriends -Rarely parents provided for pocket money -Older siblings -Girls themselves through engagement in petty trade & farming
Boys only	-Girlfriends	-Girlfriends -Bicycles -Mobile phones -Money to watch videos -Money to attend discos -Wrist watch -Pocket money -Soap -Jeans trousers	-Boys themselves through activities such as petty trade, farming, stone mining, house construction, bicycle taxi -Older siblings

It is important to note that although young people perceived some material needs as important, their parents did not perceive them so. Things such as mobile phones are relatively new and very few people had them, and yet young men mentioned them as one of their needs. Young men were also clear about the needs they expected from their parents and what they did not. They mentioned that although they liked those things, they knew that most of their parents did not own them, partly because they could not afford them.

7.1.2 How young people obtained their needs

“We parents maintain the children but they maintain themselves too”

As can be seen from table 7.1, young people obtained their needs from different sources depending on the type of need. Parents mainly provided for the needs they perceived as important which in most cases represented the known basic needs. Young people had to obtain the other needs they felt were important but their parents thought otherwise through their own

means (e.g. engagement in petty trade, farming and transactional sex for the young women).

Parents talked about material needs as follows:

A male parent said:

The most essential needs are food, clothes and a place to sleep [IDI # 23, 44 year old father]

A female parent talked about needs as follows:

...the important needs are shelter and medicine. Others are just additional. If you are in a good position you buy, but if you are not in a good position you don't [FGD #4, female parents].

Concerning how young people obtained their needs, a male parent said:

We parents maintain the children but they maintain themselves too. Starting from the age of seven years...we are having problems getting their school needs or maintenance generally... for those starting from 10 years onwards, lets say their employment is in the hills [at the stone quarry]...they have to break stones to get money [FGD #5, male parents].

The very poor families (the so classified as 'vulnerable' by village authorities), sometimes received government or church aid to support their children. The aid mainly covered the basic needs only (food, school needs). Vulnerable families were classified as: those of single mothers without land for farming; grandparent families living with small grandchildren; and families where one of the parents' had a major disability; families with many orphaned children. They were characterised as experiencing high poverty as seen in not being able to provide for their members' basic needs. Given the high levels of poverty in the setting, this aid was very competitive and was provided occasionally.

As mentioned by most of the parents, young people had to provide for some of their needs. However, the way different categories of young people obtained their needs tended to differ between the sexes and by schooling status. While the school boys and girls reported that they got most of their needs from their parents, the out-of-school said they got them through engagement in activities such as petty trade, bicycle taxi, stone mining, house construction, farming and sexual exchange. Most of the out-of-school young people reported that they catered for most of their needs including the basic ones (e.g. clothing and shelter). The main support they obtained from their families was food. Some of the schooling young people also engaged in the above activities to obtain their needs.

Out-of-school young men perceived working hard to obtain one's needs and not relying on the parents as a sign of hard work. They felt that only those who were still in school were the ones who were expected to depend on parents for needs and hence the out-of-school young people who relied on their parents for their needs were perceived as lazy. In addition, they argued that since they had many needs (as shown in the table 7.1), parental support could never be enough, and hence they felt that it was right for them to fend for some of their needs. A male participant said:

I look for casual labour so that I can get what to assist me...nowadays young men like us fend for ourselves. For example I cannot rely on my father or mother to provide me with soap...It is a must for me to try and so that I can buy trousers [FGD #3, out-of-school young men]

Similarly to the out-of-school boys, a few school boys reported that they thought it was not proper to entirely depend on parents for their needs. Some perceived expecting parents to provide for all their needs as bothering them since parents were struggling to get basic needs for the family. A school boy who supported this idea said:

I depend on myself...I mean I avoid bothering parents...I should help them a little...By looking for manual jobs like assisting in building mud houses [IDI # 24, 18 year old school boy].

Parents not providing for their children attending school have been perceived as a sign of irresponsibility (UN report, 2006, WHO, 2007). In addition, children working hard for their needs may be perceived as child labour. Some young people were sympathetic and understanding about their parents' economic situations and hence willing to help to provide for their families. This is a clear illustration of the value of understanding local contexts and interpreting a problem from the point of view of that context and not necessarily from the point of view of the externally set standards (e.g. strict parental roles, child labour rules).

Contrary to the above view, where a few school boys felt it was good for them to work for their needs, most reported that it was a parent's responsibility to provide for them. For those who believed that it was a parent's responsibility to provide, they attributed young women's decision to engage in transactional sex as being as a result of parental failure to provide. They also said that some parents did not love their children equally as reflected in the way they provided for some and not others, especially for the small children:

You also find that some parents have several children and they take care of the small ones only [FGD #7, school boys]

The above excerpt is a clear example of what parents may be faced with in ensuring sufficient support for all their children. As much as some young people may interpret this to mean parents lack of love for older children, this can also be interpreted in terms of limited parental resources hence priority being given to the small children who were not able to work.

Young men's mention of watches, mobile phones as part of their needs is a clear evidence about desires to consume items of modernity. These were expensive items given the standard of living for most families. They however, differentiated what they expected to get from the parents and what they did not. Items such as watches, mobile phones, bicycles, jeans trousers and money to give to their girlfriends were entirely their responsibility. They had to work hard to obtain them.

He wants to have things of a certain kind or have a phone, perhaps a watch, those are her/his personal needs that do not concern a parent [FGD # 13, out-of-school young men].

Although several young people had mentioned having a sexual partner as one of their needs, it is important to note that only one parent (male) mentioned this when asked about his young people's needs. A need such as having a girlfriend can be classified as both a social as well as a material need in this setting. It is a material need because in order to obtain girlfriends men have to give money or gifts. Its value as a social need emanates from its role in the satisfaction of the social (e.g. masculinity) and psychological well being.

...body needs are also needs...you know when someone matures/he gets bodily feelings and may need a partner. Let's say a sexual partner' [IDI #32, 42 years].

Participants were divided in opinion about the gender that parents/family provided for more. While most of the parents and male young people felt it was mainly the female children, the young women reported that it was mainly the male children. I observed that provision along gender lines varied according to the need and the schooling status. While most preferred to provide for their male children's education, daughters were mainly provided for small personal needs such as clothing. Hence most of the male parents mentioned that some parents provided for their daughters personal needs rather than for their sons. This was because they believed that their sons had more opportunities for making money than their daughters and that their sons would tolerate hardship more than their daughters.

This is illustrated in the following excerpts:

...There is a time when a parent is in a good financial position and he thinks that if he wouldn't fulfil all the needs of a female child, she could be tempted to join harmful

groups and become pregnant or fail to study...but a male child can't be tempted. First of all he will tolerate [hardship] because he is a man [FGD #13, out-of-school young men].

The above excerpt clearly illustrates why participants felt that girls were more vulnerable than boys. It however, may portray women as un-enduring, lustful beings while men are enduring and strong. This perception although benefiting girls in terms of obtaining immediate economic needs, reinforced masculinity and contributed to undermining them.

7.2 Child-Parent/family economic support

Family structure and ability to provide for family needs

Family types seemed to be a major determinant on how young people obtained their material needs. While families with both parents living together seemed to obtain their needs relatively easily, other family types seemed to struggle a lot, with the single mother and child-headed suffering most. An interesting observation in the struggling families was the role young people played in contributing to family running costs. They contributed to the needs such as kerosene for lighting, cooking oil, soap, vegetables and school requirements for younger siblings. Hence, as young people from these families (single parent, both parents but drunkards) struggled to look for money through several ways, their parents were not very strict on their movements.

In an interview with a key informant, he said:

Because you find that perhaps the father is not there...he is deceased or just deserted his family...now you find that the ability to meet their needs becomes limited [IDI #03, male key informant, VC]

While 4 out of the 12 young men interviewed said that they had been forced by their parents/carers to contribute towards family needs, the rest said that they had willingly provided for their families after kindly being asked or without being approached, but after seeing the economic struggle at home. Young people mentioned that some single mothers were explicit in their expectations for daughters to provide for the family as shown in the following excerpt:

The parent tells you that 'you know I depend on you'...once the parent tells you that, it is for everything... You have to take care of yourself [FGD #12, young women].

Despite the awareness of the risky areas and times in their village, some single mothers were more concerned about earning a living than they were about the risks they could expose their daughters to by sending them out to market places to sell food in the evenings. For example,

they sent their daughters aged 10-12 to sell food at the village centre in the evenings. Their daughters stayed out at the village centre from 7.00am to about 8.30pm and had to return home when it was dark. The following is an example of a case from participant observation:

Maria is a girl aged 12 years. She lives with her msimbe mother and younger brother aged 9 years. Every evening, her mother prepares chapati for her to sell at the village centre. She does this as her mother is preparing dinner for the family. Maria comes to the village centre with her younger brother who acts as her guard when she walks back home in the dark [PO notes].

Hanging out at the village centre in the evenings is mainly an activity for men. Parents such as Maria's had to send her out to help get the family needs. Although involving little children in business at an early age may enhance their entrepreneurial skills, it equally puts them at increased risk of early sexual debut and other undesirable SRH outcomes. This is because most of the customers are men and moreover, there is also clear evidence of sexual networks between small girls and older men in this setting (Boerma et al., 2002, Nnko and Pool, 1997).

Notwithstanding, young people were aware of the consequences of spending most of their earnings on their families. They mentioned that too many family demands could interfere with their own developments and preparation for the future and hence sometimes tried to avoid this whenever they could. They gave examples of other young men who had left home and hence did not have any family demands as having succeeded. In addition, family expectations for a young person to provide for family needs were more in families where there was only one son. In an FGD with out-of-school young men, they reported:

R1: Perhaps you are the only boy at home...now it reaches a time a parent begins to depend on you...if you get a small job and you earn Tsh 1000, you must give it out for food at home.

R2: Now another person gets out of home and succeeds in life...now a young person could think, now my father depends on me. He does not bother to provide home supplies. Now you decide to have a change. So you leave your family and begin your new life.

R3: So he marries even though he has not reached the right age

R4: Another one thinks of getting married so that she can be independent [IDI # 13, out-of-school young men].

As shown in the above examples, it is evident that provision was not always from parent to child but sometimes vice versa. This may have implications for parent-child relationship and power dynamics. Specifically, the direction of provisions (i.e. parent-child or child-parent)

may have an effect on parent-child relationship and the decisions young people may have about life. For example, some young people felt exploited and not able to develop as quickly as their peers who did not provide for their families. In addition, some young people may falsely think that since they can provide for their parent's family, they could also support their own. This may lead to early marriages before most young people are in reality ready for them.

7.3 Parents' provision of material needs and young people's sexual decision making

As presented in the illustrative cases in appendix A1, family economic context has emerged as very important in young women's decision to engage in sex. It is clear from the findings (section 7.1 and 7.2) that while most parents tried to provide for their young people's needs, they could not provide sufficiently. Given their difficult economic circumstances, they tried to provide for what they considered important but not all that young people considered as important to them. As shown in table 7.1, although young women got some of their needs through petty trade and farming, they also got them through transactional sex. While other ways of acquiring needs were legitimate, safe and easy to account for, transactional sex was not.

7.3.1 Young women's decision to transact sex

Transactional sex involved exchange of sex for money and/or gifts from a boy/man to a girl/woman that happened within some sort of relationship characterised by love and romantic attachment, and happened before or after a sexual encounter. I would like to emphasise that the transactional sex being referred to here are not professional interactions such as sex work.

The reasons why young women engaged in transactional sex were varied. They ranged from experience of extreme poverty and hence sexual exchange was used as a means to obtain basic needs as well as a means to obtain luxury items (e.g. beauty products). While most of the young men reported having more opportunities to make money, girls did not. This was even worse for the school girls who after school were expected to help with household chores while boys went to do casual labour. As a result, most of the young men reported that they always had some pocket money compared with the girls.

7.3.1.1 Satisfaction with family provision of needs and decision to transact sex

Young people's satisfaction with parental/familial provision of material needs is important in determining how they related with their parents (e.g. how they perceived parental authority)

but also their feeling of comfort when living with their families. If the parents provided what they felt was important and ignored others that young people felt were equally important to them, this may result in problematic behaviour among young people as they seek to obtain this through other ways. Specifically, the quality and adequacy of the support is equally very important. If parents can only afford to provide certain items that may not be satisfying, then the young people may be tempted to obtain them through other means that some parents may not be in agreement with (e.g. transactional sex, stealing).

Most of the parents were aware that their daughters could look for money through sex if they did not provide for their needs adequately. They encouraged their daughters to resist the temptation of lust while at school by staying away from places which sold food. Some said that they occasionally gave them money to buy food at school since they understood that they had left home without breakfast and had to stay hungry until when they returned home in the evening. They however, hoped that they could be contended with their home economic situation and therefore resist peer pressure for items they could not afford as well as resist sex even when a man offered money. They were however, hopeful and mentioned to their children about the future as holding relief through a good life for the patient, hard working and well behaved children.

Regarding peer pressure to acquire consumables, female parents said:

If she sees her peers eating, but she stays hungry until 3.00pm when she returns home, others may change their behaviour and begin to have sex [FGD # 4, female parents].

Parents sometimes provided money for lunch:

I: How long do the children stay at school?

R: From 7.00am until 3.00pm

I: Does she eat anything in-between?

R: No, she just stays hungry and later comes to eat at home. On the day when you are in a good financial position, you give her money to take tea at school [FGD # 4, female parents].

The frequency of provision of young people's needs seemed to vary with the need and family type (e.g. financial ability). Parents tried to provide for the basic needs that were shared by the whole family (e.g. food). Others such as education and health care were provided when needed. However, since most of the parents said they depended on farming for their income, they only provided clothing seasonally after farm harvest sales (i.e. once in a year or after two years). I specifically asked about the number of times parents provided clothing because most young people seemed to particularly talk about clothing as an important need. In addition, this

was one of the expenditures on which young women spent the money they got from their sexual partners.

It is important to note that provision in this context was mainly constrained by family resources. While a few parents may try to provide things such as clothing which most of the parents did not provide for their children, providing for a young person's choice frequently seemed challenging.

When parents were asked about what they felt concerning the material support they provided for their young people, most said that they thought that young people were satisfied because they had not complained to them. However, a few said that sometimes their young people were not satisfied with what they provided for them (e.g. clothing). Those who agreed that they were not providing sufficiently mentioned the reasons for this as being: lack of financial resources, belief that children being given all they wanted would lead them to being controlling and disrespectful to the parents by asking for anything in future.

One of the mothers who felt that a child showing dissatisfaction was dictating terms and questioning a parent's choice said:

I: But you felt that she wanted a different dress material from the one you had selected?

R: Yes, but I think if a child will start dictating terms on you that 'mother I want this dress', and you agree with her, you will end up in a wrong place...Because she will force you to buy something that is very expensive, while you don't have that financial ability...Therefore sometimes you are supposed to be tough. You tell her that 'I have no money, therefore if you don't like what I (mother) have chosen, then let us not buy' [IDI # 37, 35 year old married woman]

Parents negative reactions to young people's lack of satisfaction included: ignoring the child's complains, forcing the child to take the item they had bought, withdrawing what they had bought for her/him and giving it to a different child, deciding not to buy them again, and narrating their own experiences of suffering during their childhood. Some adopted a harsh, no questioning attitude towards their children so that they could not show their dissatisfaction. A mother who believed that by narrating her own childhood struggles to her secondary school daughter would help her appreciate the privileges she had and not complain about satisfaction said:

I usually tell her [16 year old daughter] that they are enjoying life now...I used to sleep on a sack with nothing to cover myself...I tell them, 'don't lust for things out

there, but you should be satisfied with what you get at home' [IDI # 30, 37 year old married woman].

However, the few parents who reacted in positive ways were mainly those with children in secondary school. These parents believed that secondary school children have to be provided for adequately for them to concentrate in their studies.

Some of the parents talked to their children when they were not able to provide for what they needed with a hope that this could prevent them from having sex. They reported that they expected their daughters to weigh the big losses and small benefits they could get by engaging in sex. By big losses they referred to unplanned pregnancies and dropping out-of-school while the small benefit was obtaining their immediate economic needs through sexual exchange. A mother who had tried to reason with her 16 year old daughter when she wanted money to take to school said:

She asked me for Tsh 4000 to pay for her exams. I told her that I would give her when I get it and that she shouldn't be worried and start looking for men to give her that money, after all that money is so little compared with the loss [of having sex to get it] [IDI # 29, 34 year old mother].

Men sometimes took advantage of the economic circumstances in young women's families and coerced them to have sex with them by offering money that they could not resist. Some of the young women reported that they agreed to have sex with their partners for the first time after being given large amounts of money (e.g. Tsh 3000 to 10,000). Given their economic circumstances and the pestering from the men, they felt that this money was irresistible. They spent some of the money they obtained from their sexual partners on their families. When asked about how she spent the money she got from her sexual partner, one young woman said:

I used it [Tsh 3000] for needs at home... 'I bought a dress, then home needs such as cooking oil and kerosene' [IDI 44, 20 year old *msimbe*].

Most of the young men's views concerning girls wanting to consume things beyond their families' financial ability and as a result engaging in transactional sex were in agreement with their parents'. Particularly, they mentioned that most school girls liked to have pocket money. They therefore felt that it was easy to start a relationship with a girl who does not get support from home. They knew such girls because immediately they started seducing them they could start talking about their needs. In an FGD with out-of-school young men they said:

Those who get their needs from home are very few... For example, the secondary school girls leave village K to go to village B [1 hour walk]. From K to B, they don't

have bus fare. She is rarely given this at home... When you meet her she asks you for money knowing that you will give her... She is forced to get a hawara [boyfriend] to give her money [FGD # 3, out-of-school young men]

What the young men in the above group discussion mentioned confirms to some of the worries parents had concerning their inability to provide for their schooling daughters and what this could lead to. The awareness young men had about some of the school girls being desperate and therefore easily agreeing to have sex in exchange for money, clearly make young women more vulnerable to SRH risks. It is possible that men took advantage of their desperation and dictated terms in sexual relationships (e.g. having sex without a condom).

7.3.1.2 ‘Go and look for it yourself’

On the other hand, as much as most mothers made efforts to discourage their daughters from engaging in sex, others implicitly encouraged them through the way they talked to them. For example, when their daughters asked for basic needs (e.g. school requirements and clothing), they told them to look for them on their own. Telling daughters to look for their needs was interpreted to mean that mothers had allowed them to engage in sex. In addition, some mothers ranted at their daughters when they asked them for needs. This created fear in their daughters making them not to ask again.

Mothers talked about this in the following:

The child asks you for a pen and you tell her ‘go and look for it yourself’. Now once you tell the child to go and look for it already you have told her to engage in sex [IDI # 7, 35 year old mother].

It is the mothers who are teaching the children about such things [engaging in transactional sex]. When she asks, ‘mother, give me clothes’ you say ‘why can’t you go and look for them’ [IDI # 28, 54 year old married mother].

On the other hand, some of the mothers were explicit in their expectation for their daughters to contribute to the family needs as reflected in what they told them:

‘I depend on you’ [FGD #12, out-of-school young women].

Young women interpreted this to mean that their mother expected them to bring home money obtained from sexual partners. This is because their mothers clearly knew that their daughters did not have an income generation activity but still asked for economic help from them.

Single mothers were reported to tolerate their daughter’s engagement in sex. Those who relied on their daughters to help provide food for the family sometimes advised them about the dangers of having multiple partners. They encouraged monogamy because they linked

multiple partners to immorality and risk for HIV infection. Some thought that by telling their daughters to only have one sexual partner who could provide for their needs that was enough for their safe SRH. An eighteen year old woman mentioned about how her single mother (*msimbe*) used to advise her and her sisters to only have one sexual partner. The same woman reported that whenever she got money from her sexual partner she contributed to buying food for her family and that her mother never questioned about it. This is shown in the following case example:

Naomi aged 18 years lives with her single mother, siblings and her two children. She was 16 years when she met her first sexual partner at Kisesa centre when she was sent to buy home supplies by her mother. She had completed primary school. Her partner was 25years and was working as a daladala cyclist (bicycle taxi). Naomi said that when this man first approached her, he told her that he wanted to marry her and gave her Tsh 5000 during their first meeting. She used the money to buy food and other supplies for her family. When her mother saw the things she had bought, she asked her where she got the money from. She kept quiet and her mother never asked again. She said that she thinks that her mother may have guessed that she got the money from a sexual partner. She mentioned that her mother usually advises her and her sisters to have one boyfriend and not to be wahuni (immoral) by having several. She said that their mother told them that having multiple partners can lead to HIV infection [PO notes]

While a mother like the one in the above excerpt advised daughters to have one sexual partner because of the dangers of STIs and HIV, she did not discuss prevention and contraception. The above participant reported that when she became pregnant by the same boyfriend her maternal grandfather and mother advised her against marrying him because he was from a different tribe. She agreed but continued having a relationship with him secretly until she got a second pregnancy. After the second pregnancy, her mother and grandfather did not say anything.

Mothers also knew when their daughters had sexual partners because of the number of clothes they had. They sometimes shared the clothes with them. By sharing their daughters' clothes without questioning them on how they got them encouraged their daughters to continue engaging in transactional sex. When asked if mothers would know when their daughters were sexually active, one woman said:

Why shouldn't a mother know and yet she sees her daughter changing dresses...where does she get the money to buy them? [IDI # 7, 35 year old mother].

A 20 year old *msimbe* talked about mothers encouraging daughters to engage in sex in the following:

There is a friend of mine with her twin sister their mother just allows them [have sexual partners]. When they bring money she takes it. They also use it for their personal needs and she doesn't ask them [IDI # 8].

While some parents made efforts to provide for their children attending school, they did not do the same for the out-of-school, especially the *wasimbe*. Parents expected the out-of-school women to have entrepreneurial skills and earn their own income through casual labour or petty trade. Since most were not able to fend for themselves, they relied on sexual partners for support. This was worse for those who had had unplanned pregnancies. As they experienced more hardships, they easily agreed to have sex so that they could meet their needs. This had an effect on their reputation as seen in being labelled as *wahuni* (immoral). Not providing for the out-of-school young women may have put them at increased risk for SRH problems as it further limited their partner choice and decision making in relationships. For example, most of the girls who had had unplanned pregnancy were likely to have more unplanned pregnancies as they struggled to obtain their needs.

In an interview with a key informant he said:

You find that a girl has unplanned pregnancy because she goes to look for needs. She continues to have other unplanned pregnancies as life continues to become difficult [IDI # 3, key informant].

Male parents admitted that most of the married men including some of them were the main providers for the *wasimbe girls* by having extramarital affairs with them. They were aware of some of the essential things (e.g. underwear) that fellow parents did not provide for their daughters as being important. Despite their awareness about women's needs, they did not provide the same for their daughters but provided for *wasimbe* women (their sexual partners).

This is illustrated in the following excerpt from a FGD with male parents:

*R1: Although she lives [msimbe] with her parents, her father can't meet all her needs including underwear... Once underwear is finished [worn out], she can't ask him to buy her... that is why she does it [have sex], to get other personal needs
Rs: The way I understand it is that a woman is not supposed to have just one or two underwears, but at least four [laughter]... usually a parent can't really buy you all those underwears... You can't even mention it to him [FGD # 5, male parents].*

Interestingly, mothers who had had unplanned pregnancies when they were girls linked this to the economic hardship they had experienced when they were children which had forced them to engage in sex to get their needs. They however did not expect their daughters to have

unplanned pregnancy despite the hardships they too experienced. They expected them to endure hardship, something they had failed to. Since the out-of-school women rarely got support from their families, they were at increased risk for SRH problems as seen in them having multiple partners and forming partnerships with older and married men so as to get more money to meet their needs.

7.3.1.3 Young women's engagement in sexual exchange and desire to consume luxury items

Regarding young people's desire to consume commodities of modernity, parents said that they tried to provide what they could afford. They provided general multi-purpose hygiene soap while some girls preferred scented soaps, body jelly, tight fitting clothes, lotions and also facial powders. Parents said that they could not afford such items and in addition they felt they were not important. For most of the needs that parents did not provide because they felt were luxuries, young women obtained these from sexual partners. In the discussions with young men, they mentioned one of the gifts they provided for their girlfriends as being lotion. They were also aware that parents did not provide this for their daughters. When they were asked about their views concerning sexual exchange young men said the following:

For the girls it helps them to get their needs like body oil and lotion [FGD # 13 out-of-school young men].

Although some of the needs are known to be basic (e.g. clothing), they sometimes ceased to be so and appeared to be luxuries when young people wanted to exercise choice and to compete with peers about having the best and latest fashion. Therefore young women looking for a *hawara* to buy them fashionable clothes or give them pocket money could as well be considered as desire for luxuries. This could also support some of the explanations their parents gave for young people's engagement in transactional sex as being out of lust. Young women's desire for luxuries to match their peers was overwhelming during religious celebrations when they wanted to have new clothes.

A few mothers also talked about their daughters having questioned them for applying body lotion while they did not buy for them. These mothers told their daughters that school girls were not supposed to apply lotion. They believed that beauty/decorations and education were incompatible. They mentioned that school girls should be prevented from liking beauty products because these would make them lustful and unable to work hard at school. Mothers were also aware of the beauty value of the lotion as seen in their mention that it would make

their daughters attractive to sexual partners. A female parent talked about the danger of parents providing beautiful clothing for daughters in the following:

When men see her smart, they will say 'she is so beautiful, wait I will seduce her'...now the parent should be careful again [IDI # 7, 35 year old mother].

Mothers however, contradicted their messages on lotions when they did not resist their daughters stealing their lotion or openly taking it. One of the mothers who mentioned that she shared her lotion with her daughter said:

She uses mine...when it is finished she says, 'mother why can't you buy your lotion?' She says through myself, but she can't directly tell me that mother buy me some lotion...because she once asked for this and I told her that I have no money and moreover, you are not supposed to decorate yourself because you are still schooling and decorations and schooling are not compatible [IDI # 37, 35 year old married woman].

As shown in the above paragraph, a parent not providing some of the things their children desired was sometimes deliberate. They did this out of fear of making their daughters attractive and thus vulnerable to seduction by men. They perceived providing beauty products (e.g. lotion, facial powder) to their daughters as encouraging sex. Their fears were to an extent true as revealed in an FGD with young men when they mentioned that they were always attracted to women who were clean and dressed in modern fashion clothes.

Although young women were in a way expected to have sex in exchange for money, they had to do this in moderation and secretly. For those who appeared greedy as seen in wanting to maximise returns by having many partners, they were perceived as immoral and equated to *daladala* (public transport) which is usually available for any passenger who has money to board. *Wasimbe* women were the ones who were mainly reputed as *daladala*.

7.3.2 Young women refusing money/gifts from men

It was clear to young women that receiving money or gifts from men who were not related to them meant they had consented to have sex with them. A few had refused to take money given to them by men for fear of being forced to have sex with the man later or being told to pay back the money in case they refused to have sex. An example of such a girl was one of the two who had reported primary abstinence:

S3-f is a 15 year old girl living with her mother (BS-f), step-father, maternal grand mother and younger siblings. Her mother is very strict. I had observed that she was monitored very closely. She reported that when walking to or from school or to Kisesa centre, men sometimes called her and offered her money without necessarily asking for sex. She said that she did not take the money because this would imply that she has agreed to have sex and then later if she refused, the man could beat her or demand the money back. She also mentioned that sometimes men claimed that they had given a girl money/gift and yet they have not done so. This was common if a girl had refused to take their money or have sex with them [PO field notes, 15 year old standard 6 school girl].

It is noteworthy to mention that refusing to take money/gifts from men was rare for most women. It is likely that the participant in the above example had done this because of fear from the threats she had received from her parents. She may also have been influenced by the expectations she had about working hard at school and being a role model for her younger siblings because she had mentioned this as one of her reasons for abstinence.

7.3.3 Parents and young people's views on sexual exchange

Parents' views concerning sexual exchange tended to vary with the sex of the parent as well as that of the child. While some of the female parents were said to encourage daughter's engagement in sexual activity so that she could earn money for family use, the fathers were mentioned as being against. Both male and female parents were however clearly against their sons giving money to girls in exchange for sex.

7.3.3.1 Perspectives concerning young men exchanging money and gifts for sex

While female parents were reported to be happy when their daughter brought home money/gifts from their sexual partners, they were not happy for their sons to give money to women in exchange for sex. Parents perceived their sons giving girls money in exchange for sex as unwise spending. They warned their sons against this practice by telling them the way girls were cunning and exploitative.

However, young men reported that since it was them in need of sex, they had to pay for it. They perceived having a girlfriend as one of their needs and one of the ways through which they could prove their masculinity. Young men were very clear about the needs to expect from their parents and the ones not to. Among the needs they said they did not expect to get from their parents were money to give to their girlfriends.

Young men said:

R1: To show that I am a man I need to have a girlfriend...you see a young person should have a lover...and when he gets money for his needs, he will also give some to his girlfriend to use.

R2: If you reach puberty, you can't ask your parent for money to take to your girlfriend. I don't think if he would agree to that...so you will have to work to get your income [FGD 13, out-of-school young men].

Other parents may become harsh at you that 'nowadays you don't even stay with money'. Those girls will spend all your money and even your capital will be finished [IDI # 12, 24 year old boy].

When asked to comment on the girls' parents, the participant in the above excerpt said:

For the girl, her mother will be happy because she knows that her daughter will now get clothes...Because when a girl reaches adolescence, she shares clothes with her mother, they wear each others' clothes and now mother knows that my child is mature she has reached that age of doing these things [having sex] [IDI # 12, 24 year old boy].

Since most of the young men were aware that some of their parents were against them giving girls money in exchange for sex, they did this secretly. Parents mentioned that they could tell if their sons engaged in sexual exchange because although they worked hard, they rarely had money. Young men said that parents expected to see them spend their money on things they perceived as development (e.g. keeping livestock or engagement in petty trade). For some of the parents who did not see such developments, they sometimes demanded to keep their sons' money whenever they had it and gave them in small amounts when they had needs that the parents approved.

Young men believed that it was them who had the desire for sex and hence they should be the ones to give the girls money to satisfy their desire. Mutual pleasure from sex was not something that participants thought existed. They perceived the man as the one with the desire and hence the one who enjoyed most while the woman was mainly there to satisfy that desire, and hence as reflected in her demanding something from the sexual encounter. It is noteworthy to mention that love was present in young people's choice of partners and thus they did not go to any woman to satisfy their desire but went to girls they loved.

7.3.3.2 Reciprocity and other meanings of sexual exchange

“You can’t get meat from a butcher for free”- parental views

Parents attributed sexual exchange to social and economic changes taking place in their societies whereby sex had become commoditised. They reported that in the past relationships were mainly based on love than money. Men did not have money to give to women and women did not expect this either. They said that contemporary women have become powerful in exercising choice and they could only agree to have sex after being given something in return.

Parents attributed the commoditization of sex to the presence of money in present times compared with the situation when they were young. Most of the participants reported that despite parental support, most young women would still exchange sex for money because they felt that they had a commodity that was on demand. While some parents explained young women’s engagement in transactional sex to be out of lust and lack of satisfaction with what parents provided for them, some perceived it to be their right. For those who believed in the latter, they equated female private parts to a butcher and said that one could only get meat from a butcher after paying for it. A male parent who equated sexual exchange to getting meat from a butcher said:

You can’t stop them because you can’t get meat from a butcher for free... You know that is a butcher’s shop... I mean, those private parts... you have to give money to get meat [laughter and sounds of affirmation] [FGD #05, Male parents].

A discussion with some of the participants indicated that there is no explicit sex work in the village and if a woman was discovered to be doing this, she could be punished. Hence most of the sexual exchange seemed to happen within a relationship. As discussed in chapter 9, they were also handled secretly. The parents views about transactional sex are very interesting particularly their equation of the female body to a butcher. This would mean that transactional sex may not necessarily be out of need but because the vagina is perceived as a commodity that should not be given for free. This underscores the understanding of this practice which though not traditional, implies a transformation in sex with the social and economic changes in this society. Their belief that sex should never be free but should be exchanged for something is an indication that the principle of reciprocity may be at work here. An interesting observation is that sexual exchange seems to be a more recent practice that seems to have gained ground with the introduction of the cash economy. It therefore lacks roots in the traditional Sukuma culture around sexuality.

The easiest way to get a girl

Men talked about having sexual desires and girls satisfying them after being given something in exchange. In this regard, men are seen as needing sex and women as needing money. When asked about their understanding of sexual exchange young men said that to them it meant the easiest way to get a girl. They said that once a girl is given money she could not refuse sex. This is also consistent with parental views about the present time young women having become money minded. When asked about their understanding about sexual exchange out-of-school young men said:

R1: It means the easiest way to get a partner

R2: It means that girls usually have lust for things which are out of their ability [FGD # 13 out-of-school young men].

It is interesting the way these young men perceived sexual exchange. However, their views were consistent with what the parents had mentioned when discussing young women's personal material needs. Parents had talked about lust and how they usually advised their daughters against it.

Transactional sex and gender power

Men reported that there have been changes in power among men and women, with women appearing to have gained power in sexual relationships in contemporary times compared with the time when most of the parents were children. Men therefore interpreted women's demand for money and gifts before sex with being powerful. Male parents reported that in the past they did not need to negotiate for consent with a girl before sex. Whenever they wanted to have sex with a certain girl, they used force and did not give anything in return. They mentioned that the qualities that were important for men to attract women were their fame which came as a result of hard work and having wealth and leadership. Men therefore interpreted women's demand for money and gifts before sex with being powerful. They reported that in the present time young women could still take money and/or gifts but still refuse to engage in sex. Men also mentioned that contemporary women had power to choose partners, which was not possible ten years ago.

However, it is important to note that the power that the men were referring to was short term power. As much as women initially chose their sexual partners and sometimes dictated the value of the exchange, after one or several sexual encounters, the men took over. They decided on issues such as condom use, value of exchange and when to have sex. This observation is

important for understanding power dynamics in sexual relationships and thus important for HIV prevention interventions. It sheds light on who has power, what sort of power, and at what stage of the sexual relationships. As indicated in several studies (Bauni and Jarabi, 2000, Mill and Anarfi, 2002), men are the ones in control of sexual relationships including decision on matters such as the use of condoms and contraception.

On the part of the young women, they perceived themselves as clever and lucky to be created women because they could easily exploit their sexuality for pleasure as well as for material needs. In this regard, they perceived the female body as a useful 'shop'. They therefore viewed men to be stupid for paying for goods (vagina) that they could not take away. The following are examples from FGDs whereby out-of-school young women said:

...he can buy for you a dress worth Tsh 30,000 [£11], he comes and you both enjoy, he leaves you with your thing [vagina]. In addition, you get a profit out of it and then you go and sell it to someone else [have sex in exchange for money/gifts with a different man] [FGD# 13, out-of-school young women]

Further illustrations of female feelings of power:

R1: Others say those are 'shops' [female private parts]...you go to sleep with a man, he must give you money...you can even bargain in advance... so isn't that a shop?

R2: Us women are so developed/empowered [laughter]...I mean he gives you money and then he leaves you with your thing and yet you both get the pleasure...to me, I see them as cheated.

R3: I think, men just get a loss [FGD # 17 out-of-school young women]

The above illustrations clearly show that these women felt powerful in their sexual relationships. Contrary to the widely held view that women are victims who are always exploited in sexual relationships, these women felt that the men were the ones who were exploited for paying for 'goods' that they could not take away. They felt powerful and in possession of a resource that was in demand by men. Such feelings are crucial in understanding the practice of transactional sex and are a clear reflection of their engagement in this practice as not necessarily being underpinned by lack of parents' provision of material needs and women's subordination, but also by a feeling of power and choice.

Women believed that sex without transaction was not mutual. They reported that the men benefited most since they are the ones who had the desire. The women on the other hand satisfied this desire-hence their remark of 'women give while men take'. Therefore the only way they too benefited was through being given money or gifts. Based on this point of view,

transactional sex can be interpreted as equalising power between men and women in sexual relationships. This is illustrated in the following excerpt:

You cannot have sex with a man without a gift... 'why should you give him and he does not give you, he must also give' [IDI, 46 year old mother]

In a patriarchal society like the study setting, this feeling of power among women may be important for them. Given that young women rarely interacted with adult men (in their daily lives), the only moment they may have felt powerful to face them and ask for anything was during their sexual negotiations.

7.4 Discussion

An important thing to note from the findings is that although most parents were willing to provide for their young people's needs they were constrained by economic resources. They struggled to provide for their young people's material needs and thus provided rarely and insufficiently. Young people obtained some of their basic needs from their parents but most of the non-basic needs by themselves. Young men had more opportunities to make money compared with women. This was because young women focused on contributing to household chores and thus had fewer opportunities to engage in money earning activities. Furthermore, they had fewer options compared with young men who had a wide range of activities to choose from. As a result, young women reported obtaining most of their material needs through transactional sex. This is consistent with what has been reported in other studies in Tanzania (Nnko and Pool, 1997, Silberschmidt, 2001, Wight *et al.*, 2006a) and other parts of SSA (Kaufman and Stavrouv, 2004, Longfield, 2004, Nyanzi *et al.*, 2005, Nzyuko *et al.*, 1997) where women had reported their motivation for engaging in sex as being to obtain needs.

Regarding the provision of basic needs varying according to the child's gender, it also varied with the need. While most of the parents occasionally provided for needs such as clothing for their daughters (with the hope that this would deter them from engaging in transactional sex) they preferred to pay for education for their sons. The reason for the focus on the sons' education and not daughters' was because they believed that girls were likely to have unplanned pregnancy and thus drop out-of-school and hence bring a loss to the family. In addition, some believed that their daughter's education would not benefit them but the family into which she would get married. These findings concur with what has been reported by other researchers in SSA (Plummer *et al.*, 2006, Roth *et al.*, 2001). An interesting observation in this

study was that even mothers and young women themselves felt it was proper to focus on boys' education than girls for the same reason of unplanned pregnancy. To an extent, these parents' views are understandable given the limited economic resources and commonness of unplanned pregnancy in this setting, parents had to make rational choices.

Several studies have explained the consequence of lack of parental provision on the health of young people. Notably among these are sexual relationships between young women and older men which have been associated with unsafe sex and unplanned pregnancy (Dunkle *et al.*, 2004b, Luke, 2003, Silberschmidt, 2001). Although this study was not exploring causal links, the findings point to unsafe sexual behaviours as young people in the study reported that they rarely used condoms or contraception and young women had sexual relationships with men who were older than them because they were able to provide more money and gifts. On the part of the older men, they were aware of young women's vulnerability and took advantage of that by having sexual relationships with them.

In so far as the WHO (2007) suggested dimension on provision and protection is important in providing a starting point for the understanding of parenting practices and their influence on young people's health outcomes around the world, the findings in this study were not fully in agreement with their definition of provision and protection. This is because the review only documents the influence of what parents provide for their young people and their protective roles without putting into consideration that young people also contribute to family income. The findings in this study point to young people playing a provisionary and protective role in their families. It is obvious from the findings that young people's contribution to the family income seemed to influence parenting practices (e.g. control and monitoring, SRH communication). A possible explanation for the WHO review lacking a focus on the young people as providers in their families would be because of the nature of the studies that were included in the review and where they were conducted. As indicated earlier, most of the studies included in the review were conducted in developed countries with only one from Africa (i.e. South Africa).

A few parents were clear about their expectations for their young people to contribute to the family needs. Parental acceptance of gifts and money from daughters was more common in the single parent families and grandparent families than in the both parent families. An explanation for this was that in both parent families, parents helped each other to support the

family while in the single mothers families all the burdens were on one parent. The findings on children contributing to the running of families as observed in this study is contrary to the UN report (2006) which stipulates that ‘healthy families’ provide for young people with stable support through reliable social relationships, and economic resources. The findings are however consistent with what has been noted in other studies in SSA, where young people have been noted to contribute in the running of their families (Oyefara, 2005, Rwenge, 2000).

Young people playing a role in the running of their families may have an implication for parent-child relationship. It was observed that young people who provided for their families’ needs were also not controlled and monitored closely as those who received their needs from their parents. They hung out at market places in the evenings and reported that they were engaged in an income generating activity. As noted in other studies (Boerma *et al.*, 2002, Wight *et al.*, 2006a), market places were risky places for young women to hang out. This is because most of the people who hung out at such places were men and hence potential sexual partners. There is also evidence of sexual networks between older men (Luke, 2003) and younger girls and a higher prevalence of HIV around market centres (Bloom *et al.*, 2002, Boerma *et al.*, 2002).

Contrary to the widely held view about sexual exchange being perceived as happening because of poverty in families, some studies in SSA have reported that sexual exchange may be a way of preserving a woman’ self-respect (Kaufman and Stavrouv, 2004, Longfield, 2004). It is the lack of it that would be perceived as demeaning to a woman. In this study, the principle of reciprocity seemed to be in operation as seen in the participants views that ‘*women give while men take*’ and may have been another motivation for the practice. Transactional sex was also perceived as empowering to women. Parents traced the origin of transactional sex and attributed it to the social and economic changes in the society.

This chapter was driven by the need to understand young people’s material needs provision, and if, and how, it influenced their decision to engage in sex, particularly transactional sex. In order to understand this, it started off by presenting findings on what young people’s material needs were, how they obtained them, satisfaction with what their families provided, and why they engaged in transactional sex. It has also provided a discussion of the findings engaging with relevant literature.

Chapter 7: Key points

- Parents were willing to provide for their young people's material needs but were limited by economic resources and therefore provided rarely and insufficiently
- Parental provision of material needs to their young people varied with the need itself, the gender and schooling status of the child, and a child's previous experience of undesirable SRH outcome such as having had unplanned pregnancy
- Young people obtained most of their material needs on their own and rarely from parents and other family members
- Young people sometimes provided for the economic needs of their families
- Transactional sex is widely accepted in this setting and its origin is traced back to the emergence of the cash economy
- Young women were motivated to engage in transactional sex to obtain basic material needs but also to acquire luxury items and feel powerful in sexual relationships
- The meanings attached to sexual exchange are a clear reflection of operation of the principle of reciprocity and hence young women may continue to engage in transactional sex despite parental material needs provision

CHAPTER 8

PARENTAL CONTROL AND MONITORING AND SEXUAL DECISION MAKING

8.0 Introduction

This chapter consists of findings on how and why parental control and monitoring has shaped young people's sexual relationships. These findings expand on the link that was presented in figure 6.1 in chapter 6, whereby parental beliefs and expectations about young people's sexual behaviour appear to be the main determinant of how they related with their young people. They also draw a lot on the findings on provision of young people's material needs discussed in chapter 7 as this emerged to be important for parental authority over their children. An important observation from the findings presented in this chapter, is that parental control and monitoring of young people's sexual behaviour, sometimes varied with family structure, gender of the child, schooling status, and the child's role in the contribution to the family's economic needs. A discussion of the findings is provided at the end of this chapter.

8.1 Characteristics of control and monitoring in families

Parental control referred to rules and restrictions imposed by parents on their young people's activities and friendships, thereby controlling the amount of freedom young people have to do things without telling. Parental monitoring refers to when parents/carers follow up or express concern about the activities their young people engaged in and question their young people's whereabouts.

Although parents were not directly asked how they controlled and monitored their children, this theme came up when discussing some of the things that triggered a discussion about SRH with their children. As indicated in table 8.1, family control and monitoring of young people in this setting comprised of several activities.

Table 8.1: Examples of family control and monitoring in families

<i>Examples of familial control and monitoring activities</i>	<i>Illustrative quotes</i>
Follow up on young people's whereabouts and control on their movements	<i>Perhaps you ask the child to go somewhere and s/he takes a very long time to return, you then ask 'but why do you behave like this?' [FGD #4 female parents].</i>
Follow up on anything they saw their young person with e.g. clothing, money	<i>Perhaps you see that child with money, you ask 'where did you get it from?'...that can make you know that this child has begun sex [FGD #4 female parents].</i>
Follow up on young people's friendships	

Strict parents followed up on everything they saw their daughters with. For example, if their daughter was seen with a dress or shoes not bought by the parent, she was asked to account for them. Such strict monitoring seemed to encourage deceit among young people so as not to get into conflict with their parents. Most of the young women engaged in petty trade so that they could easily account for the gifts and money from their sexual partners. The following is an excerpt from participant observation (a conversation with a 14 year old standard 6 girl living with both parents):

N10-f said that she sometimes uses the money given to her by her boyfriend to buy clothes. She is never asked by her parents because they know that she has a business and that they always see her hawking vegetables. She reported that her sexual partner is 26 years old and works in a garage [PO notes].

8.2 Family structure and parental monitoring of young women's sexual activities

Family structure seemed to affect parental control and monitoring of young people's sexual decision making. In contrast to both parent families where one parent was likely to be around when the other was away, in single parent families this was not the case thus leaving young people from such families with very little monitoring. Parental control and monitoring of young people's sexual activities was important in the decisions young people made concerning sex. Generally, parents and other family members were motivated to control younger family members' sexual behaviour for reasons such as: fear of HIV and STI infection, unplanned pregnancies, benefits from bride wealth, and to ensure the good reputation of their families.

Parents described a girl being able to complete primary school without having had unplanned pregnancy as luck and requiring lots of parental effort (e.g. control and monitoring). Some said that this depended on the parents as well as the family:

A child completing standard seven without pregnancy depends on the parents. For you to bring up your family in a good way, you have to keep monitoring your child so much so that she doesn't leave home, because if she goes there [social places] she will discuss many things [sex] with friends [IDI # 7, 35 year old married woman].

While some families had strict rules regarding young people's sexual behaviour, others did not. When asked about their views concerning whether strict parental control coupled with material needs support would help young women to abstain, most of the parents reported it was impossible. They said that parents being very strict only resulted in frustration and shame when their daughter ended up with unplanned pregnancy. As presented in chapter 6, parents acknowledged that biology was the determining factor as to whether a young person had sex and that other factors such as parenting through provision of needs, control and monitoring acted to facilitate or reduce sexual activity. When asked about his thoughts on whether strict parental control would prevent a child from engaging in sex, one of the parents said:

I mean... You know the body ... even if he is very harsh, it is impossible to prevent a child... There are examples of very harsh parents who monitored their daughters everywhere, but the end results were the children getting pregnant [IDI # 41, 42 year old father].

There were examples of parents who mentioned that they had tried to provide for their daughter's needs, but this did not stop the young women from having sexual partners. One married woman expressed her disappointment for having failed to prevent her daughter from engaging in sex after providing for all her material needs and following up on her activities. This is illustrated in the following excerpt from participant observation notes:

Mama Leah (38 years) was so disappointed with her daughter [had ran away from home] because she had provided her with everything she wanted. She used to go with her to the market and would buy her clothes and shoes of her choice. Based on this experience with her daughter, she said that she does not believe that parental material support and strict control would prevent a young woman from having sex [PO notes].

It is evident from the above excerpt that parental provision of young people's material needs and strict control may not prevent them from engaging in premarital sex. Strict parental control may in fact result in a young woman running away from home so that she could be free.

As presented in chapter 7, some of the mothers directly encouraged their daughters to engage in sexual activity to get money. For such parents, they did not seem to follow up on their daughters' activities and did not question them when they saw them with something they had not bought. Other ways through which mothers encouraged their daughters to engage in sex were by: asking them to buy food and other supplies for the family; opening the door for them to meet sexual partners at night; helping them to keep their sexual relationships secret from their fathers; and sharing their daughters' clothes without questioning the source.

8.2.1 Single parent families

The families' economic activities were very important in determining the time parents spend with their children and hence effective monitoring. Some economic activities involved parents being out of home for the whole day. Examples of such activities were working at the rice mill, working at the stone quarry, and petty trade that involved taking farm produce to the city. The priority for single mothers was to work hard in order to obtain basic needs for their family and rarely had time to follow up on what their children did. Those engaged in labour that involved a whole day of heavy physical work were referred to as *walala hoi* (a person who sleeps exhausted from doing heavy manual work). *Walala hoi* mothers left home at 7.00am in the morning and returned at 7.00pm. Children from such families said that when their mothers returned home, they were so tired and hardly had any conversations together. The following is an illustration from participant observation:

Nancy said that their mother usually comes back home from the rice mill [where she works] at 7.00pm. This depends on the season of the year and availability of work and therefore, she may come back even later. Yesterday their mother came back home at 8.30pm and by the time she arrived the family had already had dinner and the children were already asleep [PO notes, 16 year old girl out-of-school].

8.2.2 Both parent families

Mother's role

Similar to the mothers in single parent families, some mothers in both parent families did not follow up on their children's sexual activities. Although they spent more time with them, mothers did not question their daughter's whereabouts the way male family members who spend little time with them did. This could be one of the reasons they were accused by their husbands for collaborating with their daughters in planning their sexual activities. Mothers argued that not all mothers collaborated with daughters in their sexual plans and that it was mainly the single mothers, step-mothers and aunts who did this. Although some fathers would

question their daughters about an item they saw them with, some mothers turned a blind eye. Male parents said that since mothers spend more time with their daughters they were supposed to know what their daughters did and owned. The following is an excerpt from a discussion with a male informant:

Mother knows it because, if she hasn't given her money and she sees her with money and she doesn't ask...even the girl knows that her mother knows [IDI #3, key informant, VC].

In addition, mothers were sometimes defensive about their daughters' activities. This was when their sons or husbands tried to follow up on the girls whereabouts and disciplined them if they found them with a sexual partner. Mothers questioned their sons for strictly guarding their sisters against men because they interpreted their daughter's chat with men as a process that would lead them to marriage. However, the fathers and sons looked at this in terms of promiscuity and lowering of family reputations and other risks such as unplanned pregnancy. They expected the man interested in their daughter/sister to come home and pay bride wealth.

Male parents in both parent families reported that in the past, mother-daughter relationships were much closer than nowadays. When a girl was discovered to have an unplanned pregnancy, mother was questioned because it was assumed that she had been aware of her daughter's sexual issues and never informed the father. However, female parents said that this used to be the case in the past but not in the present times because girls are now deceitful and not easy to understand.

A male parent talked about this in the following:

In the past mothers knew whom their daughters were going out with [sexual partners]. But nowadays it is not easy because today she is with this one tomorrow with that one, so it is not easy, mothers are unable to understand [IDI # 41, 42 year old married man].

However, there were a few married women who followed up on their daughter's sexual activities and acted as immediate monitors for their husbands. They informed their husbands whenever they thought their daughters had started sex or were engaging in behaviours that would lead to it. Mothers did this because they feared their husbands and in case anything (e.g. pregnancy) happened to their daughter, they could be accused for having facilitated it and therefore would be forced to explain. One of the ways they followed up on their sexual activities was by questioning them about anything they saw them with. If the daughter was found with an item they had not bought and mentioned that she had been given by a relative,

they followed up with the relative to establish the truth. The reason for this was to prevent them from taking money from men that would lead them to engage in sex.

A few mothers were convinced that they were bringing up their daughters well because they had not had unplanned pregnancies compared with most girls from the village. They were selective in the places they allowed them to go and relied on siblings as informers. A mother who felt that her family was very helpful in ensuring that her daughters did not engage in sex talked about how the family monitored them in the following excerpt:

Instead of going to visit their relatives they go to church...I allow them to go to church because they go with their brothers and when they finish singing, they can move around but they have a limit. They don't just go anyhow. Now if any of them misbehaves [talks with men], the other siblings will inform me [IDI # 28, 54 year old married mother].

Even in both parent families young women sometimes contributed to the family needs using the money they got from transactional sex. Young women who said that they contributed to their families' economic needs mentioned that they could not openly disclose to their mothers about how they got the money from their sexual partners for fear of them telling their fathers. They survived by lying when asked about the money. They said, however, that they thought that their mothers must have been aware that they got the money through sex even though they did not ask.

A 22 year old *msimbe* woman said that when she bought supplies for her family from the money she had got from her boyfriend, her mother asked her the first time she did this, but as she continued providing, her mother never asked her again.

When she asked me, I just lied to her that I picked it somewhere...she never asked again [IDI # 9].

Young women interpreted the inconsistencies in mothers monitoring techniques to mean mothers approved of their engagement in transactional sex.

Father's presence in the family

Fathers' monitoring role in their daughters' sexual activities was clearer compared with mothers. Unlike mothers, they were not immediate beneficiaries of gifts from their daughters' sexual partners. They therefore had clear rules and expectations about their daughters' sexual behaviour with the biggest expectation being abstinence. They monitored the time daughters returned home from errands and did not expect to see them talking to men they suspected

would be sexual partners. They expected mothers to know most of their daughters' sexual behaviours and inform them in case they suspected sexual activity. Some shared a sleeping house with them with a hope of controlling them from sneaking out at night to meet their sexual partners. For those whose daughters slept in separate houses, they sometimes checked on them at night to ensure that they had not sneaked out.

If a father hears that her daughter has started doing such things, he will beat that daughter so much and put rules at home that it is forbidden to walk at night...by 9.00pm all girls should be in bed [IDI # 12, 24 year old boy].

Parents' sleeping in separate houses from their young people was a major challenge for parental monitoring. Even though fathers tried to be strict on their daughters, young men said that they still managed to sneak the girls out from their homes at night and went to have sex with them. They knew when fathers would be inspecting on their daughters and made sure that they were back early:

The boyfriend will come at 10.00pm. Now father will be sleeping knowing that all the girls are in the house. He will wake up at 5.00am and find that all the girls are there, but actually the girl went out and returned [IDI # 12, 24 year old boy].

With regards to family structure, a fathers' physical presence in the family was debatable. While some participants felt that a father's physical presence was important in determining young people's sexual decision making, others thought they did not make a difference and hence children in single mother families fared in the same way as those with fathers. Some argued that family structure did not necessarily prevent young women from having unplanned pregnancy. They, however, acknowledged that although young women from families with fathers received strict control compared with those living with mothers only, daughters from families with a father had to be very secretive in their sexual relationships and thus most of their sexual encounters were opportunistic. Hence a father's presence seemed to enhance secrecy in young peoples' sexual activities but did not prevent them from engaging in sex. A mother talked about this in the following:

There is no difference, concerning the issue of pregnancy by family type. I can say although a girl with a male parent can be tightly controlled, she will use all her opportunities. So the issue of unplanned pregnancy can happen in any family [IDI # 45, 35 year old married woman].

Those who believed that father's physical presence made a difference in the control of young people's sexual behaviour, argued that this worked through the fear they created with their

children. One participant who perceived a father's presence in relation to behavioural control as important said:

If a father is there, children fear. She is sent on errands but she fears to do it [sex]. Even if she gets it [pregnant], she will make efforts to abort so that they can't know it at home. But if she lives with mother alone, and mother is a very quiet person, if she is asked 'why are you like this [pregnant], she just keeps quiet [IDI # 7, 35 year old mother].

One male who felt there was a difference in children's sexual behaviour between the male headed and female headed said:

You know in families headed by fathers, daughters sometimes fear. So it is not easy for her to engage in sex ...she guards herself very much....She fears that if father knows about this issue, he may quarrel me. But in homes with mothers, even if she knows it, she understands that this is a normal thing because even herself [mother] is a msimbe [single] [IDI #41, 42 year old father]

It is interesting to note that most of the participants who strongly felt that a father's physical presence was important in controlling their children's sexual behaviour were those from single mother families (e.g. single mothers and their children). They said that a father's physical presence was protective against premarital sex and unplanned pregnancy. Their feelings could be explained as resulting from their own experience living in families without fathers and hence, their assumptions that they would make a difference. A 20 year old *msimbe* woman who shared this view said:

For example, if you find that their father is very stern, there are very few who get pregnant [IDI # 8].

In addition to the monitoring role, fathers played an active protective role to their daughters when they were harassed by men who seduced them. Fathers believed that their daughters did not get pestering from men (potential sexual partners) because of the fear men had about them (girl's father). This was in agreement with what young men reported about fearing girls from families reputed to have very strict fathers. This may mean that girls with such fathers may have been more protected than those from single mother families or those with non-caring fathers. Two primary school girls said that they had informed their fathers when they were beaten by men for refusing to take money they offered them. Their fathers warned the men responsible. One of the two girls said:

One day I was at the weekly market, a certain man gave me money but when I refused he started beating me. I came and told father because he really hurt me. Father made a follow up on him and when he got him he told him 'you have injured my child, now are you seducing her by force?' [IDI # 16, 15 year old girl].

The parent to the second girl (14 years) talked about the way their daughter reported the harassment she got from a man in the following

She said “Father, so and so came and hugged us and touched my breasts. We were two”... fortunately she had hardly finished talking when that boy passed [along the road]. Her father called him and asked him, “How did it happen that you touched her breasts?, I am not happy with this habit and if you continue, I can sue you”. He was warned and he never repeated again... he feared and ever since that time I have never heard any complaints of her being seduced or treated unfairly by men [IDI #14, 34 year old married woman].

It is noteworthy to mention that girls in this context were also exposed to other risks such as forced sex and touching. As presented in the above examples, gifts/money were used to lure them into sex and if they refused they were sometimes harassed by men.

Fathers’ protection for daughters could be classified into direct and indirect. The direct protection could be related to the direct communication about abstinence and the follow up on their activities so that they could not get in situations that would lead to sexual activity. The indirect protection could be the one related to their characteristics (e.g. harsh, lenient) and the way other men (daughters’ potential sexual partners) perceived them and as a result decided to or not to seduce their daughters. For example, if they were perceived as harsh, they believed men did not pester their daughters. Notwithstanding, some parents reported that solely fathers’ efforts in the control and monitoring of their children’s sexual activities would not help. They mentioned that collective family efforts involving all adult family members had been more useful.

8.3 Parental control of young women’s sexual behaviour by schooling status

There was a feeling among most people that, it was useless for parents to monitor the women who were already sexually active, and those who had already had a child out-of-wedlock. Moreover, unmarried young person’s pregnancy was perceived as a sign of failure on a parent’s part. A female parent talked about the reputation of *wasimbe* as follows:

*They can’t follow up a *msimbe* because she has left school, she has a child, you can’t get bride wealth. A school girl and the unmarried woman without a child are followed up most [IDI # 30, 37year old married woman].*

Since most of the parents lessened the control for their children after they completed school, most of them reported that that is the time the girls had unplanned pregnancies. They were free to travel and engage in petty trade compared with when they were schooling. As presented in the suggestions (chapter 9), this may imply that there is a need for special activities to keep the

out-of-school young women busy and for the parents to realise that they still need to monitor their out-of-school daughters.

Although marriage is still the preferred goal for most parents concerning their daughters, some changes seem to be happening in a few families. A few parents are shifting their primary focus from marriage to education. However, this shift is rare in this setting and is not the main motivation for parental control and monitoring. In fact, marriage is still the motivating factor for most parents to monitor their daughters' sexual behaviours. It is noteworthy to mention that there were a few parents who thought differently and encouraged their daughters to focus on their studies instead. They reminded them about the value of education and the way education and premarital sex were not compatible.

If she understands that I have come to have education, she can't have sex, but if she mixes those things, it can't work. She has to be stern to men [FGD # 4, female parents].

On the part of young people, a few felt that they had to abstain from sex so as not to disappoint their parents and to ensure they achieved their preferred goal of success in their education. A school girl who felt that her single mother was spending lots of money on her education said:

Mother said that at present married women are nothing... it is just education... Your parents spend money and you get pregnant or HIV/AIDS, you better protect yourself until you complete school [IDI # 26, 17 year old girl].

8.4 Techniques used by mothers to monitor their daughters

Some mothers had adopted different ways to monitor their daughters and to ensure that they did not engage in sex. Examples of these: were verbal warnings; use of trickery (faking stories about their daughter in order for them to talk about their sexual activities); use of other family members and relatives as informers; and physical examination of their daughters' private parts. The commonest monitoring technique was the use of informers (e.g. relatives and other family members). Informers informed parents about their daughters' sexual behaviour when they were away from home.

Only one mother mentioned that she used the technique of physically inspecting her daughter's private parts. She did this to her 15 year old primary school daughter at night when she was asleep. Her intention for doing this was to ensure that her daughter remained a virgin. In order to facilitate her inspection, she used scare tactics such as telling her daughter that if she slept with clothes on, she will not be able to give birth. This is because she wanted her

daughter to sleep without underwear so that she could easily inspect her private parts. The 34 year old mother talked about how she went about following up on her 15 year old daughter's sexual activities after getting information from a neighbour in the following:

My neighbour told me, 'this woman will spoil your daughter because there is a certain boy who meets her at her home [woman's]. So I decided to investigate because I cannot just take action without having enough evidence on the matter...Apart from that I always have a tendency of sparing some time during the night when she is sleeping ...I usually go to check in her private parts. Since last year I have been doing that work...I always check to see if she has already slept with a man... it can be seen if someone has broken her virginity...I usually touch in her private parts and if she turns around I tell her 'sleep well, cover yourself' ...you had slept naked. Then I pretend to cover her to conceal my intention and yet inside my head I know what I am after [IDI #14 34 year old mother].

The monitoring techniques such as the one presented in the above excerpt though may appear satisfying to the mother, portrayed lack of confidence in her daughter's behaviour and lack of respect for her privacy. This mother thought that by touching in her private parts she could know if her daughter had engaged in sex and thus find a reason for reinforcing her advice about the consequences of premarital sex. Unfortunately, by the time she thought it was right for her to communicate prevention messages, her daughter had already had sex.

Another unique monitoring technique that was employed by a few mothers to their primary school daughters was the use of trickery. Some mothers said that they discouraged their daughters from having sex by deceiving them that they had seen them with men. This was also used as a way to get them to talk about themselves and hopefully about their partners if they had any. However, this technique seemed to encourage defence instead of the openness that mothers had expected. A mother who had used this technique and thought it worked said:

It is a trick, because I just formulate things that I have not seen. I start telling her, 'I saw you there, do you want to deny?'...'Now do you want me to bring him [man] here? ...or should I tell you to bring him'...She tells you, 'mother you know, I was asking him to pay me my debt' ... then I tell her, don't do it again [IDI # 7, 35 year old mother].

Similar to the mother who employed physical checks, the mother in the above excerpt did not have respect for her daughter. She had no confidence in her daughter's behaviour as seen in her use of tricks to manipulate her to talk about something that she (mother) imagined existed. Since school girls knew they were expected to abstain, they would not have talked about their sexual activity with their mothers and hence the mother's use of trickery. It can be argued that mothers' use of trickery to get daughters to talk about their sexual relationships is a

contradiction to the societal expectations on secrecy in sexual relationships. As much as mothers may not talk about sex with their daughters at the right time, it is clear that they are interested in knowing when they became sexually active. When daughters were away from home, they suspected them for engaging in sex as reflected in their use of tricks to get them to talk about something they (mothers) imagined.

Some of the monitoring techniques employed by mothers such as hanging around their daughters' sleeping place at night were clearly not effective in preventing their daughter's from engaging in sex. This concurs with what some of the participants had mentioned about the most effective control of young people's sexual activities as being the young people themselves. Some of the parents acknowledged that since they were not with their children everywhere, it was up to the children to control themselves and not their parents. Two young women now married talked about how their mother (case 2, appendix A1) had thought that she was monitoring them but in reality she was deceiving herself. One of these young women said that they (sister and her) had been cleverer than their mother because despite her monitoring them, they still managed to sneak out at night to meet their sexual partners:

Sara (26 year old married woman) slept in a separate house from her mother. She shared this with her elder sister. Every evening their mother used to stay in the house where they slept chatting with them until 10.00pm. She could then wake them up at 5.00am. But despite of their mother being with them most of the time they still managed to sneak out. She used to sneak out at 11.00pm. and come back at 4.00am She put it as, 'We had very complicated/hard science. Mother could never be able to see us. She wondered how both of us had unplanned pregnancy [case 2, appendix A1, PO notes].

While some mothers encouraged their daughters to engage in transactional sex, some were very much against it. The mothers who were against their daughter receiving money/gifts from men and probably having sex were so much more alert concerning any new item they saw their daughter with. They applied physical discipline through beatings whenever this happened. A 20 year old *msimbe* woman who had been beaten for taking money from a man talked about her experience as follows:

*She beats me when I take money from men, she tells me that I shouldn't accept that money...she also beats me when I come home late...She says I was late because I have been with a boyfriend. She has forbidden me to return home at night [IDI # 10, 20 year old *msimbe*].*

This parent's monitoring techniques seemed to have worked for her daughter because the 20 year old *msimbe* woman in this example said that when she got married at the age of 16, she

was a virgin. She was instructed about how to have sex by the same mother and grandmother. She also said that when the man who had married her approached her for sex (before marriage), she told him to come and talk to her mother about it. That is when the man came with a marriage proposal and married her through *bukwilima* (traditional marriage ceremony). Unfortunately the marriage lasted for less than a year. Young women's marriages not lasting for long could be attributed to the lack of opportunities for them to know their spouse properly before marriage. Since some of the young women acted on parental instruction that if a man seduced them they should tell him to come and see their parents, this is what some did. They finally ended up with partners they could not cope with. Therefore, as shown in the above examples, a few of the monitoring techniques seemed to work to stop premarital sex while most did not.

8.5 Family structure and control and monitoring of son's sexual activities

Generally, parental monitoring of their sons sexual activities was very minimal compared to their daughters. Sons were not controlled as closely as daughters were, partly because of the traditional norms around masculinity but also because parents believed that they could not bring burdens to their family as a result of unplanned pregnancy. As presented in chapter 6, only a few parents said that they sometimes followed up on their sons' whereabouts because of the fear of HIV/AIDS and because of the consequences of making a school girl pregnant.

Mothers' role

The role of mothers in their sons' sexual decision making emerged to be in two directions e.g. permitting or restricting. Mothers in some families especially the female headed families seemed to value their sons very much and hence were more permissive towards their sexual activities. They said that they respected them and did not question their activities because they thought it was not proper. They in fact used them to monitor their sister's sexual activities.

The reputation of the girl and her family were major determinants of whether a mother would encourage or discourage her son in having a sexual relationship with her. Some young men mentioned that their mothers talked to them about sex when they saw them talking with a girl they guessed was their sexual partner. Out-of-school boys talked about their experiences in the following:

Mother can accidentally see you with a certain girl and she asks you... You can decide to deny ...and she starts telling you, 'you are supposed to marry her or to leave her, if

her behaviour is bad...Their home has bad behaviour or she has bad behaviour [FGD # 3, out-of-school young men].

Fathers' role

Some of the fathers said that they knew when their sons had gone out to look for women. They were not bothered with this so long as their sons had completed their tasks at home. As presented in chapter 6, parents' toleration of their son's sexual activities may in part be out of the beliefs about masculinity and the opportunity for their sons to practise sex while still young. In a group discussion with out-of-school young women, they said that most parents did not ask their sons about where they had been because it was part of their culture for boys to be free.

R1: The boys are not asked because it is our traditions. A male child is not followed up in families

R2: You cannot follow up a male child because he cannot bring a loss, but this female child can bring a loss. The loss is about pregnancy. She can get a boyfriend out there and become pregnant. Now it is mostly the parent who will struggle [FGD #17, out-of-school young women].

A young woman talked about her experience as follows:

But my brothers can sleep out...father asks, 'where is so and so', he is told and he doesn't say anything...but when I [girl] spend a night out, immediately he arrives [from step-mother's home], he asks, 'where is so and so, where did she sleep'. When you arrive he asks, 'where did you sleep and why didn't you ask for permission' [IDI #44, 20 year old woman].

The only incidences when fathers were explicitly against their sons engaging in premarital sex were if they were still pupils or if they had sexual relationships with school girls. In such cases, young men were told to stop. Fathers sometimes used threats such as taking them out-of-school and forcing them to marry. Concerning the consequences of making a school girl pregnant, it was mainly the young man's parents who bore the consequences. Due to this reason, young men sometimes ended sexual relationships with their girlfriends when they realised that the girls were still schooling.

A young man talked about his experience in the following:

We were both visitors in that area. She had come to visit her brother. Then we started the relationship, but when I realised she was a pupil, I stopped because once you make her pregnant, it really becomes a loss...because first of all you may risk your life, you may be imprisoned for many years or if you run away, then, your parents may be fined. So it becomes a loss [IDI # 6, 20 year old man].

It is evident from this excerpt that fathers played a role in young people's selection of sexual partners. Young people who were considerate about the problems they would cause their parents and themselves if they made a school girl pregnant avoided having sexual relationships with them. It is interesting to note that although some of the out-of-school young men have become careful about having sexual relationships with school girls, school girls appeared willing to have relationships with them as seen in their behaviours such as concealing their schooling status. School girls' interest in the out-of-school men as sexual partners could be attributed to the financial benefits they got from them.

8.6 Role of other family members in control and monitoring of young people

The role of other family members in the control of young people's sexual activities was different for the boys and girls. As mentioned in the previous sections, brothers helped parents monitor their sister's sexual activities. For example, whenever they saw them with a man whom they suspected to be a sexual partner or at events such as discos, they would either beat them or inform their fathers about it.

The role of male family members in the control of younger females was more pronounced in the single mother families. Single mothers said that a male's physical presence in the family was important in preventing young women from engaging in sex. One single mother who thought her 17 year old school boy's presence had been helpful in controlling her 21 year old daughter said:

She [daughter] feared him [younger brother] than me...She fears her younger brother because he is a man...when he is at home she returns early...Also, her brother questions her for chatting with men [potential sexual partners] [IDI #45, 35 year old single mother].

While brothers controlled their sisters and could not tolerate them having a sexual partner, they did not expect their sisters to do the same to them. They felt that as brothers they had to protect their sisters and ensure that they had good behaviours (abstained). This is illustrated in the following FGD:

I can't bear to hear that my sister has a boyfriend...I must tell her openly that 'I don't want to see you having a relationship with a boy...At night when you go to sleep, you should sleep in and not go to your hawara'. I am her brother, I have to be firm to protect my sister [FGD #2, secondary school boys].

In addition to brother-in-laws, other relatives (e.g. aunts, married sisters) did not seem to follow up on the sexual activities of the young people they lived with. For example, they did not offer advice or restrict their movements thus making it easy for them to engage in premarital sex.

A 20 year old girl talked about her experience in the following:

Like when I was living with my aunt (single mother), she just allowed me [to have boyfriends], she never asked about my movements [IDI # 8, 20 year old msimbe woman].

8.7 Family/parental control and when/where sex happens

Informal conversations during participant observations showed that most sexual partners (men) sneaked into their girlfriend's homes at night when their parents were asleep. Family type seemed important in helping with parental control. Most of the young men reported that it was easy for them to sneak into their girlfriends' homes in single mother families than in those where a father or brothers were present. This was also easy for girls who had a separate sleeping house from their parents. Young people sleeping in separate houses from their parents made parental control and monitoring difficult. The inadequate parental monitoring and control of their young women can be attributed to the poor socio-economic circumstances in the individual homes where parents could not afford to build large houses but also because of the cultural inhibitions on father-daughter relations as shown in the following example:

It is not proper for a parent to discuss or have sex when their daughter is hearing. It is impossible for me to do that. When my daughters grow up I will build for them their sleeping house a distance a way from mine [PO notes, male parent].

While some parents were against sharing a sleeping house with their adolescent children, others with large houses mentioned they did this for ease of monitoring of their daughters at night. Those few who did this seemed to ignore the cultural inhibitions. A male parent reported that he was aware of when and where sex happened and thus he shared a sleeping house with his daughters. He said that his sons could do whatever they wanted because they cannot become pregnant and that if they made a girl pregnant they could still refuse responsibility:

I sleep with my daughters in the same house so that I can prevent them from becoming pregnant. This is because if they sleep in a separate house on their own they can bring boys. But for the male children, even if they make a girl pregnant, we can refuse it, but for the girls if they get pregnant I have to bear the burden here at my home because you cannot refuse the pregnancy and she is carrying it. It will also force me to start the work of looking for whoever made her pregnant [PO notes, male parent].

The parent in the above excerpt assumed that the only time her daughters could engage in sex was during night time. This did not clearly reflect the actual nature of relationships in this setting in which most of them were opportunistic and did not necessarily happen at night. This is a clear indication that although some parents may try to make an effort to control their daughters, they may be doing it ineffectively because of the narrow focus they had about young people's sexual activity.

However, despite strict parental control on daughters, men reported that they still managed to get access to their girlfriends secretly at night when their brothers and parents were asleep. A 24 year old boy talked about his experience in the following:

In fact girls have so many tricks, if she had told you to come and collect her, you will knock [door/window] and she will open and leave with you [IDI # 12].

Since some parents resisted their sons' engagement in sexual activities, young men had to keep their sexual relationships secret. They were concerned about being forced to marry a woman they did not like just because they had a sexual relationship with her. Young men therefore distinguished between partners for marriage and those to 'play with'. They reported that for the 'play with' partners, they handled relationships with them very secretly so that their parent could not know. For the girls they loved and perceived as potential marriage partners, they did not mind being seen sneaking them in their huts (where they slept).

A male participant talked about this in the following:

If it is someone to play with you bring her home at night when the old man [father] is asleep in his house. Then you remove her before he wakes up [father] FGD # 13, out-of-school young men].

8.8 Parental control and risk mapping

Most of the parents were aware of the risky places and times and hence tried to prevent their children from going there because they were associated with increased sexual activity.

Examples of these were social events such as discos and video shows and celebrations such as New Year, Easter and Christmas. For example, discos and video shows were believed to encourage sex through arousal of sexual desire that came from the pornographic movies and the dancing styles that were deemed sexualised in nature. They were also perceived as ungodly and associated with HIV risk:

I talked to them about protecting themselves and about walking at night, perhaps to go to the disco and such things...things that stimulate body lusts...Ee, the disco stimulates

body lusts because the disco is conducted at night, you find that the clothes they put on are unpleasant ...they dance half naked [IDI # 38, 50 year old father].

Even though parents controlled their children from going to video shows or discos, some young people still went to these places secretly. In particular, attending discos was seen as a more extreme activity for a 'well behaved' woman. Some male participants, who attended discos, said they would never allow their sisters to go to such events. They, however, mentioned that when they attended, they expected to dance with girls. They perceived such girls as promiscuous and spoiled 'beyond repair' (*walioshindikana*) and only fit for such entertainment but not long term relationships. In some instances, a girl found attending discos would result in her being expelled from home.

Mary (case 2, appendix A1) said that there was a time when Neema was performing in the disco in their village. When Neema's father heard about this, he said that she should not return home and that if she came, he would kill her. Neema feared this threat and decided not to return home but went to the lakeshore fishing community. Since then [a year] they did not hear about her until today when she saw her at the dispensary. Neema had come back home to her parents after falling ill. Mary said that she thinks that she is infected with HIV [PO notes].

The above example is a clear indication of the fears that young people may have concerning parental punishment for socially disapproved behaviour. Young women decided to react against a father's threat such as being killed if they went back home. Young people may get themselves into more risky behaviours because most go to live with friends and relatives who are less strict. For instance, the lake shore fishing communities like the one where Neema went to live are reputed to be high risk. They are full of young people, most of who have run away from home due to strict parental control and other disagreements. It is possible that the parental fears may not have been real had the girl turned up at home on the day. This is reflected in the welcome they get when they come back home sickly after being away for several months or years. They are welcomed back by their parents who then start nursing them.

Parents acknowledged that it was difficult for them to have total control over daughters because they sometimes leave home alone to go to church, market, fetch water, or visit relatives among other activities. They said that girls are approached by men for sex when they are on errands. Therefore, some of the participant's views about no one being able to successfully control young people's sexual activities other than the young people themselves

seemed realistic. This is because of the secretive and opportunistic nature of most sexual encounters.

8.9 Discussion

Parental control and monitoring varied with the family type, schooling status of the young person and the child's gender. It was also linked to the ability of the family/parent to provide for material needs for their children. The gender differences in parental control could be attributed to patriarchal conditions that socialised male children differently from the girls and expected them to be aggressive in seeking girlfriends while girls were not. The focus on girls regardless of schooling status was also because they wanted to prevent them from engaging in sex, and hence preserve their family reputation but also because of the economic benefits the families could get when daughters got married. Similar reasons have been observed by other authors (Kinsman *et al.*, 2000, Roth *et al.*, 2001, Wight *et al.*, 2006a). It is noteworthy to mention that evidence on the influence of parental control and monitoring on young people's SRH outcomes in SSA is scant. A few studies (as above) generally point to the parents focusing on girls while boys are not subjected to strict parental control.

Parents who did not provide material needs did not seem to have authority over their children. Due to limited economic resources in most single mother families in comparison to those with both parents, they were unable to provide for their young people and hence unable to control and monitor their sexual activities adequately. Wight *et al.*, (2006a) had observed similar findings where he notes that parents were losing their power over their sons' decision making, because they could no longer afford to pay for bride wealth for them to marry.

Young people from the single parent families received little control regardless of their schooling status. This was because in most families, the parent was rarely at home as she had to engage in economic activities to earn a living. This meant that young people from such families had lots of freedom and hence exposed them to sexual activity and risk of SRH problems. It is noteworthy to mention that even in the both parent families, there were moments when both parents were away attending a function or because the father was polygamous and the mother would be out attending to other activities. Other researchers (Rwenge, 2000, Twa-Twa, 1997) have reported similar findings. For example, in Uganda young people reported that their sexual activities happened when parents were away or when they were staying with other relatives (Twa-Twa, 1997). The interpretation of parental

presence as a restraint observed in the above studies is consistent to that reported by parents in this study.

Although several studies (Ngom *et al.*, 2003, Twa-Twa, 1997) have noted that the presence of a father in the family as protection against undesirable SRH outcomes (e.g. unplanned pregnancy), this did not seem to be the case in this study. For example, Ngom *et al.*, (2003) observed that the presence of a mother alone appeared to be negatively associated with the reproductive health of the adolescents living in slums. He observed that the direction of the relationships between parents presence and adolescents' reproductive health experience is noteworthy when the father is present in the household: girls are less likely to be pregnant; to have ever had sex; to be sexually active; and to have experienced unplanned pregnancy as compared with the adolescents whose father do not live in the same household. However, in this study, the commonness of unintended pregnancy did not seem to differ with a father's presence. What differed most among the young women from the single mother and those from both parent families was the way they handled their sexual relationship, with girls living with fathers being more secretive than those living with mother alone.

Parents employed a variety of techniques to monitor their daughters' sexual activities. Some of the techniques involved physical inspection of their daughter's private parts and use of tricks to get daughters to talk about their sexual activities. These techniques showed that mothers had low respect for their daughters. There is a dearth of studies from SSA on the specific control and monitoring techniques employed by parents. However, studies conducted in developed countries have noted techniques such as following up on daughters' whereabouts and monitoring how they spend their money (Wight *et al.*, 2006b). I would like to mention that some of the monitoring techniques (e.g. physical inspection of private parts and use of trickery) employed by parents in this study are unique and have not been documented before in the literature reviewed. Again, as noted by WHO (2007), the measurement of parental control and monitoring may be varied across cultural contexts thus making comparison of findings a challenge. Generally, what some authors (Wight *et al.*, 2006b) have classified as low parental monitoring has been associated with early sexual activity, more sexual partners and not using condoms among young people in developed countries.

In sum, this chapter has focused on what parents did to control and monitor their young people's sexual activities. It is clear that this was determined by their beliefs and expectations

about sexual behaviour. The following chapter (9) focuses on the nature of sexual relationships, challenges to positive parental influence on young people's sexual behaviour and suggestions on working with parents to improve young people's SRH.

Chapter 8: Key points

- Parental control and monitoring of young people's sexual behaviour varied with family structure; gender of the child and parent; schooling status; a daughter's past experience of unplanned pregnancy; and the child's role in the provision for the family's economic needs
- Parents/families that rarely provided for their young people's economic needs had little control over their sexual activities
- A father's physical presence was perceived as important in the control and monitoring of young people's sexual activities
- Young people from single parent families received little control and monitoring compared to those from both parent families
- Parents employed a variety of techniques to monitor their daughter's sexual behaviour
- Other family members especially males played a role in the control and monitoring of female family members sexual behaviour
- Relatives and older sibling of the same sex made parental control and monitoring a challenge because they sometimes encouraged and facilitated young people's sexual activities.

CHAPTER 9

CHALLENGES TO POSITIVE PARENTAL INFLUENCE ON YOUNG PEOPLE'S SEXUAL BEHAVIOUR AND WORKING WITH FAMILIES TO ENHANCE SRH

9.0 Introduction

This chapter provides findings on the nature of young people's sexual activities whereby the role of other family members is discussed and the effects of young people's sexual behaviour on their relationships with their parents. Next, are findings on the challenges that parents and families faced in ensuring safe SRH behaviours for their young people, drawing on the previous findings chapters. Also included are participants' suggestions of what they thought should be done to improve young people's SRH and how parents can be involved. It is noteworthy to mention from the outset that the nature of parenting adopted (e.g. control, provision of needs, communication about SRH) seemed to determine the nature of young people's sexual relationships. The main challenges for families and parents are lack of economic resources and appropriate SRH knowledge. This is further complicated by the cultural norms and the socio-economic changes happening in their society. The main suggestions related to these challenges were for the improvement of family economic circumstances and for the provision of SRH education for parents in order for them to be able to support young people adequately. Subsequently, a discussion is provided at the end of this chapter.

9.1 Nature of young people's sexual activities

As presented in the previous findings chapters, family members and relatives played both an encouraging as well as a discouraging role in young people's sexual decision making. The expectations that came with encouragement or discouragement were also contradictory and varied with gender, schooling status and family type.

9.1.1 Role of family members and relatives in young people's sexual decision making

Participants reported that other family members or relatives (not living with their family) had facilitated their engagement in sex. For example, this might be elder sisters, brothers, brother-in-laws and grandparents. In a group discussion with secondary school girls, they reported that

elder sisters helped to facilitate younger sister's sexual relationships by keeping them secret. Younger sisters took care of their elder sister's children at night so that they could sneak out to meet sexual partners. Grandmothers helped granddaughters to have an abortion using traditional medicine. Relatives such as brother-in-laws were also reported as encouraging their wives' younger sisters to engage in sex. For example, 5 out of the 14 young women interviewed reported that they had to succumb to pressure from an older relative to have sex with a person the relative wanted them to. Most of these sexual encounters were one-off and lasted for a particular visit to that relative's place. It is noteworthy to mention that the way respect was interpreted in this setting needs to be rethought as it seems to have an effect on young women's autonomy. Adults took advantage of this and were able to force young people to engage in sex just because they could not question them. The following are excerpts to illustrate this:

A 17 year old primary school girl talked about her experience in the following:

Brother in-law came with his friend and told me to have a walk with them. We later returned home and then brother in-law called me and told me to talk to that man in privacy...I told him, I couldn't talk to him...The man went away and came back on another day and found me and brother in-law at home. My sister had gone to the market. He started talking and then left...He came again on another day [third time] ...it is when I agreed and went with him [to have sex] [IDI #26, school girl].

14 year old primary school girl said:

I was seduced by a boy. I refused him...sister in-law said that I should have sex with him; I told her that I was still a student...But she just forced me to have sex with him. She said I should have sex with him even once...Then during Easter evening I went there and I had sex with him once [IDI #15, school girl].

Family control for their members' mobility is very important in their sexual decision making. As presented in the above examples, and in the case 4 in appendix A1, a good proportion of young women reported that they had one-off sexual encounters when they had gone to visit relatives. Two out of the five young women interviewed, said that they broke their virginity when they went to visit their married sisters and that their sexual encounters were arranged by their sister's husband.

Parents are quick to approve a marriage partner especially if he comes to them asking to marry their daughter because this usually involves payment of bride wealth. However, young women may still refuse to get married to a certain man even after parental approval. The consequences of parental pressure to a young woman may lead them to taking more drastic steps. For

example, as a way of escaping parental pressure to marry someone they did not like, they may elope with men they do not know well. An example of this is presented in case 4 in appendix A1.

9.1.2 Secrecy and young people's sexual relationships

Although strict parental control was believed to be useful in ensuring 'good' child behaviour, it also encouraged secrecy in sexual relationships as indicated in case 4 in appendix A1. Most of the parents acknowledged that although they could not stop their young people from engaging in sex, the fear they created through threats and warnings would help to reduce sexual activity. They reported that a well behaved child was fearful and that even though they engaged in activities that parents disapproved, they ensured that parents and other adults did not know. Both parents and young people perceived appearing in public with one's sexual partner as a sign of promiscuity and lack of respect:

Now a child who shows her boyfriend in public is a big disgrace. In fact I don't understand how she has been brought up...For a well behaved girl, if she is with her boyfriend and she sees her parent, she will tell the boyfriend to leave [IDI # 45, 35 year old married mother].

To be honest here in the village it is not a normal thing to walk around with your boyfriend because if people from the village see you, they will perceive you as malaya [prostitute]...I mean you will really have a bad reputation [IDI #44, 20 year old girl, msimbe].

Since parents preferred their children to be secretive about their sexual behaviour, it made it difficult for them to discuss sex with them. As presented in chapter 6, parents found it difficult to start a discussion without any reason. Secrecy in sexual relationships also made it difficult for young people to develop their relationships with their partners. Parents' feelings that young peoples' sexual behaviour should be kept secret could in part be attributed to their desire to maintain their children's respectability and also the family's reputation.

Parents were divided in opinion concerning their ability to influence their young people's abstinence behaviour because of their secretive nature. While a few said that they thought by talking to their children (without any signs that they were sexually active) would lead to abstinence, most who believed in seeing signs first, felt that this was not possible because they would not know when young people had started having sex for them to initiate the discussion. Those for the later view said that forbidding their children from engaging in sex may not really

help because by the time parents get to know about it, the young person will have become used to sex and hence it would be impossible to stop him/her.

While a few young men mentioned that they received encouragement from their fathers to engage in sex, some said that they feared their parents ever knowing they were sexually active because they would be punished. Those who mentioned that parents should not know said that they believed that sexual issues were confidential and not issues to be shared with parents.

This is illustrated in the following excerpts:

Mainly you can't show your parents that I have a lover, that is my secret, not that my entire village or parents should know ...you must begin with business...Now even if you will buy something, even if s/he will ask you, you will say that I am doing a certain business, and they actually see the business, that it is bringing income [IDI#33, 23 year old msimbe woman].

For sure parents can't know because that is a secret. When she leaves home, the parents know she has gone to fetch water...and yet she has gone to have sex [IDI #24, 18 year old boy].

As seen in the above excerpts young people mainly formed relationships while away from home and thus it was difficult for parents to know and initiate a discussion about SRH.

Most of the young people reported that they had discussed their sexual issues with a sibling of the same sex and that they had helped them keep the relationships secret from their parents. They did not inform parents about them sneaking a partner in the house they shared at night or them sneaking out. Siblings were sometimes bought gifts for their collaboration. A detailed example of this is discussed in case 1 in appendix A1:

Angelina said that she used to give her sister Tsh 100 or 500 for her not to tell their mother that she was sneaking out at night. Her cousin (Jacky) also received a favour of trust from her when she had her second pregnancy and Angelina did not disclose to her mother about the man responsible even though she knew him [PO notes].

Since most of the parents only warned against sexual activity after seeing signs that their child was sexually active, secrecy in sexual relationships delayed parental communication on SRH. Societal expectation of secrecy in sexual relationships may also be a barrier to the healthy development of young people's sexual relationships and thus lead to increased risk in the following ways: encourage multiple partners as other people do not get to know couples; lead to lack of use of protection as some sexual encounters happen opportunistically in places such as bushes where access to condoms is difficult; and encourages irresponsibility on the part of

men in situations where unplanned pregnancy happens, as men deny responsibility just because no one has seen them with a certain girl.

The example in case 4 in appendix A1, highlights the complexities inherent in the assumptions that young women engage in transactional sex because their parents do not provide for their needs. This and other examples presented earlier also highlight the complexities in parental control and secrecy that young people may want to maintain by engaging in an income generating activity so as to provide an explanation for exchange from sexual partners. It is clear from the examples that efforts towards abstinence for the already sexually active young women may only be successful in ending one relationship but soon after, a new one may start. This practice of frequent serial monogamy is more high risk than encouraging healthy development of one faithful monogamous long term relationship. As discussed by the participant in case 4 in appendix A1, a parent can only discourage one relationship that is known to him/her, but if a young woman is determined she will secretly start a new one with another sexual partner.

9.2 Effect of young people's sexual behaviours on their relationships with their parents/families

As discussed in the previous findings chapters, the reaction of the parent towards their unmarried young person's sexual behaviour depended on the family type, gender, and family socio-economic circumstances. Some mothers were more accommodating of their daughters' sexual activities because of the financial benefits and hence their relationships with daughters were even closer when daughters helped support their families with the money they obtained through transactional sex. In some of the families with both parents, one of the parents would disagree with this. In a few families, a daughter's sexual behaviour would lead to severe consequences for her family (e.g. temporary separation of the parents, violence against mothers especially if mother was perceived to have encouraged the daughter to engage in sex). In a group discussion with out-of-school young women most of whom had had unplanned pregnancy said:

If you tell mother [about the pregnancy] she tells father. Father will think that you had both agreed. ...Now father will be annoyed. He tells you both [daughter and mother] to leave his home...I mean father thinks that it is mother who encouraged you to get pregnant by helping you to go to men [FGD # 17, out-of-school young women].

Young people who did not follow parental advice on abstinence were sometimes punished by beatings, ranting, withdrawal of parental support and being expelled from home. The severity of the punishment varied with schooling status with those in school getting the harshest punishment. This was because of the consequences of unplanned pregnancy on their education which meant dropping out-of-school and hence a loss of family economic resources which had been invested in their education:

If s/he knows you have started having sex, s/he forbids you. If you don't want to listen, she can even expel you from the home [FGD # 8, primary school girls].

While most of the single mothers were reported as relaxed in the monitoring of their daughters' activities, it is noteworthy to mention that a few followed up and applied physical discipline to daughters suspected to be sexually active. The following is an example of what happened to a 19 year old girl with one child when she delayed returning home:

I [researcher] observed that Anna [19 years old] had a fresh wound on her arm and nail inflicted bruises on her face. She had gone to watch a video during Easter celebration and when she came back home late, her mother (single parent) beat, bit and scratched her face. Anna said that her mother is very harsh and usually beats them [Anna and her elder sister] when they return home late [PO notes]

A girl having had an unplanned pregnancy was mentioned as one of the things that limited parent-daughter closeness. The parents could withdraw their economic support and in addition ignored them or no longer monitored them.

Perhaps she gets her first pregnancy, her father scolds her, but mother is patient until she gives birth. While still breast feeding she gets another pregnancy, now you even ask yourself... 'now what should I do to her?' [FGD # 4, female parent].

Parents who really trusted their children and had high hopes in their education said that they were very disappointed when they learned that their daughters were sexually active. Some reacted by not eating on the day they heard about the news. There was one case of a parent not eating dinner when he heard that his 15 year old primary school daughter had succumbed to pressure from an intermediary to have sex. He beat the daughter for not reporting the issue to him and took legal action against the intermediary [woman who had organised the encounter]. The mother of the 15 year girl said:

When we gave him [father] food he said he was too grieved to the extent that food couldn't easily be swallowed... 'Just let me contemplate on how to deal with this girl [daughter]' [IDI # 14, 34 year old married woman].

The above excerpt clearly illustrates the way a young women's engagement in premarital sex can shatter their parents' hopes.

9.3 Challenges to positive parental influence

As much as families particularly parents tried to provide for their children's material needs; control and monitor their activities; and communicated about SRH, they encountered some challenges. Examples of these are presented below:

(a) 'Do what I say and not what I do' (Parents as role models)

Since behavioural control was also very much linked to role modelling, parents own behaviour was important in determining what they told their children concerning desirable sexual behaviour. For example, if a father had behaviours perceived as undesirable (e.g. heavy drinking, coming back home late in the night, misuse of family resources, and having extramarital sex), it affected the way his family perceived him. His power as family head and decision maker seemed to be challenged:

In some homes you find that father is an alcoholic, so whenever he goes drinking during farming season the children and their mother do farming...After the farm harvests, he goes to sell the paddy and uses the money on beer. Now because of that respect for him reduces [FGD #16, out-of-school young men].

A parent's advice on SRH to his children was also questionable if he was known to engage in extramarital sex:

If the person telling you has a behaviour of going after men or women, you can't be satisfied with what s/he is telling you...but if experts come from another place and say it, perhaps people can change [IDI # 32, 42 year old man].

Single mothers experienced the challenge of being good role models more than the married women. They often had sexual partners just the same way their unmarried daughters had. They sometimes sneaked their sexual partners' home and on occasion their children saw this. Some single mothers said that they were aware of the influence of their own sexual behaviour on their relationships with their children and thus tried to keep them secret. An example of such a mother is presented in case 3 in appendix A1.

One participant talked about this in the following:

Sometimes you find that she comes home with a man...now children have been seeing this happen. So it becomes normal behaviour [even for the daughters] at that home [IDI #41, 42 year old man].

(b) 'We go/change with the times'- Social and economic changes and parent-child relationships

It is evident from these findings that the process of social and economic change has impacted on the relationships between parents, their children and other family members. Examples of the changes that have been observed in terms of parenting are young people have more access to education and income and are making their own choices more often than they were able to in the past. The entire process of change can be attributed to: the expansion of education, mass media, emergence of new incurable diseases (e.g. HIV/AIDS), family needs provision dynamics (where young people are also providers), unstable families and emergence of new family forms (e.g. single parent and child-headed families). These changes have had an impact on how young people and parents relate. When parents compared contemporary child upbringing with the past, they reported that it was easier in the past. They talked about changes as indicated in box 1. They reported that there has been an erosion of the traditional communal parenting whereby every adult was responsible for the upbringing of all the children in their communities.

Box 1: Social and economic changes observed

- Reduced parent-child time spend together
- Young people are more educated than parents
- Young people are more confident to face adults than in the past
- Young people have access to more entertainment options e.g. videos, discos, radios
- Young people have more access to income
- Young people make their own choices about sexual relationships

A major change that has been observed in families as a result of these changes has been the time parents and their children spent together, particularly, the male children. Young men spend much of their time in money earning activities and later relaxing (hanging out with friends, watching video). Although parents complain about these behaviours, they acknowledge that they cannot do much to change them because they cannot provide for all their children's needs.

Most of the fathers said that traditional sexual socialisation avenues have been rapidly disappearing. They reported an example of this as the *shikome*¹¹ where all the male family members could sit and chat, discuss current issues and gossip. The *shikome* also offered an opportunity for the father/grandfather to discuss sexual issues and advise or incite their young men to approach particular girls or prove that they were man enough. Fathers or grandfathers would discuss their own sexual experiences in a proud way and in most cases tried to make their sons/grandsons feel that they are not as aggressive in seeking sexual partners. Male parents reported that young men have become 'trendy' and say '*tunaenda na wakati*' (literally meaning we change/go with the (modern) times). They no longer have time to sit and chat with their parents like in the past when they [parents] were growing up. A male parent talked about young men's preference for modern entertainment in the following:

R: They no longer make shikome, they go to watch television...But in the past for the male children...that evening fire was where we warmed ourselves...that was father's main class...that is where a father gives permission for his son to marry. Sometimes he could teach them about their clan/ancestry. But nowadays you find that most homes don't have shikome

I: Why don't they have shikome?

R: You find changes, young people say, 'we change with the times (trendy)'...now in the evening young people go to hangouts [market/village centres], now who will have time to light the shikome?...To be honest we can say that morals have deteriorated...we can say it is development but if I analyse it, they have deteriorated because young people rarely sit with parents to talk about morals, how to live because in most cases they are not at home ...they meet with parents at meal time [IDI# 41, 42 year old father].

On the part of young men, they were in agreement concerning the father-son relationship not being close. They reported that due to the present economic circumstances, they had to be away from home doing casual labour, and that whenever they had free time they preferred to spend it with fellow young men at the market centres chatting or watching movies. Some of the male parents interpreted unavailability of their male children for advice as parents having lost control over them and hence could not contain them.

As a result of young men not spending time with their parents, some male parents complained about being ignored by their male children. They said that they were lonely compared to the past when they could sit together and chat as a family. It is clear that contemporary entertainment systems are quickly taking over the time young men used to spend with their parents. This may mean that young men may not get vital parental advice and thus make their

¹¹ Evening fire lit outside the house, where male family members gathered for a chat before and after dinner.

own uninformed decisions. It also means that as male parents feel abandoned and ignored, the relationships they develop with their children are less close. They no longer feel obliged to correct them and apply the same punishments as they did in the past. For example, they reported that in the past (5 to 10 years ago), children who could not listen to parental advice were taken to clan elders and if they still did not change they were excommunicated from the village. In present times, young people who are disobedient are left to learn the hard way. Some male parents reported that young people were getting infected with HIV because they did not heed parental advice.

Some parents also felt that since most of their young people are more educated than them, they were more knowledgeable about SRH particularly HIV/AIDS than them. The male carers (mainly grandfathers) said, therefore, that they felt they did not know what to advise their young people concerning HIV/AIDS. Moreover, the grandparents mentioned that HIV/AIDS was a new disease to them as it never existed when they were growing up.

There is clear evidence that consumption patterns have changed from what they were when most parents were growing up, to the present time when they are parents. The challenge for most parents is meeting these changes as this is where young people's satisfaction with what their parents provide for them lies. Parents interpreted their young people's needs and consumption patterns for materials as being materially minded. They said that currently, young people liked pleasures as seen in their consumption of modern commodities such as watches and mobile phones and clothing such as jeans. This is illustrated in the following excerpt:

Modern young people like so many pleasures and to look smart. In the past people were not decorating themselves like they do at present. That is why their [present time] needs have increased so much. For example in the past people were not using lotions...Someone just bathes using soap and that is enough but at present you have to give her oil, lotion, creams to look smart [IDI #35, 42 year old father].

However, there were unique cases of parents who seemed to acknowledge that society was changing and that is why the values of their young people had changed from their own when they were children. One of the parents who had this view reported that strategies adopted to respond to young people's problems should reflect these changes and take into consideration the different contexts:

Every generation has its own things...Because in the past, there were no instruments of communication, for example, these phones...the bicycles came but the desire that

everyone should have it didn't exist...may be cows. At present cows are for old people...it is old men's interest, but for young men, no one has an interest in that...I mean it appears every generation has its own things... Therefore in order to prevent someone from doing something, you must have high powered strategies...but even though you can't prevent, you only reduce... Ee, now you must understand the surroundings that drive someone to indulge in such things [DI # 5, 71 year old father].

The participant in the above example divided changes that happened in their society as old and new. He presents differences in values, and finally acknowledges that young people's risky behaviour cannot be easily changed but can be reduced. He suggested (for what he referred to as) 'high-powered strategies' that take into account contextual issues of individual persons. This parent compared what was valued in the past (cattle) to what is valued at present (mobile phones) and acknowledges that values are different.

Since young people and parents appeared least prepared for the rapid changes a conflict seems to have emerged between them and thus have ended up blaming each other for the changes in behaviour. Parents blame young people for having changed behaviour and for being non-adherent to rules, while young people blame parents for failure to understand that they are living in a different era. As a result, parents have classified their children's behaviours as bad and ended up frustrated and taken drastic measures such as sending their children away from home or not providing for their needs. Although these measures may appear to solve the problem in the short term, they may be detrimental to young people as they may lead to risky sexual behaviour e.g. engagement in transactional sex in order to survive.

(c) Differing views between parents

Some parents tended to differ in opinion concerning appropriate child behaviour, especially on issues regarding dressing etiquette and engagement in social activities such as video shows. It was rare to find wives differing with their husbands and thus it is noteworthy to mention that this did occur to some extent. A 34 year old mother talked about how she differed with her husband when he bought trousers for their 16 year old secondary school daughter. She also talked about how she disagreed with him when he took their two daughters (16 year old and 6 year old) for a night video show. She said that she perceived this to be immoral and was concerned with the community perception of their daughters as being promiscuous. She however, did not succeed in convincing her husband to stop this and had to convince her 16 year old daughter to stop wearing the trousers by deceiving her that the community was gossiping about her being a prostitute.

It was evident from the above example that individual parent upbringing shaped what they perceived to be appropriate behaviour. When the mother in this example failed to convince her husband, she resorted to scare tactics so that her daughter would not wear the trousers. As much as scare tactics may work in the short term, they may not really work well long term especially as children grow up and realise that they do not hold any truth. Reasoning with the young person may be more valuable.

(d) Mobility of young people

High mobility of young people is a challenge to effective parental control. As they move within families, they may encounter different parenting styles and expectations which may be confusing. In addition, depending on the family type, levels of control may be varied making young people prefer living with the families with the least control. This in itself may be destructive to their development of acceptable healthy behaviours. As presented in the section on family types, some young people were forced by circumstances to live with different families while most did this out of choice. Young people who succeed to join secondary school in a different village were an example of those forced to change residence. This resulted in them renting accommodation near the school or living with a relative. This scenario though relatively new has resulted in young people headed households as secondary school education becomes widespread. Children headed families were reported to have limited control. This was one of the worries parents had about their children being at risk of HIV infection.

Parents mentioned that it is difficult to control the non-biological children they live with. They were lenient in their control because they feared the children interpreting their control as mistreatment. Some parents mentioned that one of the reasons young people went to live with different relatives was because some did not feel comfortable with a particular style of guidance (e.g. being followed up closely).

What makes a child keep saying that let me go to so and so is because of the annoyances/he gets...s/he is not comfortable... Asking him/her that why didn't you go to the farm? Now you confuse him/her...If his/her father is deceased, s/he will think a lot... 'if my father would be alive, I would never be humiliated like this'. You see you have caused him/her to think like that. So you just let him to be free... You just leave him/her. If s/he does something bad you just look at him/her so that s/he is comfortable at your home [FGD # 05, male parents].

It is clear from the above example that most parents found it difficult to effectively parent children who were not their own. This is an interesting observation that reflects the socio-economic changes that have been taking place in this society. This observation is also contrary to what has been observed about traditional parenting, whereby every adult had responsibility towards child upbringing (Goody, 1989, Ntukula and Liljeström, 2004).

In relation to HIV risk, some of the parents acknowledged that high mobility among young people was a risk factor for the SRH problems and attributed the high HIV infection rates to mobility. One of the parents who felt that young people's mobility was a problem said:

I think you can't reduce the risks of getting infections because someone will leave here and go to other places. After one week he will get that desire to have sex. He will see a girl and approach her and negotiate with her. She will agree and he will give her money and have sex with her. I think this is a problem you can't reduce the risks of getting infections [IDI # 2, 61 year old father].

As discussed in section 9.1, these participants' views are in agreement with what most of the young people had reported concerning how they had formed their sexual relationships. They had mentioned that they had found it easier to do this when they were away visiting a relative. They were also on demand as sexual partners in new places since new comers were much more valued. As noted in other studies, mobility has been found to be a risk factor for HIV because by the fact that most of the mobile people are able to travel, they may also be able to afford to transact sex (Bloom *et al.*, 2002, Boerma *et al.*, 2003). Moreover, when they travel they may not travel with their partners and hence likely to engage in casual sex (*ibid*). The illustrative case 4 (appendix A1) is an example.

(e) Gender power and decision making in families

Mothers being very close to their children though may be perceived to be important for mother-child connectedness, it was not favourable for mother-child effective control especially related to their sexual behaviours. Young people reported that they feared their father and not their mother and therefore could not engage in some behaviours (e.g. returning home late) when father was around. They reported that most fathers were harsh compared with mothers. Such perceptions have implications for mothers' ability to control their children's activities, because they already have misconceptions about their powers.

I: Why did you decide to tell father and not mother?

R: It is possible to tell mother but I decided to tell father because father has the final say...I mean he has the power to make decisions over any matter in the family [IDI # 22, 19 year old sec school boy].

Single mothers and the married women were in agreement about the challenge faced by single mothers in bringing up their children. They felt that they had a much bigger task in controlling their children when they reached puberty than the married women who got father's assistance.

A mother said:

R: In a msimbe family, you find that that woman has both male and female children. Then there comes an age when they grow up, for example when they reach standard 5, 6 or 7 or when they are in form 1. They start seeing themselves as adults also. So mother will be saying something and the child doesn't follow...they just think she can't do anything to us. But when father is present they can't disobey because the instruction/order comes from the father, so there won't be any child showing contempt

I: And why don't they listen to their mother?

R: In my opinion, they ignore their mother because they are with her most of the time starting from breast feeding ...they are so much used to her [IDI #45, 35 year old].

The above excerpt is a clear illustration of the challenges mothers face in controlling their children. As much as spending a lot of time with one's children has been reported to be important for parent-child closeness (Dornbusch *et al.*, 1985, Whitaker *et al.*, 1999, WHO, 2007), this did not seem to work in the same way in this setting. Mothers spending much time with their children seemed to have an effect on effective mother-child control.

(f) Gender differences in parent expectations of child behaviour

Young people's general behaviour was important in influencing the kind of relationship they had with their parents and other family members. In the families where the parent and other family members (e.g. older siblings) talked about the child's behaviour as being undesirable, they also reported limited interaction with the child. However, most of the participants mentioned that parents had different expectations from their male and female children. Their expectations were linked to material benefits and hence parents' expectations about what they could get from their children were much bigger than their expectations for what they could provide. While the female children were perceived as an economic resource that could accrue returns when they got married, the males were perceived as continued providers (in terms of labour and income) and protectors for their families.

Parental expectations for their male and female children were reflected in how much they were willing to invest in their future. Parents focused on male children's education rather than daughters and emphasised good behaviour would lead to success in life:

For the parent who has got ability to educate that child, s/he expects that when he (male child) gets a job he will support them [IDI #32, 42 year old man].

Good parenting was assessed based on one's daughters' respect and their ability to get marriage proposals. Marriage is something most participants perceived as success in life and hence it was an expectation all family members had for the female members. In addition, girls were perceived as commodities and hence parents and other male family members emphasised good behaviour that would lead to payment of bride wealth. The bride wealth earned through a daughter's marriage was sometimes used to pay bride wealth for the son to marry. Male parents talked about this in the following excerpt:

A girl is business...she is a commodity for her family [FGD 05, male parents].

While other parents thought that by ensuring good behaviour their daughter would get marriage proposals, others thought that luck and higher powers were in control. They acknowledged that as much as they had such expectations, there was a much superior power (God) in control. Parents' belief in superior power in the eventual outcomes of their children is important and has implications for parenting interventions. It could be interpreted to mean that parents may feel they have limited control in their children's future outcome as it is already predestined.

We are praying that this girl [aged 17] should get a fiancée and gets married...but now the person who gives that opportunity, may be we can say that it is God himself [IDI #5, 71 year old father, talking about her 17 year old daughter].

It is evident from this excerpt that much work is needed to shift parental expectations of what successful lives may be for their daughters and that this is not limited to marriage.

On the part of young women, their motivation for good behaviour was sometimes because of what they felt they needed to do for their parents/families and not what they could do for themselves. Still linked to marriage, most young women mentioned one of their motivations for good behaviour as being to attract suitors for marriage so that they could earn bride wealth for their parents for bringing them up. It is interesting to note that mothers mentioned that they had similar views to their daughters [about marriage] when they were young. Some talked about their own upbringing and attributed the ability to get married as having been due to the strict parental control they received when they were children. It is obvious that their own upbringing seems to have shaped what they emphasised as important for their daughters success. A mother talked about this in the following excerpt:

My worry was that first of all my parents brought me up and educated me...now why can't I control myself and at least earn them two cows...You see, I had to be careful while out there... My father was also strict.. Once you were back [from school] you

just work...and really we succeeded [got married] [IDI # 07, 35 year old married woman].

Apart from parental expectation varying with the sex of the child, in a few families they also varied by the child's birth order. For example, a few parents who had daughters as the first born mentioned that they expected them to be good examples to their younger siblings through their good behaviour. Such expectations seemed to shape what the parent told the child. A mother with high expectations of her daughter talked about what her husband advised their 15 year old daughter when they realised that she had changed behaviour from what they expected as follows:

... What I require from you is tolerance...you have to bear up with our condition so that you acquire some education may be you can be able to assist your younger siblings in future because we are almost old now... [IDI # 14, 34 year old married woman].

(g) Inability of parents to provide for their children's needs

As indicated in most of the findings, poverty characterises most of the families and as a result most are not able to provide adequately for their young people. Inability to provide adequately for their young people's needs had an effect on parental power over their young people's activities (sexual and non-sexual) and what they communicated with them about SRH. Sometimes, mothers gave contradictory messages because of the benefits they got from their daughters' engagement in transactional sex. For example, they encouraged them to abstain but at the same time shared clothes daughters had bought with money from sexual partners, or consumed food bought by daughters without questioning.

In some circumstances parents were forced to believe their children's explanations when they returned home late. These were when the parents were limited by forces beyond their control (e.g. not being able to afford transport and control school routines). The following is an illustration whereby a mother talked about her secondary school daughter's experience:

Because we don't have a bicycle for her to use while going to school...she can return in the evening and say 'mother transport was a problem'...those are the children's explanations. She is alone there and if she decides to do something [have sex] she can do it...but you just trust her [IDI # 37, 35 year old mother].

The above excerpt points to the fact that parents can only effectively control and monitor their children's activities, if they are able to provide for their material needs adequately.

9.4 Suggestions for possible improvements

When participants were asked about some of the things they think should be done to reduce young people's SRH risks, most suggested encouragement of abstinence; SRH education; access to condoms; access to HIV testing; improvement of families and young people's economic circumstances; and government policies restricting underage drinking and hanging out in the evenings. These suggestions varied from opinions that are ethically acceptable to those that are unethical and may not be practical. These suggestions are discussed in detail below:

(a) Sexual and reproductive health education

As presented in chapter 6, the SRH problems facing young people were mentioned as: HIV/AIDS, STIs and unplanned pregnancy. Most of the participants suggested that SRH education was the key to prevention and thus should be intensified. They suggested that SRH information should be delivered to parents and other adult family members and young people through seminars, flyers, peer groups and counselling. They suggested for the seminars to be given to anyone from the age of ten and should cover issues such as condom use, minimising number of partners and HIV/AIDS.

Some participants suggested that instead of the SRH education focusing on abstinence, it should focus on improving knowledge about HIV itself. Young people who concurred with this reported that stopping them from having sex was not a solution to the HIV problem. This suggestion seems reasonable given the little knowledge they had about how they could prevent themselves from the disease. A young woman who thought the solution about HIV risk could be to enhance young people's knowledge said:

If they [young people] are well educated about HIV/AIDS, they will be able to understand the reason behind being asked to change their behaviour [IDI # 35, 20 year old girl].

As discussed in the previous chapters, in the past, parent-child communication about SRH to both genders was in connection with marriage while the emphasis on pregnancy prevention before marriage was focused on daughters. At present, there seems to be more SRH reasons for parents and other adult family members to discuss SRH with young people of both genders. The challenge however, is that parents are not knowledgeable enough to tackle this issues as most of them mentioned that they did not have the ability to handle present SRH problems such as HIV/AIDS. Young people agreed with this and suggested that parents should

be given SRH education for them to acquire knowledge and hence be in a position to deliver this to their children. On the part of parents, they said that they should be educated first before their children. They said that once they had the right education, they would supplement and reinforce the education delivered to their children from schools and other sources outside the family. They would also deliver such information to other community members. A male parent talked about this in the following:

R: I should get counseling too, then I will be able to counsel my family about the disease.

I: But do you think if parents are counseled they can talk about AIDS issues with their children?

R: I can talk about it, I often talk about it and some of them listen to me...every household should be counseled [FGD # 5 male parents].

A mother talked about this in the following:

I: Can parents help to reduce their young people's risk?

R: Yes, they can help, the parents will be forbidding them, they will be pleading with them that if you can't stop completely, then it is better you use condoms.

I: Can parents tell their children that?

R: They can say so, even I as a parent can tell my child that if you can't prevent yourself, then you should use a condom...now we are all going to die of this disease [IDI #29, 34 year old mother].

The above excerpts indicate that parents are willing to discuss SRH and HIV prevention with their children. Although most of them have never done this before, they believe that if they are given the appropriate education, they could do this.

Young people and parents were clear about the specific issues they wanted to learn about, with the main one being prevention from HIV. They suggested that seminars be held in and outside the village and for them to be invited to attend. Others suggested that such education should be delivered to them in their homes. An out-of-school young man talked about this in the following:

Bring seminars once or twice in a month, come and educate the community here...because many people already know that there is AIDS and it kills...but they do not know how to protect themselves [IDI # 20, 23 years old young man].

There were a few parents who mentioned that they had benefited from attending SRH seminars that had been organised outside their village. They attribute their ability to talk about sex with their children as having resulted from the seminar. The feeling that having attended SRH seminar had helped them to overcome the cultural and social barriers to parent-child communication about SRH is a clear indicator of the benefits of such seminars. A further

interesting observation is the parents' willingness to put SRH education high on the agenda of the discussions in their families. Parents talked about this in the following:

I: And do you think parents can educate their children about sexual issues?

R: It depends, because I too used to perceive this as strange things to tell a child...I mean it looked as if I am allowing her to have sex...but after attending one seminar where we were taught that we shouldn't be shy, I had to educate the child [IDI # 37, 35 year old mother].

Similarly, a male parent said:

R: I think the family should talk or make this one of their main agendas...It [SRH] should be put open in families.

I: Who should talk about it?

R: The family, father and mother [IDI #31, 42 year old man]

On the contrary, while some parents felt that they were capable of doing something for their children's SRH, it is noteworthy to mention that some parents felt that the solution to their children's SRH problems lay with someone else (i.e. external sources like NGOs and health care personnel). They therefore felt powerless about being able to do anything to reduce their children's vulnerability to SRH problems. Those who held this view mentioned that they thought the best educator about young people's SRH would be a stranger (from outside the village). The reason for them trusting a stranger to deliver SRH education to their children was because they thought they would listen to strangers more than someone familiar. They also believed that strangers were more knowledgeable than themselves.

The following are three excerpts to illustrate this point:

I: What would you like to do to reduce the risks of your young people?

R: Now I have nothing to do here for my children to stop them from getting pregnant. We wait for experts you see...whatever you get there just bring us...to help them protect themselves...that is what we need...as for me, I can try to protect them, but they will just be seduced...I really don't want that to happen to my children, I want them to stay like that until later [complete primary school] [IDI# 7, 35 year old mother].

It is much better for a new person to explain about this than a person they are familiar to [IDI # 4, key informant].

I: Why can't you advise your children on such issues?

R: Because I am not an expert, they just know that I am their father...If you come with knowledge, they will listen to what you tell them... Mm, I am not an expert so they can't tell me their health problems [FGD #5, male parents].

Their trust for a stranger more than their own people is interesting and can be attributed to parents' lack of confidence in their own abilities.

As discussed in the section on role models (9.3), behaviours of adult family members seemed to be very important in determining the acceptability of the SRH advice they gave to their young people. This could be one of the reasons participants felt that strangers would be listened to more because their credibility among the villagers were perceived to be higher. In FGDs with female parents, they felt that parents should be educated to change their sexual behaviours first before they worked towards changing their young people.

Mothers talked about this in the following:

R: ...Now parents have to be educated about it to change their behaviours first, then they will teach their children, but if parents don't change their behaviours, the young people will just continue...s/he can't change her/his behaviour because s/he sees yours

I: What behaviours do you think the parent should change?

R: Another parent takes alcohol and has extramarital sex daily...without changing your behaviour [engaging in extra marital sex], the young person won't understand you [FGD # 4, female parents]

Contrary to some parents' views about a stranger being the right person to deliver SRH education to their children, most young people felt that parents would be the right people to do this. This is despite very few mentioning that their parents had ever talked to them about SRH. The reasons for young people feeling that parents would be the right people to deliver SRH education were because they respected them and believed they had experience in SRH issues. This is an interesting observation where some parents felt they are incapable of delivering SRH education to their children while children trusted that they are able to deliver it if given training. The parents' feelings of inability could also be a reflection of their discomfort talking to their children about SRH issues.

Although there have been HIV/AIDS intervention activities in the research setting (NIMR, 2005), participants felt that very few people were reached by them, and this are mainly those near the village centres. They therefore suggested for each village to have community health educators who could give SRH advice whenever and wherever required.

(b) Condoms

Despite the SRH intervention activities in the study site (NIMR, 2005), most of the participants' knowledge about condoms and contraception was limited. Specifically, most of the female parents had never seen a condom and were unsure of where to access them. In contrast, a good proportion of the male participants (parents and young men) had some

knowledge about them, although in practice very few had tried to access them. Participants asked for improved access to condoms:

We should continue getting advice and free condoms...because one may get a girl and think about condom use, but he doesn't have money to buy condoms. So he will have no option but to have unprotected sex [IDI # 24, 18 year old secondary school boy].

In FGD with male parents they said:

R1: They [condoms] are available but they are not so many, because they are just in some places.

R2: Another person lacks money so he says, "nyama kwa nyama tu" [direct skin contact], but actually he has no money to buy a condom [FGD #5, male parents].

However, although most men had an idea about condoms, there were some young men who said they did not know how to use them and requested advice on proper use. A few said that although they had tried using them, they were unsure of how they worked. They felt that seminars would help.

This is illustrated in the following excerpts:

He knows there are condoms but he doesn't know how to use them. Now if he takes condoms, how is he going to use them? Many people in the village don't know how to use condoms. And when he gets a woman he fears how to go and use it because he has never used it...so he does it bare [IDI # 20, 23 year old out-of-school young man].

They should give me instructions on proper condom use. We are using them, but may be we are not using them properly [IDI # 13, 19 year old out-of-school young men].

Although most of the parents said they had never talked to their young people about condoms and were not willing to, a few reported they were willing to if assisted. They mentioned that schools and non-governmental organisations (NGOs) would be very good initial condom information delivery channels to their children. Parents could then reinforce the messages through reminding and forbidding undesirable sexual behaviours.

As can be seen from the excerpts in this section they all come from men because they appeared to know much about condoms compared to women. Most women having no idea about them is a clear reflection of the operation of the structure of the cathexis in the gender and power theory (Connell, 1987). It reflects the gender differences in expectations where women are constrained in many ways by the cultural norms (e.g. abstinence, sexual inexperience).

(c) HIV/AIDS

According to some parents, the HIV/AIDS prevention strategy on delivering SRH messages to the public needs to be rethought. They reported that people were so much used to the messages and warnings through the radio programmes and village meetings and thus perceived AIDS as a normal thing. This implies a call for interventions to change strategies on SRH information delivery systems. A male parent talked about this in the following:

People in this village say, those are just issues of the past...we have been hearing about them. What new thing is he telling us, you see...we are always hearing these things in the radio...what are they telling us, they are wasting our time...let us go [leave the meeting], he has no brain [educator], he is just cheating us...That is pure contempt because it is something that has been said for many days, so they have now become used to that [IDI # 2, 61 year old father].

The man in the above excerpt however, suggested for a home to home visit instead of public meetings which he thought people were no longer interested in.

Some of the measures that were suggested may be considered unethical. For example, the suggestion that anti-retroviral treatment (ARVs) should not to be given to HIV positive people because they would regain their health and continue spreading the disease. Other suggestions included community display of scary images of seriously sick HIV patients in order to scare young people from having sex. Further draconian measures were: isolating HIV victims from the rest of the family; announcing the cause of death at their funerals for those who died from the disease; compulsory HIV testing and displaying test results to the public for everyone to know those who were HIV positive. They hoped such strategies would scare others and hence prevent the spread of the disease. The suggested measures are a clear reflection of the stigma attached to HIV/AIDS and the degree to which this is entrenched in this society.

(d) Improvement of family/young people's economic circumstances

Participants' beliefs about why young people engaged in premarital sex were reflected in the suggestions they gave about how their SRH could be improved. Those who believed that young women engaged in sex because of economic hardships suggested improvement of their economic situation and that of their families. Among some of the activities they suggested were for the introduction of micro-credit schemes to offer women capital to start petty trade which would not only earn them some money but also reduce idleness and thus indulgence in sex. They said that if women had their needs met, then they would not transact sex. In line with what most parents did, was the suggestion of reminding daughters to resist transactional

sex and avoid lust. Though easy to say, parents' constant reminders to daughters to resist lust for things they could not afford and endure hardship (e.g. staying hungry at school for the whole day), were a challenge to young people given the peer pressure to acquire basic items, as well as those of modernity. It was also challenging for young people to refuse money from men knowing it would help them meet their needs.

On the other hand, those who believed that young people engaged in premarital sex because of the law of nature (bodily desire), were pessimistic about abstinence measures through economic interventions. They felt that young people should be educated about the dangers of STIs and HIV/AIDS instead, because to them nothing would stop sexual activity.

Young men also suggested that more employment opportunities should be created for young people to enable them to get their material needs instead of them relying on parents. They said that employment would keep them busy and hence would reduce the amount of time they had to look for sexual partners.

(e) Introduction of sports activities

Participants suggested that young men should be supplied with sports equipment to keep them busy because they believed that sports would reduce the time young men had available to look for women. Some of the parents said that young men had premarital sex because they lacked what to do after farm work. They also believed that sporting activities could make use of most of their energy and hence not think about sex.

A father talked about this in the following:

Perhaps sports...if young men get balls, they can play for a long time... there is a possibility for minimising the speed of hunting for women because they will return tired and just go to sleep [IDI # 32, 42 year father].

(f) Government laws/policies

Parents and young people were in agreement concerning the evening hang out places referred to as *magenge* as being risky for young people. Young men reported that these were also the places where male peers influenced each other. Female parents and young men suggested that laws should be introduced limiting the time people were allowed to be at such places. Mothers suggested a closing time of 8.00pm. In addition, some parents suggested the introduction of a policy restricting drinking of alcohol among young people because it encouraged sexual activity. Some of the parents' suggestions clearly indicate the need for policies that would help

them in parenting for example, a policy restricting underage drinking especially among those attending school.

9.5 Discussion

Most of the young people's sexual relationships were opportunistic and lasted for a short period of time and involved a high turn over of partners. Young women were motivated to form sexual relationships mainly for economic gains but also for other reasons such as peer pressure and to satisfy their own sexual desire. The main motivations for the young men were sexual satisfaction and proof of masculinity. Other studies in Tanzania (Nnko *et al.*, 2004, Silberschmidt and Rasch, 2001) and other parts of SSA (Kaufman and Stavrouv, 2004, Rwenge, 2000), have reported similar findings.

There seemed to be a difference in the nature of young people's sexual relationships by family types. While young people from families with both parents and particularly a father present, tried to keep most of their relationships secret, those from single parent families did not seem pressurised to do this. In addition, because of the strict control in most of the both parent families, young women from such families mainly had opportunistic sexual encounters. It is noteworthy to mention that family type did not prevent young people from engaging in sex but influenced how they handled their sexual encounters. This was contrary to what was observed by Rwenge (2000) whereby some family types were found to be protective against engaging in premarital sex.

Young people perceived being secretive about their sexual relationships as normal respectful behaviour. Most of the parents were also for the same opinion and said that they did not expect their daughters to tell them about their sexual relationships. Although the secretive nature of young people's sexual relationships maintained harmony between the young person and other adult family members, it was detrimental to young people. It did not allow for relationships to develop and for young people to know their partners properly. It also meant that young people could not confide in their parents when they needed advice but also allowed for opportunistic sexual encounters to flourish. A similar finding has been observed in other studies in SSA (Kinsman *et al.*, 2000, Lesch and Kruger, 2005) whereby they noted that parents encouraged secrecy in young people's sexual relationships.

Young people living in all the family types identified engaged in sex. This differs with what was observed in other studies in SSA (Rwenge, 2000). For example, Rwenge found that young people living with both parents and grandparents were less likely to engage in casual sex. A possible explanation for the difference in this study and Rwenge's would be as a result of the differences in the socio-economic status of the study participants in the two studies but also because of the location (urban versus rural) and educational status of the study participants.

Relatives were a challenge to parental control and monitoring. There were accounts of young people from both parent families having been coerced to have sex by other family members and relatives. This is despite parents controlling and monitoring their activities very closely. In addition, parents had never suspected that other family members or relatives would do this to their daughters and hence had allowed them to interact with their daughters. A similar observation has also been reported in a study in Kenya, whereby 25% of teenage girls reported were coerced into first sexual intercourse in most instances by family members (Ajayi *et al.*, 1991).

Young people of both genders and from all family types rarely used condoms or contraception. They reported barriers to use as being: access, lack of knowledge on actual use, lack of trust on their effectiveness and fears about them causing infertility in the long term. The barriers to non-use of contraception and condoms noted in this study have also been observed in other studies in SSA (Lesch and Kruger, 2005, MacPhail and Campbell, 2001, Plummer *et al.*, 2006). Contrary to these findings is what has been reported in several studies in Tanzania which have reported a high knowledge about HIV/AIDS, condoms and contraception (Tanzania Commission for AIDS *et al.*, 2005). It was observed that even among the few young people who had a modest understanding about condoms, they did not use them. It is possible that the knowledge these young people had, had not transformed into safe sexual behaviours. It is noteworthy to mention that although there have been several SRH intervention activities in this setting (NIMR, 2005), apparently both parents and young people reported problems of access and lack of appropriate knowledge on condoms. As observed by other researchers (Cook and Bellis, 2001), knowledge does not automatically transform to reduction in risk behaviours. It is likely that the SRH information they had received did not necessarily lead to a reduction of risky behaviours.

Although parents have traditionally had expectations about appropriate child behaviour, many acknowledged that these are rapidly changing. A few parents are slowly accepting these changes while most seemed uncomfortable with and blamed their children for having changed behaviour. For example, the traditional parent-child socialization practices such as evening discussion around the *shikome* are rapidly being overtaken by modern entertainment systems. Parents interpreted this change as young people's deterioration in morals. They complained that their sons did not value spending time with them but preferred to spend their evenings with friends rather than parents. This feeling of discontent by fathers seemed to have had an effect on the father-son relationship. It can be argued that in comparison to the past, family's ability to handle young people's problems has deteriorated. Other studies conducted in Tanzania have also noted similar changes (Fuglesang, 1997, Ntukula and Liljeström, 2004).

As observed by Lee (1999), neither norms nor realities of family structure are static but change with changing circumstances. A main observation from the findings is that the rapid changes that are happening in this society seem to be affecting parenting in different ways. As young people adapt to the new changes first, parents do not appear to be adjusting at the same pace and hence end up dissatisfied with their children's behaviour. Some of the changes have been beneficial to the female children's education. There have been a few changes in emphasis about what children owe parents and what parents owe children. Similar to these findings, Cattell (1994) also observed that young people perceive modern life as fashionable. They found that young people may not be willing to take advice given to them by the elderly because they consider them to be old fashioned. Related to this was what was observed in Tanzania by Ntukula & Liljeström (2004) where they noted that education, largely based on imported models, has deprived youth their common cultural grounds with elders and contributed to the gap between generations. This is similar to the findings here where young men argued that they 'change with the times'. It is noteworthy to mention that social and economic changes taking place in this society have had an effect on the parent-child relationships. The biggest challenge however, is how to balance the traditional parenting practices and comfortably adjust to new ones in response to modernisation so that both young people and parents could appreciate the changes.

As echoed by one scholar:

Break from the past never is clean, as the old either persists or evolves in the new (Zeitlin *et al.*, 1995)(p.6)

Young people's sexual behaviour had an effect on the relationships they had with their families. This depended on the gender of the child and parent and family type. Since most of the both parent families clearly expected their daughters to abstain, failure to do this led to a poor relationship between the parent (especially fathers) and the child and punishments such as being sent away from home and withdrawal of parental love and support. On the contrary, in the single mother families, daughters who helped to support their families through the money they got from their sexual partners were treated with love, hence their sexual behaviour through family economic support had a positive effect on their relationships with their mothers.

Some of the decisions parents took in reaction to their children's sexual behaviour had detrimental effects on the young people. For example, withdrawing economic support or sending young women away from home because they had engaged in premarital sex, encouraged them to further engage in sex in order to survive. There is a dearth of research on the effects of young people's sexual behaviour on their relationships with their parents/families in SSA. However, a few studies conducted in developed countries have noted that a child's own behaviour could have an effect on the relationships they have with their parents (Bronfenbrenner, 1986, Henrich *et al.*, 2006). Heinrich *et al.*, (2006) for example, has suggested that to better understand the parents' role on young people's sexual risk behaviour, multiple facets of parenting, the social contexts of parents and young people's peers and the effects of young people's behaviour on these relationships, have to be taken into consideration. These will provide useful insights into the influence of parent-child relationships on young people's sexual behaviour and the influence of young people's sexual behaviour on their relationships with their parents.

The behaviours of adult family members were important for their credibility and perception of their children about what they advised them about SRH. Young people talked about some of their parents and older siblings as being 'bad' role models. For example, they reported that some fathers had extramarital affairs, were heavy drinkers, and yet advised them to abstain or not drink. WHO (2007) review points to the importance of parents acting as role models for their children especially when they reach adolescence. It is noteworthy to mention that the influence of parents own behaviour on their young people's sexual behaviour has not been documented much in SSA. Studies on the effect of role modelling have mainly been conducted in the western countries and have found that better skills and attitudes among

adolescents in the areas of nutritional and physical activity choice are associated with parents who make healthy choices (Green, 2004).

Parents had several suggestions on what should be done to help them improve young people's SRH and thus prevent them from HIV infection. The most commonly suggested thing was provision of SRH education to parents and other adult family members so that they were able to pass it on to their young people. They suggested that the education be delivered through workshops, seminars and home to home visits. Other suggestions were access to condoms and improvement of economic circumstances of families and young people. Parents' views on the above suggestions were similar to the young people's. In addition, they were a clear reflection of what they had mentioned when discussing other SRH issues. Here young people mentioned that parents were not knowledgeable about HIV/AIDS and parents (especially females) too had mentioned that they did not know much about condoms. Parents had also acknowledged the challenges facing them (e.g. inability to provide sufficiently for their children's needs, cultural barriers to parent-child communication about SRH and low knowledge on SRH in general). Some of the participants' suggestions are similar to those noted in other studies in SSA (Omoteso, 2006, Oyefara, 2005, Rwenge, 2000). However, none of the above studies shows how parents can be involved in promoting young people's SRH.

However, although this study and many others (Omoteso, 2006, Rwenge, 2000) have suggested for the improvement of parental knowledge as a way forward to help improve young people's SRH, others (Mbugua, 2007, Wojcicki, 2005) have suggested that this should be approached with caution. As observed in a study by Mbugua (2007), mothers' education did not seem to make it easy for them to deliver SRH education to their children in urban Kenya. She observed that most educated mothers still experienced socio-cultural and religious inhibitions which hindered them from providing meaningful sex education to their pre-adolescent and adolescent daughters. Findings such as Mbugua's are a reminder against taking any interventions for granted but approaching issues more carefully.

The suggestion about improving economic circumstances so that families can provide for their young people sufficiently and thus prevent daughters from engaging in transactional sex and risky sexual behaviours is also consistent with what other studies have recommended (Lesch and Kruger, 2005, Omoteso, 2006, Oyefara, 2005). Although this suggestion may appear to make sense at face value, other researchers have challenged the notion of improved socio-

economic status, especially that of mothers playing a role of reducing risky sexual behaviour (Ryder *et al.*, 1990, Wojcicki, 2005). Wojcicki (2005) argued that in low income SSA countries where poverty is widespread, increasing access to resources for women may initially increase risk of HIV or have no effect on risk taking behaviours in general. Again Wojcicki's argument is a pointer for interventions to consider the socio-economic and cultural contexts in their design and not assume that introduction of micro-credit schemes at individual levels would be a solution to risky sexual behaviour.

Taking the economic circumstances of the different family types, those headed by single mothers seemed to be the poorest. Single mothers had to survive and hence had limited control and monitoring for their own daughters who were left free so that they could contribute to family needs through transactional sex. What this led to is a vicious cycle of single mother families. Therefore, a suggestion about improving women's economic circumstances as presented in the findings appears sensible. Although it may be in conflict with Wojcicki's (2005) argument, it may be in agreement with what some scholars (Farmer, 1999) have noted. According to Farmer (1999):

“Poverty at the community and individual level directly affects risk for HIV for women as it constrains choices and agency and hence women who are born in poverty are denied access to the fruits of scientific and social progress; their attempts to escape from poverty are long shots and failure is infection with HIV/AIDS” (p.79)

Farmer's remarks are in agreement with what was observed in this study. As most of the young women from the single mother families struggled to get their needs, they ended up engaging in transactional sex and some had unplanned pregnancy and as result dropped out-of-school. This further limited their agency and future opportunities.

It is clear that parents and families play a major role in young people's sexual decision making. Notably, parents are willing to be involved in the delivery of SRH education to their young people. They acknowledge, however, that they are limited in their SRH knowledge especially concerning HIV prevention. They suggested SRH education should be given to them so that they could deliver the same to their children. Parental lack of SRH knowledge as observed in this study may help to explain the resistance parents had towards SRH interventions that have directly targeted their young people (Muyinda *et al.*, 2004, Plummer *et al.*, 2007), and ignored them by treating them as secondary players in their young people's SRH issues.

This chapter has provided findings on the nature of young people's sexual behaviour; effects of young people's sexual behaviour on their relationship with their parents; challenges to parents having a positive influence on young people's sexual behaviour; and suggestions on how parents could work with young people to improve their SRH. Finally, a discussion of the findings engaging with the relevant literature has been given. The following chapter (10) presents the discussion and conclusions of the study.

Chapter 9: Key points

- Young people's sexual behaviour determined the nature of the relationship they had with their parents.
- Young people's sexual relationships were secretive, opportunistic, and lasted for a short period of time
- The nature of parental control and monitoring adopted by parents determined how young people handled their sexual relationships
- The secretive nature of young people's sexual relationships maintained harmony between parents and their children, but it discouraged young people from developing their sexual relationships and confiding in parents when they had a SRH problem
- Relatives and other siblings sometimes encouraged young people to engage in sexual activity
- Challenges to positive parental influence on young people's sexual behaviour included: lack of role models; little time spend between parents and their children; inability for parents to provide adequately for young people; and differentials in the expected behaviour by gender
- Participants' suggestions for positive parent-child relationships were: improvement of family economic circumstances; SRH education for parents; improved condom access; and introduction of government policies restricting underage drinking

CHAPTER 10

DISCUSSION AND CONCLUSIONS

10.0 Introduction

This thesis addresses the role of family context and parent-child relationships in influencing unmarried young people's sexual behaviour in a rural African setting, using an ethnographic research design. The concluding chapter provides a discussion of the main findings and engages with the complexities that surround parents' relationships with their children. This is organised around two themes: parental influence on young people's sexual behaviour and the emerging power of young people in families. Thereafter, policy and programmatic implications are presented and subsequently, the limitations of this study and priorities for future research work.

10.1 Discussion

In the discussion, I make two main points. First, I focus on parents' role in young people's sexual behaviours and second, I reflect on young people themselves, and discuss how their emerging power adds to the complexity of parental roles. Finally, I revisit the theories that were applied at the design stage of the study.

a) Parental influence on young people's sexual behaviour

The findings have demonstrated that young people especially women in this setting are at an increased risk of undesirable sexual and reproductive health outcomes. The traditional beliefs that parents have about sexual behaviour seem to shape the expectations they have about their children's sexual behaviour. Given that this is a patriarchal society, most of these beliefs are gender biased and emphasise proof of masculinity for young men through engaging in sex while premarital sex among women is highly frowned upon. In the era of HIV/AIDS epidemic, beliefs encouraging masculinity through sexual activity may put young people at increased risk of HIV infection. This is particularly serious in a context where most sexual encounters were reported to be unprotected. Moreover, such beliefs also contradict expectations that young women should abstain because in proving their masculinity young men are expected to have sex with women.

From the findings, it is clear that women are expected to be subordinate to adults, especially males, and parents try to emphasise this as one of the criteria for 'good behaviour'. As much as women's subordination is this society's measure of 'good behaviour' for women, it may be a hindrance to their willingness to resist sexual advances from males because they have been socialised to respect them and obey what they tell them to do. Ntukula & Liljestrom (2004) noted similar societal expectations for behaviour among women in other parts of Tanzania. I believe that such expectations place young women at risk of undesirable sexual and reproductive health problems as it makes it more difficult for them to negotiate the use of protection measures to avoid unplanned pregnancies and HIV. This indicates a need for a reassessment of how parents socialise their male and female children and an understanding and critical evaluation of what consists of 'good behaviour' for young women. Parents may advise their daughters to resist sexual advances from men, on the one hand, yet on the other they socialise girls to be obedient to males and adults which are contradictory messages.

On the other hand, although parents discourage sexual activity among young women, in reality this does not deter young women from engaging in sex: most of the participants who were young people in my study reported that they were sexually active. In fact, it appears that such discouragements and lack of parental acknowledgement that unmarried young women were sexually active, led to enhanced secrecy in their sexual relationships. Although the secretive nature of the sexual relationships maintained some degree of harmony between the young person and other adult family members, it had implications for a young person's SRH. This was because it made it difficult for them to freely access protection (i.e. condoms and contraception) for fear of being discovered they were sexually active. Moreover, secrecy encouraged opportunistic sexual encounters to flourish because young people seemed to take advantage of any opportunity they had, when their parents were not present, to have sex. I believe that although secrecy in sexual relationships is culturally acceptable, too much secrecy is detrimental to young people's sexual health and has implications for interventions advocating openness between parents and young people. My findings therefore raise important questions about how parents may perceive new ideas of openness to discuss SRH and the openness of their children to express their sexual feelings (through open relationships). I think that in as much as parents thought they were protecting their children by not acknowledging their sexual activity and favouring the culture of secrecy in sexual relationships, they in actual fact might be increasing their risk for HIV/AIDS and unplanned pregnancy as this secrecy and opportunistic sexual encounters makes it difficult to plan for, and access condoms and

contraception. Hence, parents acknowledging that their children may be sexually active may offer a good opportunity for young people to develop their sexual relationships and hopefully plan for the use of condoms and other contraception when they need them.

Apart from parents having different behavioural expectations for their children depending on gender, these also appeared to vary with the child's schooling status. The parental belief that schooling and sexual activity were not compatible because unplanned pregnancy among girls could lead to school drop-out, meant that they mainly focused their attention on the prevention of sexual activity among young women at school. They tried to provide for their material needs, controlled and monitored their activities and frequently communicated about avoidance of sex with them. This is consistent with findings identified in a study in rural Tanzania about pupil abstinence until after school being one of the fundamental sexual norms (Wight *et al.*, 2006a). Therefore in line with the parental beliefs about sexual activity and education not being compatible, the idea of encouraging abstinence among schooling young people may be helpful in protecting them from HIV/AIDS, but only if it is possible for them to adhere to it. However, I believe that it offers an insight into a useful method of health promotion: encouraging the early start of schooling, keeping young people in education (primary and secondary) and avoiding school drop-outs. Such an effort may be more acceptable to parents as it is already in line with their beliefs. Moreover, if young people remain in education until they complete their schooling they are more likely to be exposed to increased SRH information which may be useful in promoting their sexual health.

On the flipside, parents lack of focus on supporting and monitoring out-of school young people means that this group (both genders) is at increased risk of SRH problems. Several studies (Bastien, 2008, Burns *et al.*, 2004) have also pointed at this group as being at increased risk of HIV/AIDS and other undesirable SRH problems. As indicated in the findings in this study, the expectations that out-of-school young people should fend for their needs and sometimes that of their families, puts them (particularly women) at risk of engaging in transactional sex to meet them. In my view, parents and other SRH interventions focusing their attention mainly on in-school young people and mainly ignoring those out-of-school does not seem very helpful in preventing young people from undesirable SRH outcomes. I agree with authors (Obasi *et al.*, 2006, Hayes *et al.*, 2005) who advocate that SRH education should start before sexual debut for it to have a more desirable impact on sexual behaviour and hence their focus on the teenagers in school. However, I believe that parental as well as external

SRH interventions focusing on the out-of-school young people is also essential because they may influence the sexual decision making of those still schooling given that some of the sexual partners of the school girls are out-of school men. Moreover, as I outlined previously, the gender relations and traditional beliefs around female subordination may not make it easy for a school girl who has information on protection use to insist on their use when she is with a sexual partner who is unaware of condoms or reluctant to use them. I therefore think that interventions may achieve much in terms of the sexual health of the school going young people, if they too are focused on the out-of school young people, especially men, who seem to be playing a major role in sexual decision making. Hence, this study's focus on both the in and out-of-school young people, has contributed to the understanding of the different contexts in parent-child relationships and expectations, and how parents pro-sexual and abstinence messages varied by this.

Whilst parents thought they were protecting their young people, by reminding them to abstain, their messages were sometimes clearly contradictory as seen in their expectation of daughters to abstain while at the same time receiving money and gifts that their children brought home from their sexual partners without question. The money and gifts forms a challenge to parental authority and the response to it creates confusion for young women about expected behaviour, making it difficult for them to distinguish between 'expected' and 'actual' behaviour. It was clear that although parents expected certain behaviours, they in actual fact were happy or rather tolerant with a different behaviour. What this calls for is for parents to deliver clear and uncontradictory messages about SRH to their children. There is no doubt that young women, engaging in transactional sex to fend for their needs, and that of their families, were placed at increased risk of HIV/AIDS and unplanned pregnancy. Other studies (Dunkle *et al.*, 2004b, Luke, 2003, Silberschmidt, 2001) have also found an association between transactional sex and undesirable SRH outcomes and sexual violence. The SRH outcomes were a result of lack of protection use which they attributed to women receiving money or gifts in exchange for sex.

The findings also point to the role of relatives in sexual decision making particularly of young women. Young women were exposed to forced sex through sexual encounters organised by their relatives. They were unable to resist for fear of appearing disrespectful. While the relatives facilitating young women's sexual activities benefited financially, the young women were put at risk of undesirable SRH outcomes. Hence, young women are being exposed to risk

by the very people whom they expect to protect them. I therefore believe that interventions focusing on young people alone as has been the case in the past with the school based interventions (Obasi *et al.*, 2006, Hayes *et al.*, 2005) may in reality not achieve much in helping those young women avoid sexual risks. Rather the focus should also be on understanding the role of the wider family context of the young person as these seem to be a strong influence on young people's sexual decision making.

However, there is some evidence from the findings that progress is being made in overcoming some of the traditional beliefs around the expectations of young men to prove masculinity through engagement in sex. Although in the past parents' concerns about sexual health were focussed on unplanned pregnancies for their daughters, they are recognising the need to also focus on their sons' behaviours because of the consequences of HIV/AIDS. Similar to my findings, other studies have also noted parents focusing more communication about SRH especially those related to abstinence and pregnancy avoidance on the female children than the males (Mbugua, 2007, Muyinda *et al.*, 2003). As I demonstrated in the findings, HIV/AIDS was one of the few issues that parents unanimously agreed about - that their sons' SRH was also at risk - and hence should be a target for SRH education as well. I therefore believe that in as much as parents would like their sons to prove their masculinity (by having sex), they are now coming to terms with the dangers of HIV/AIDS. I argue that HIV/AIDS is gradually changing the dynamics of the traditional beliefs parents hold about their male and female children's sexuality. Parents are now increasingly being forced to overcome the cultural barriers of shame to communicate about SRH risks with their children. Parents seem to be learning the hard way by seeing the consequences of HIV/AIDS in their communities and there seems to be hope as seen in their willingness to want to prevent their children from infection. I believe this willingness for change may provide a good avenue for interventions to focus on parents as one of the channels for SRH information delivery to young people and to solicit their support on issues related to young people's risk.

b) Emerging power of young people

Since this study focused on both parents and young people, I now present how the emerging power of young people has complicated parent's role in influencing young people's sexual behaviours. The overall pattern from the findings appears to support the idea that young people are becoming increasingly powerful in families because of the social and economic changes that appear to empower them economically and socially (i.e. education) and to

disempower their parents. I argue that these, in addition to the contradictions presented in the previous section, have affected the parent-child relationship dynamics and the power of parents to positively influence young people's sexual behaviour for the following reasons: young people are important players in their families' economic circumstances; families are unable to provide adequately for their young people's needs and hence have minimal say in their sexual decision making; young people are increasingly more educated than parents and therefore more knowledgeable about SRH issues (e.g. HIV/AIDS, condoms and modern contraception) than parents; due to a wide variety of sources of information and modern entertainment options, young people rely less on parental advice and the traditional forms of sex socialisation; young women, who have always been near the bottom on the hierarchy of power, are now realising that they have a resource (their sexuality) that is valued and hence their motivation to engage in transactional sex is increased.

The findings have demonstrated that young people in this context, especially out-of-school young men are very mobile, engaged in petty trade and other money earning activities and as a result most had more income than their parents. I believe that because of this lifestyle, young people rely less on their parents for advice and decision making in their lives and choose their own sexual partners. As noted by Wight *et al.* (2006a), given that young men decreasingly rely on parents for bride wealth, as was the case in the past, parental advice on issues related to choice of sexual partners and marriage is less relevant. I think that although young people's selection of partners has provided them with choice, on the other hand, it has left them with little social support when they have a conflict with their partners. Also given the secret nature of sexual relationships, it means that most may not get to know their partners properly before they decide on marriage. This partly accounts for the high turnover of partners and marital dissolution that leads to increased risk of HIV infection and other SRH problems among young people.

The emergence of other family forms such as the single parent and child-headed families, and the role of young people in the functioning of such families, has meant a young person's increased decision making power compared with the family head (e.g. single mother). This was especially the case for male children. I argue that due to the fear of losing the 'male presence and support' that male children brought to the single mother families, mothers rarely questioned their sons' behaviours. In addition, their abstinence and other SRH messages were ambiguous and depended on the young person's contribution in the economic needs of their

families. Moreover, since the single mothers were always busy in conducting income earning activities, they were rarely at home to monitor their children's activities thus leaving young people from such families with uncontrolled freedom. This may imply that young people from single mother families were at an increased risk of undesirable SRH problems. Although I mentioned in the previous section that parents are making progress in SRH communication with their children, the challenge is still big for the single parent families who may not have time for their children.

These findings point to gaps in the recommendations from most studies on parenting practices which tend to be narrowly focused on the role of parents on the provision of children's needs with little attention to what children provide for their families (UN report, 2006, WHO, 2007). I argue that due to this new provider role, young people have gained power in decision making concerning their lives and sometimes concerning their families. Many parents are little prepared for this and are therefore feeling challenged and undermined. These feelings have resulted in a conflict between parents and their young people, especially with regard to the father-son relationship in the family. I believe this has created a barrier to parent-child communication about SRH. Therefore, an examination of the power balance between parents and children should be central in studying and designing interventions especially in circumstances where young people are major players in the family's economic needs.

Another important issue that appears to have enhanced young people's power in families and affected parent-child relationships is the expansion of schooling in Tanzania (Ministry of Education, 2008). As young people become more educated than their parents, it can be hypothesised that this has affected parent confidence on providing advice on SRH because they believe that their children know more than they do about SRH (e.g. HIV/AIDS, condoms and modern contraception). Moreover, young people with some education perceive modern life as fashionable and are sometimes not willing to take advice from their elders because they perceive them to be old fashioned, hence their remark '*we change with the times*'. I argue that this has resulted in a culture of silence and secrecy between parents and their children instead of sharing of vital SRH information. I believe that parents' lack of appropriate SRH knowledge is a drawback to their efforts to communicate prevention messages to their children and may slow down the progress that they are making to overcome cultural inhibitions on cross-generational communication about SRH.

These findings have provided a fresh insight into the understanding of the practice of transactional sex which has always been assumed to happen because of poverty in families and lack of parents' provision of material needs for their daughters. The findings have clearly demonstrated that the practice of transactional sex is underpinned by many factors and that young women may engage in the practice despite parental provision of material needs because of a feeling of power derived from exploiting their sexuality. In comparison with previous literature from SSA (Kaufman and Stavrouv, 2004, Longfield *et al.*, 2004, Nyanzi *et al.*, 2005, Nzyuko *et al.*, 1997), which argued that the main motivations for young women to engage in transactional sex were because of lack of parental support, these findings have also pointed to other motivations (e.g. pleasure, feeling powerful). I think this could explain why young women may continue to engage in transactional sex even after getting most of their basic needs. While the argument from the above studies may present parents of young women who engage in transactional sex as irresponsible (as seen in inadequate material needs provision), and therefore responsible for young people's sexual risk taking (e.g. encouraging them to engage in transactional sex), these findings point to the fact that young women can be active participants in their sexual decision making and that they may still engage in sex in exchange for money and gifts even after receiving adequate parental support.

In trying to understand why women interpreted their engagement in transactional sex as a reflection of their power in relationships, the views of parents about the origin of the practice are crucial. As noted in the findings, parents traced the origin of transactional sex to the emergence of the cash economy in the study area which has led to the commoditization of most of the resources that these communities have access to. In such an economic environment, female sexuality has similarly been commoditised and hence provides one explanation as to why transactional sex has flourished in recent times in this society. Young women feel 'empowered' for having a resource that can earn them pleasure as well as economic benefits and their reference to men as 'cheated' – for not getting much in return - is a clear reflection of this. I however, would argue that the power that young women refer to here may not represent 'real/practical power' as it seems limited to the negotiation of sexual exchange and does not extend to making decisions in their relationships, such as condom use. Moreover, some young women had forced sexual encounters organised by relatives and in my view, in these, they were powerless and exploited. The finding on women's subordination observed here is similar to what was noted in other studies (Bauni and Jarabi, 2000, Gysels *et al.*, 2002, Jewkes *et al.*, 2001, Longfield, 2004). However, young women having such a

feeling of power encourages them to continue engaging in transactional sex despite the known risks of the practice. I believe that whatever the motivation for their engagement in transactional sex, the SRH risks are apparent (e.g. imbalance of power in the use of protection) and the use of force in sexual relationships. The feeling of power among young women is detrimental to their sexual and reproductive health because it does not extend to being able to negotiate for safe sex e.g. the use of condoms and contraception and they are still unable to resist forced sex.

In summary, the power among young people observed here, is either overt or covert and manifests in different structural (e.g. family) and social (relationships) levels. For young men, this power is openly manifested through cultural expectations for them to be decision makers (e.g. through culturally prescribed responsibilities). However, for young women, such power is mainly covert because of the cultural expectations for male control and female subordination. Therefore, according to my analysis about the emerging power of young people, at family level, I can say that young women's power is manifested in parents exercising less control and monitoring and thus allowing them freedom to do what they want and treating them with respect because they make a financial contribution to the family. At a sexual relationship level, the power that young women mentioned in the findings may be illusionary: it emanates from a feeling that they have a resource that is valued, that they can try to dictate the terms around sexual exchange and that they were cleverer than men but in actual cases it does not translate to safe SRH for them.

c) Revisiting theory

This study was approached with the theories of gender and power (Connell, 1987), and social and economic change and family degeneration (Wusu and Abanihe, 2003, Zeitlin *et al.*, 1995). I have demonstrated that although the theory of gender and power was still largely relevant in some aspects of gender relations in this society, it was not applicable in all. For example, this theory was more relevant at a family interactions level as seen in male children being given preference over females and fathers and other male relatives being in charge of most of the decision making about issues considered as major (e.g. sale of property, daughter's marriage) in families. However, with the changing social and economic circumstances, women are increasingly becoming important players in the economic functioning of families and thus there is likely to be a power shift if this trend continues. The male disempowerment theory (Haram, 2005, Halle-Valle, 2005, Silberschmidt, 2004) does not seem to apply to a large

extent to the study setting at a sexual relationship level, but may be relevant in future as more women gain more economic power. However, outside the sexual relationships premise, the disempowerment theory may be relevant at a parent-child relationship level in the study context, as seen in parents being disempowered by the social and economic circumstances that seem to empower their children.

The theory of social change and family degeneration was very relevant to the understanding of most of the findings because it provided a basis for the understanding of the changes that are taking place in the study setting. It was evident that the traditional social support systems are slowly disintegrating and being replaced by modern socialisation avenues (e.g. media and schools). The theory also shed light on the understanding of the conflict that is emerging between parents and their children as the traditional socialisation systems (e.g. evening advice at the *shikome*) are rapidly being replaced by modern entertainment options. The parents (especially fathers) are increasingly feeling frustrated about this changes. The parents' feeling of frustration can be attributed to their realization of their diminishing power as evident in their lack of control in their young people's activities (sexual and non-sexual).

10.2 Policy and programmatic implications

Health policy and programmes are usually based on the evidence from quantitative studies with large representative samples. Notwithstanding, findings from systematic qualitative studies can be useful as they offer an in-depth and contextually informed understanding of the issue under investigation as well as paying attention to contextual complexity. Based on my empirical findings, it is clear that programmes can be split into family/parental programmes and gender oriented programmes.

Programmes for families/parents

These findings emphasise that family and parents in particular, are important factors that should not be ignored in programmes that wish to reduce young people's risky sexual behaviours. Young people's SRH risk prevention programmes in Tanzania have usually been delivered in school contexts or directly to young people through media and health workers. Although there is a considerable body of evidence (mainly from developed countries), on the importance of parents regarding young people's risky behaviours (Romer *et al.*, 1999, Whitaker *et al.*, 1999), none of the programmes in Tanzania (to my knowledge) has included parents or worked with them, let alone attempted to strengthen families for young people's

good. These findings reinforce the need for developing programmes to support parents to stay involved in the lives of their young people (i.e. in both the in school or out-of-school groups) and to prioritise young people who do not live with both parents as a vulnerable group.

Moreover, SRH intervention studies, especially those focussing on the delivery of SRH education, have treated parents of young people as those who can only play a passive role while others adults (e.g. teachers, health care providers, peer educators) assume an active role in providing SRH education. Understandably, such interventions have been based on the premise that SRH matters cannot be discussed between parents and their young people. Such interventions have failed to consider the social and economic changes happening in families and the fact that culture is not static. Given the social changes observed in socialisation in Tanzanian families, it is evident that it is important to directly involve parents in their young people's SRH interventions, as most young people live with parents in nuclear families as compared with the extended families that existed in the past.

However, as parents are involved in these programmes, efforts need to be made at a community level to improve family economic conditions so that parents are able to provide adequately for their young people, as this has implications for their parenting power. For example, if parents are able to provide adequately they may have some authority over their children and thus control and monitor their activities (sexual and non-sexual) to some degree. In addition, this may also help them to give non-contradictory SRH messages in that they will have less need for the benefits from the exchange their daughters get from sexual partners. I acknowledge that this would need to be done in combination with other strategies (e.g. SRH promotion through schools, health facilities and media). As noted by other authors (Wellings *et al.*, 2006) (UNAIDS and WHO, 2008), no one strategy in isolation would be effective in abating HIV/AIDS and other SRH problems.

Special consideration has to be paid to emerging family types such as single parent and child-headed families that may require special engagement. This underpins the need to design interventions that target parents and address the difficulties that parents are facing in ensuring good parenting through provision of adequate material needs. For example, the existing community micro-credit loan schemes could be expanded by the community members themselves to be more inclusive of other groups (e.g. single mothers). Moreover, interventions on SRH have to focus on ensuring residential stability, family harmony and that intact family

structures are achieved and maintained. This is because of the evidence that has linked family structure with lower SRH risks (e.g. HIV, STIs and unplanned pregnancy).

Families played an important role in influencing young people's sexual decision making. Therefore, in addition to targeting SRH interventions at young people, these findings point to the need for education programmes to improve parents and other carers knowledge of SRH to prepare them for establishing good and open relationships with their children. Prevention efforts must specifically focus on increasing their understanding of the present level of SRH risk at the early ages and the importance of parental influence.

The main motivations for positive parenting (e.g. parent-child control, provision of material needs and communication about SRH) were because of the parents' fears concerning the dangers of HIV/AIDS among their children and efforts to ensure abstinence until marriage among their daughters. Although parents focused on abstinence messages, this is not an appropriate goal to aspire to in SRH education because in reality it was difficult to achieve. Rather the goal should be to develop young people who can exercise agency and are able to manage their own SRH. Parents need to be aware that scare tactics may work for a limited while and only for those who fear punishment from parents but do not facilitate self-reflexivity and internal locus of control regarding one's own sexuality. This explains why most young women continued having sex despite parental threats and warnings.

Parents need skills training in areas such as parental control and monitoring, and parent-child communication on SRH so that they are able to give appropriate and non-contradictory information. Parents need help in order to learn to communicate and advise their children about SRH. The rationale for the value of parent-child communication about SRH has also to be clearly articulated. Parent-child communication was hampered by the shame and fear surrounding sex as seen in the question most asked, '*How do I start the discussion*'. This is particularly for children of the opposite sex who may be so disadvantaged in single parent families. Therefore the taboo about cross-sex and cross-generation communication has to be carefully taken into consideration.

In addition, some of the techniques used by parents to control and monitor their children's sexual activities need to be addressed through interventions that emphasise the improvement of the relationship between young people and their parents and other adult family members.

For example, use of tricks and physical inspection of their daughters' private parts clearly reflect parents' lack of respect and confidence in their daughters.

Due to the closeness that mothers have been noted to have with their children and the role they play in influencing their sexual decision making, they could be utilised as powerful resources for the improvement of young people's SRH. SRH interventions could utilise mothers as key figures in their daughter's sexual empowerment. However, since most fathers were not close to their children, programmes may focus on family life education with specific components that aim at father-child relationship in general and in relation to SRH.

Gender specific programmes

The findings have revealed considerable differences between the lives of young men and young women and hence a variation in the pro-sexual and abstinence messages among the two. While young men are treated with respect and have some power in decision making in their families, girls were usually not able to participate directly in decision making in the same way. In addition, girls were stigmatised for having children out-of-wedlock while the men responsible for the pregnancy were not labelled negatively. Young women are limited in terms of the time they have to engage in economic activities and the nature of activities that they can engage in. Specifically, there needs to be a focus on the out-of-school women and *wasimbe* who have little material support and whose activities are rarely controlled or monitored by their families. This suggests that young women may need interventions geared towards the prevention of unplanned pregnancy (e.g. programmes that would encourage them to use contraception and condoms).

Since young women who engaged in transactional sex felt powerful, because they had a resource that was in demand by men, this power could be harnessed in the negotiation of safe sex (e.g. condom use) and not just money and gifts. This would protect them from SRH risks.

However, while most studies may focus on girls compared with boys for the obvious reasons of increased negative consequences to young women's SRH risks compared with young men, it is equally important to bear in mind that young people's sexuality is an interactive activity involving both genders. In a patriarchal society such as the study setting, this will increase the co-operation of men in ensuring safe sexual behaviours. Therefore, interventions designed to

improve SRH of young people need to adopt a holistic approach in which the interactive contexts in which both male and female young people's sexuality issues are incorporated.

Programmes focussed at both the in school and out-of-school young people

It is important to consider the schooling status because the out-of-school young people have always been left out in the SRH interventions. In addition, they receive little parental control and monitoring and material support if any, thus making them more vulnerable to SRH problems. Given that most of the sexual partners of the school girls are out-of-school men, interventions which focus on both the in-school and the out-of-school are equally important in terms of SRH risks. In this regard, community health clubs would offer good opportunities for young people to meet and participate in a range of activities such as sports, debates and SRH talks.

Given the economic hardships in most families, it is likely that not all young people, especially women, will delay sexual intercourse. Therefore, prevention efforts must entail a comprehensive approach that focuses on preparing young people not only to resist pressures to initiate premarital sex but also to obtain and properly use methods of protection against pregnancy, HIV and STIs, if they do have sexual intercourse. It is clear that interventions aimed at parents reducing their young people's sexual risk need to factor in contextual factors such as customs (e.g. beliefs about sex and masculinity) for effectiveness. For example, beliefs related to parents offering options such as condom use being interpreted as encouraging sex must be dispelled, with the right education given to parents and other important adults in young people's lives.

Interventions need to take account of the role young people play in the provision and protection of their families as this seems to have a big role in parents' ability to ensure behavioural control for their young people. The WHO (2007) review on parenting dimension, though a good step towards a compilation of literature on parenting practices around the world, did not reflect the reality of families in this setting. The review is therefore one-sided with a focus on what parents should do for their children and little consideration for what children do for their families. In a context where families have limited economic resources, it is crucial to look at the parenting dimensions from both directions (i.e. parent-child and child-parent) and to acknowledge that there are complexities to parenting, and that these may be context specific.

10.3 Limitations of this study

The research and data collection procedures were designed to collect qualitative data of the highest quality. The use of both participant observation and interviewing (IDIs and FGDs) ensured collection of detailed information. The documentation of the data collection and analysis procedures has greatly enhanced the reliability of this study. As discussed in section 4.2.4.1.1, an attempt has been made at different stages of the study to ensure the validity of the findings. For example, the use of triangulation, the pilot study, use of a CAQDAS and respondent validation. Moreover, unlike many studies which have mainly focused on young people, this study's focus on both parents and young people has provided a holistic picture of family context and parent-child relationships both from the young person as well as the parent's perspectives.

However, outside the scope of this study, there are a number of limitations. It was not possible to establish the prevalence of the reported undesirable health outcomes (e.g. unplanned pregnancy, HIV and other STIs) among young people by family types at the time of the study. It is therefore, not possible to infer causal linkages between family context and young people's sexual behaviour. These could have provided useful insights on the causal effects of family types on young people's SRH health outcomes.

Since most of the data collection were conducted in one season (farming season), it is possible that an opportunity was missed to observe the activities during the dry season which is usually festive. This is because most of the social and economic activities of families in the study setting seemed to be organised around two seasons (farming season and dry season). Family access to resources and young people's sexual behaviour may vary by season. This would have provided a more complete understanding of the family contexts and young people's sexual behaviour by taking into consideration what happens throughout the year.

Since the study was conducted in an area that has been previously researched, this had an advantage in terms of providing background information for this study and thus helping me to focus on relevant issues. However, there were limitations as well. For example, it is possible that the participants had become research literate and thought that they should respond to certain questions in certain ways. This may have had an effect on what they reported.

I am also limited in as far I can go in making claims about my findings representing wider parents' and young peoples' views in Tanzania because of the sampling procedures utilised. It is likely that conducting FGD with groups that were self selected may have resulted in over reporting or underreporting. In addition, given that this study was conducted in a rural setting in one region, it limits the degree to which these findings can be generalised to urban areas of Tanzania because they may have different family dynamics. I also acknowledge that due to diverse cultures in SSA, parent-child relationships may be varied and hence a generalisation of these findings to other areas has to be approached with caution. This study has however, provided useful information that would not have been easy to realise using other approaches.

10.4 Future research work

This research suggests a number of additional areas for further research. Given its design, it was not possible to determine the mechanisms through which family context (types and parent-child relationships) impacts on young people's sexual behaviour. Therefore, there is need for further research on the pathways through which parents and family types influence young people's sexual behaviour in Tanzania. This would be useful in highlighting the exact areas for interventions to focus on when working with families and young people to improve their SRH.

The findings have highlighted that a range of family types are in existence in this setting. The different family types seemed to have different socio-economic circumstances which would be interesting for parenting interventions aimed at reducing young people's SRH risks. As a starting point for such interventions, further research would be necessary to establish the proportions of the family types identified. This would be useful for effective planning as it may highlight families and young people, for programmes to prioritise.

The effects of young people's sexual behaviour have emerged as important for determining the type (close and friendly or vice versa) of relationship they have with their families. There is also need for longitudinal research on the causal effects of young people's sexual behaviour on the relationship they have with their parents. This was one of the areas that emerged as being important in parent-child relationships although little research has been done on it in SSA and none in Tanzania. As of now, it is not possible to tell from the findings if it is the nature of parent-child relationships that contributed to their sexual behaviour or whether it was the young person's sexual behaviour that contributed to the relationship that they had with

their parents. Such an understanding on the causal effects would ensure that families are appropriately considered since the assumptions in the past have always been on parents' influence on children and not that children create the very conditions that determine their relationships with their parents.

Although unplanned pregnancy was reported as being very common and a major factor in the relationship parents had with their daughters, this study was not able to establish its prevalence. Therefore, for the health of young women, the following urgently need to be topics for future research: prevalence of unplanned pregnancy, HIV and STIs by family type; how to reduce unplanned pregnancy and provide role models for young women in this context. This would help in the design and provision of practical support for the parents and other adult family members.

The socio-economic changes happening in this society seem to have placed young people in the provider role position in their families. This seemingly new role has empowered young people more than their parents in some families and thus complicating parent-child relationships. There is need for further research on the exact effects of this power on the parent-child relationships, on young people's SRH risks and on the future of parenting in this context.

10.5 Final conclusions

The aim of this thesis was to study the role of family context and parent-child relationships in influencing rural unmarried young people's sexual behaviour. By employing an ethnographic research design this study has been able to capture the behavioural component of familial interactions and provided a multidimensional understanding of parent-child relationships on influencing young people's sexual behaviour. The findings have pointed to the challenges and complexities inherent in family/parent influence on their young people's SRH behaviour. These complexities can be traced to the ambiguous beliefs and expectations; economic circumstances of families and young people; and the expansion of education. They also point to the factors that are crucial to parent-child relationship such as the gender; young persons' sexual behaviour; young persons' schooling status and young people contributing to the economic needs of their families. By focusing on the challenges to parent-child relationships, these findings have clearly pointed to the barriers that complicate parenting and that need to be

tackled to improve young people's SRH. Hence, this study provides in-depth information and practical suggestions from parents themselves, based on their socio-cultural context.

Therefore, intervention efforts may need to acknowledge these complexities and approach any activities aimed at improving young people's SRH in the light of these. Although it had been envisaged that parent-child relationships would influence young people's sexual behaviour uni-directionally, it emerged to be bi-directional. Parents have, in a way, realised their limitations (inadequate knowledge about SRH, inability to provide adequately for their young people's needs). They talk about these limitations in relation to the power their young people have (e.g. making their own decision, money). They are, however, willing to be taken on board in any issue concerning their young people's SRH. I, therefore, conclude that interventions around young people's sexuality that do not have a focus on families/parents may fuel the parent-child division further and risk denying young people much needed support from their parents/families.

Appendices

Appendix A: Results related

Appendix A1: Illustrative cases from different family types and young people's sexual behaviour

Family case 1-Both parents:

Description of the family1

Case 1 describes a family of both parents but one physically absent. This family was headed by a mother (Salma). She is aged 47 years. When I started living with Salma's family, she said that she was married and lived with her husband. However, for the eight weeks I lived with them the husband was never present. Each of the family members gave a different explanation of where the male head was. Salma said that he had travelled to visit a relative. Some of her daughters said he had travelled to visit his children from a previous marriage, while others said that he had gone to seek treatment at the traditional healers.

Salma has 9 children (3 boys and 6 girls). The family comprises of 13 people (six of her children aged below 15, two daughters aged 18 and 20, a niece aged 22 and 7 grandchildren). Salma's first born son aged 23 lives by the lakeshore fishing community in rented accommodation and rarely comes home. Two of Salma's daughters (Angelina and Jane) and niece had had unplanned pregnancies and their children lived in the same family. Angelina (aged 18) has one child, Jane (aged 20) has four children while Jacky (aged 22) has two children.

Economic circumstances of this family

The main economic activities for this family were subsistence farming and petty trade. Salma was engaged in buying agricultural produce from the village and selling it in city. She did this daily and usually left home at 5.30 in the morning and returned at about 6.00pm. Jane had a small business of selling hot ginger drink and chapati in the evenings. She sold these near a certain shop where young men hanged out. Jacky earned money by doing farm work on other people's farms. This family like many others in the village purchased household supplies in small quantities as need arose. For example, cooking oil was bought daily during the time for cooking while paraffin was bought when darkness fell and they needed lighting. They shopped in small quantities because they could not afford to buy in bulk for several days use.

Salma was the main provider. She ensured that the family had food which mainly consisted of *ugali* (thick porridge) and green vegetables and sometimes fish. None of the young women contributed to family expenses. Foods such as beef seemed to be a luxury and for the eight weeks I lived with them, they did not have meat. Similar to many families in the village, this family mainly had one meal in the evening. There was no breakfast and at about midday, the family had

either boiled sweet potatoes or corn and water. Five of Salma's children who attended primary school stayed hungry at school and had their first meal of the day at 3.30 pm when they returned home.

The children had two sets of clothes, one for work and the other for public places. The three *wasimbe* daughters struggled to get money to buy clothing for their children and hence they wore torn clothes most of the time. Sometimes children stayed naked. The children were also malnourished as reflected in their large bellies with thin legs and thin hair. However, Angelina, Jane and their mother (Salma) had relatively more clothes compared to their cousin Jacky. They also had a system of sharing clothes that I could not easily tell to whom a particular dress belonged. Angelina and Jane also exchanged clothes with their peers, especially when they wanted to go to public places and wanted to appear in different clothes. Soap was not easily available and children wore very dirty and soiled clothes. Bar soap usually used for washing clothes was also used for other purposes such as bathing and cleaning utensils. The adult family members wore plastic sandals when they went to public places while children walked bare foot. This family owned a bicycle which was mainly used for transporting farm produce. They also owned a radio which rarely worked because of lack of batteries.

There were four houses in the home. All had earthen walls. Three had thatch roofs while one had a tin roof. The thatched houses were in a very bad condition with leaking roofs and broken doors and windows. Facilities such as the toilet and bathroom were in a very bad condition. They comprised of temporary shelters constructed with grass and no roof.

Sleeping arrangements

One of the three thatched houses was used as a kitchen as well as a sleeping house for Jane and her youngest child (6 months old). Angelina and Jacky shared one of the other two remaining grass thatched houses while Salma's 15 year old son (John) slept in the third one which was also used for storing farm produce. Salma and her small children below the age of ten and three of her grandchildren slept in the tin roof house. They slept on crude mattresses (sacks stuffed with grass) on the earth floor.

Interactions within this family

Since Salma was rarely at home, her daughters Angelina, Jane and Jacky controlled most of the home activities. The girls shared tasks and each had their turn with the household chores. The children under five were served food together. The three young women ate together with their younger sisters. John rarely participated in household tasks or farm work and when I asked him why he did not help, he said that he could not do such work because their house was full of women. The sisters also felt that it was okay for him not to work.

I observed that social interactions were usually in the afternoon after lunch. The family members

sat under a tree/house shade for about an hour chatting about general village gossip and economic activities and sometimes sexual issues which were delivered as jokes. Sometimes neighbours joined in the chat.

Communication about sex in the family

Mother-daughter communication about sex was very rare. On the few occasions that Salma was at home seated with her daughters, she sometimes mentioned pregnancy in reference to other people's daughters. Angelina reported that the only time their mother talked to them about sex was when she saw them pregnant and she wanted to know who was responsible. She said that their father never asked about their pregnancies.

However, it seemed like Angelina and Jane were open to talk about sex. I had observed Jane discussing sex when she was with her children (all below 4 years) or other young women. One day as were pumping water at the village well, she joked about the way women pushed the pump up and down as if they were having sex. The other women, mostly married, laughed and told her to stop saying that. They did however, seem to enjoy the discussion. A second time that she openly talked about sex was one morning when she was chewing a piece of sugar cane. The children gathered around her and started crying for some. She harshly told them to wait until when they are grown up and able to use their bodies (for sex) to acquire what they wanted. She mentioned this in the presence of her maternal aunt who just laughed.

The following are examples of sexual experiences of the three young women from this family:

a) Jane's sexual behaviour

Jane is 20 years old. She has four children but not married. Her children live with her family. Similarly to other family members, Jane was free to do whatever she wanted. I observed that Jane sometimes spent nights away from home without informing her mother. One day when she did not return home, I asked her if she had asked for permission from her mother to stay out all night. She answered that she did not need to even if she went away for several days. She said she was an adult and not in school and hence not controlled by any one.

Jane got her first pregnancy at the age of 16 while in her final year of primary education and had to drop out of school. The man responsible for her pregnancy was the son of one of her teachers. He had completed primary school and worked as a minibus taxi tout. After her mother discovered that she was pregnant, she threatened to take a legal action against him. However, the young man's father gave Jane's mother money to prevent her from taking legal action. The young man's father took Jane to his home and asked his son to live with her until she had the baby. He also provided for Jane's needs until when she had the baby. After having the baby, Jane's boyfriend was told to support her but when he refused, she returned to her family. While back home, the same partner continued having sexual relationship with her secretly and made her pregnant for a second time. This time the partner's father did not intervene. Jane had her second birth of twins at

her parent's home and continued living there. When the second pregnancy happened, her mother did not follow up.

As Jane struggled to provide clothing for her three children, she said that she took on several sexual partners who provided her with money. She used some of the money to start an income generating activity (making hot ginger and chapati). Although this brought her some money, it also provided her opportunities of meeting more sexual partners as she hanged out for long in the evening. Most of her customers were also men because it is men who usually hang out in the evenings and buy such drinks.

When the second born (twins) were nine months old, she again became pregnant for the third time with a different man. Her mother never asked her about it. She stopped providing her with any personal needs. When her baby was three months old she got another partner who promised to marry her but wanted to live with her at her parents home for some time before he took her to his village. The man had come to visit his relatives living in the same village. Jane told her mother about the arrangement and the suitor joined their family. Jane's mother gave him capital of TSh 20,000 to start a business. However, this relationship only lasted for two weeks, and then he ran away from the village. Accommodating a daughter's spouse/suitor in a parent's home is not common practice. One of the neighbours' said that Jane's mother may have done this out of desperation for her daughter to get married.

Jane said had never used contraception and that she did not know them. The only people she had heard talk about them were married women at the water well.

Jane did not get along well with her mother. Other participants had talked about her quarrelling and fighting with her mother whenever she was asked something. She did not currently have a stable sexual partner. The fathers of her children occasionally sneaked into her hut at night or arranged to meet her in a guest house outside the village.

b) Angelina's sexual behaviour

Angelina is the third born in this family. She is 18 years old and has one child. She said that prior to becoming pregnant, her mother had high hopes in her after her elder sister Jane had disappointed the family. Her mother had enrolled her for an evening tailoring course. She, however, always came back home late and whenever she was asked she said that she had left the training late or had passed by a friend's house. Since she finds it difficult to sneak out at night, she utilizes the time after the tailoring course to meet her partner along the path on her way home or in the guest house.

Angelina got pregnant immediately after completing primary school at the age of 16. She was

made pregnant by a young man who had come for construction work in their village. She said that she used to sneak out from home to meet her sexual partner. She had sex in exchange for money. She said that her mother did not know that she had a sexual partner until when she saw her pregnant. Her mother followed up with the man responsible for her pregnancy and since he did not have his family in the village, she told his employer about the issue. The employer to the young man gave part of the young man's salary to Angelina when she had the baby, but this did not go on for long. The young man stopped work with this employer and moved out of the village.

One of her friend's (Naima) mentioned that Angelina had several sexual partners when she became pregnant. She was unsure about the man responsible for her pregnancy and when asked by her mother she picked on the one she thought was economically stable. Angelina currently has another boyfriend, a secondary school boy. She said that her partner comes from a wealthy family and therefore provides for most of her financial needs. She showed me the piece of cloth and shoes she was wearing that had been bought by him.

Angelina said that she would like to use contraceptives but she fears because she has heard people say they are dangerous. On one occasion, she discussed with her friend (Naima, a young woman aged 19) about what she had been told when she went to the clinic to ask for them. Both girls had been told to go back at the right time of their monthly cycle. They had not found time to go back. Similar to her sister Jane, she said that she has never been advised about contraception by anyone and that she had decided to go to the dispensary, after hearing from women from the village talk about them.

c) Jacky's sexual behaviour

Jacky is 22 years old. She has two children and has never attended school because she had chest problems. Jacky seemed to experience more economic problems than her cousins (Angelina and Jane). It was during the end of my stay that Angelina told me that she was not her sister. Jacky had lived with this family since she was three years. Jacky's mother was a single mother with no permanent residence.

It was noted that Jacky was always at home. While her sisters went to visit friends and relatives she stayed at home and did most of the housework. Jacky seemed very secretive. She never discussed her sexual experience during the informal conversations I had with her. Jacky said that the men responsible for her two pregnancies are both married. Salma appeared more open to discussing Jacky's sexual experience than she was discussing about her own daughters (Jane and Angelina). Salma said that Jacky refused to disclose the man responsible for her second pregnancy when she asked her. Salma said that she wondered how Jacky got pregnant because she is always at home.

Angelina shared a sleeping place with Jacky. She mentioned that Jacky sometimes sneaked out at night to meet her sexual partner. When she got pregnant for the second time, she told Angelina about the man responsible and told her never to tell any one. However, when Angelina had the baby and was experiencing economic hardships, Angelina said that she decided to tell her mother about this man. Salma approached the man with the issue and asked for economic assistance. The man denied responsibility saying that he could not have sex with someone like Jacky. Jacky is the main provider for her two children through money earned through casual labour.

Conclusion from family case 1

Parental control and monitoring seemed challenging in this family. The mother (Salma) was always busy trying to find money to support her family. In addition, Salma could not prevent her daughter (Jane) from engaging in business even though she was aware about the risks that her daughter was exposed to. She could not afford to fend for her grandchildren.

It is clear that children from this family had limited parental control and monitoring. They were also constrained by economic hardship which seemed to affect them and their children. They did not discuss sex with any responsible adult who could advice them and whenever they tried to informally discuss this in the presence of their mother they were silenced with rebuke. I think some of the young women (e.g. Jane), would have like to talk about sex as reflected in the way she comfortably joked about it with children, women and young men. These young women lacked basic information about contraception. Even when Angelina tried to access them secretly, she was not able to get them.

1.1.1.1 Family case 2: Single parent family

Description of the family

Family 4 is headed by a widow called Mary who is 56 years. She had separated with her husband for about ten years at the time of her husband's death and only returned to live with her children after her husband died. During the time of their separation her children lived with other relatives and her co-wife. She has five children. Three are married, one lives in the city while she lives with one. Mary also lives with her 17 year old step-son, 8 year old granddaughter and 29 year old nephew. Her youngest son, step-son and granddaughter attend primary school. The nephew (Daniel) came to live with Mary's family a year ago to escape police arrest for making a primary school girl pregnant in his home village.

Mary went to school until standard seven (final level of primary education in Tanzania) and had an ambition of becoming a teacher but this was shattered when she got married. She said that she attended adult education out of interest and to refresh her on what she had learnt during her school days. She is an active member of the African inland church (e.g. she sings in the church choir and is also a member of the church committee).

Economic context

Mary's home has three huts constructed of thatch roof and mud walls. The huts are each partitioned into two rooms. They have small windows and very weak doors made out of old pieces of iron sheet. She sleeps in one of the huts with her granddaughter while her sons and nephew sleep in the second hut (also used as a kitchen). The research assistant shared the hut (also used as a kitchen) with the males. The third one has been rented to a *msimbe* old woman who pays Tsh 1000 per month.

Mary gets her family needs through subsistence farming. Her nephew also contributes to the family needs through his engagement in fish selling business. When she has a major need she sometimes sends her children to get help from her son who works in a fish factory in the city. Her two sons also engaged in petty trade such as making and selling brooms and casual labour such as making and transporting of building bricks. The main meals in this family comprise of sweet potatoes and water for lunch and *ugali* and fish or leafy vegetables for dinner. Like many families in the village, this family does not usually have breakfast. They also did not have basic facilities such as a bathroom and toilet. Family members usually bathed at night when it was dark. The toilet comprised of a temporary structure made of grass with no roof and door.

Mary had applied for church aid usually for very poor families. She hopes that if she gets it she may be able to send her sons to secondary school. Like many other young people her children struggled to get basic needs (e.g. clothing). They had one pair of school uniforms and if they washed them and were not dry by the following day, they wore them while wet.

Mary sometimes complained about her children not obeying her. She compared their behaviour with children of the past. Since she was religious, she believed in God disciplining misbehaviour. She also believed in children learning a lesson the hard way if they did not respect their parents.

Communication about sex

Mary indirectly communicated with her male children about sex. This communication was mainly in the evenings after dinner as the family had a chat before going to bed. Each communication was always followed by a prayer which was part of this family's routine before going to sleep. Her discussions mainly focused on HIV/AIDS and general respectful behaviour and ended with a mention of God. She talked about the dangers of HIV and the risks that befell young people and that her role was to advise her two sons:

"After having supper, Mary started saying "My children you were born during a very bad era" When the researcher asked her what she meant by that she said, "Nowadays there is this modern disease or others say AIDS, it has no cure. But for us during our youth we used to be sick of curable diseases such as gonorrhoea and others. That means the responsibility is upon you to protect yourselves. This is because here in our sub-village there are those who have AIDS and some of them are small girls. So you just have to pray to God".

Mary also said that young women exposed themselves to risk by wearing tight fitting clothes. Young people who successfully complete primary school are allocated any secondary within their district. She indicated that this was dangerous as they may live alone in rented accommodation. Most of the schools are far from their villages forcing them to live away from villages:

For me I think that as these young people live alone in the rented accommodation they are easily tempted to bring girls in their rooms, because they will be alone and have all the freedom”.

The following are further examples of incidences where we observed this family discuss sex:

Example 1: One evening as the family was listening to a weekly radio programme on HIV/AIDS, Mary commented that she doubted the effect of such programmes on people’s behaviours and morals. Her sons listened but none commented. She later concluded by saying:

Every Thursday, people listen to the HIV/AIDS programme but they still commit sexual sin [zinaa]. I can see that God has decided to beat us [punish] with this. I pray that we should pray very hard to God, otherwise all people will be finished [perish]. This is especially the young people because they just engage in the act of marriage [sex] carelessly. [56 year old woman, PO notes]

Example 2: One day after lunch as we sat under a tree chatting, Mary made fun of her granddaughter. She only had one set of underwear which she used for school. She was expected to be careful when seated so as not to show her private parts. When she accidentally sat without covering herself, her grandmother teased her and told her to seat like a woman. She used euphemism of a tomato to refer to her vagina. She said:

“Cover up your tomatoes”

The grand-daughter responded by laughing and covered herself.

Example 3: On another occasion as we were having lunch again, the granddaughter was noticed consuming much fish and at a very fast rate compared to others. She was told that that was a bad sign as she may lust for good/sweet things and easily be cheated by men. Here she was referring to the grand-daughter’s love for fish which was more expensive than leafy vegetables. This meant that she could easily be cheated by money and gifts.

Example 4: As the family members were having a general conversation after supper, Mary said that she had little trust in teachers. She said that she thought they had changed compared to when she was young. She said that male teachers had sexual relationships with school girls which she thinks is bad. Mary showed concern for what was happening as she discussed the exploitation of students by their teachers. One of her son’s gave a current example:

Mary said that these are the last days [end of the world]. People are no longer human. In the past teachers respected their pupils, but today teachers have sex with their pupils. One of her son’s contributed in the conversation by saying at their school there is a teacher who has been reported for raping a standard 7 girl at his house”.

Example 5: One evening after dinner, Mary started discussing her married daughter Mercia. She

said that she was not happy about her marriage. When she realized Mercia was pregnant, she asked her about the man responsible. Mercia mentioned a certain young man from the same sub-village. Since she did not like the man and his family she advised her daughter not to elope with him. She explained that she did not like the family because they were reputed to be witches, immoral and non-religious. Other family members were also unhappy with them and furthermore they had not paid any bride price. She anticipated that the marriage would fail. Mary said that Mercia did not heed her advice as she decided to elope with the man. Mary believes that her daughter had been bewitched by the family because she did not want to listen to advice and insisted on getting married to that man.

Parental role in young people's sexual behaviour

Both of Mary's daughters had had unwanted pregnancies. As mentioned above, Mercia eloped with a young man. The other daughter is the mother to the grandchild that Mary lives with. She is married and lives in the city.

Mercia had been brought up with a paternal uncle. After failing in her primary school exam, she joined a tailoring course but was not able to finish when she eloped. Mary said that she used to sleep with her daughters in the same room and so nothing happened at night. She suspected that her daughter might have slept with men during day time. This differed with Mercia who had reported about them having slept in a different house

Mercia came to her mother's home daily to ask for supplies or child care. During an informal conversation in the presence of her mother and a neighbour, she talked of how their mother had controlled them very much before she eloped. She thought strict parental monitoring was not enough or effective to restrain young people from engaging in sexual activity. Their mother had thought that she was monitoring them (her and her elder sister) but they were cleverer than their mother because they still managed to sneak out at night to meet their sexual partners. Their mother, however, responded by saying that they were cheating themselves and not her because it was them who lost out by being made pregnant by men who never paid any bride price for them:

Before she got married Mercia slept in a separate house from her mother. She shared this with her elder sister. Every evening their mother used to stay in their sleeping house chatting until 10.00 pm. She could then wake them up at 5.00am.. She said that despite their mum being with them most of the time she still managed to sneak out. She used to sneak out at 11.00pm. and come back at 4.00am. She put it as "We had very complicated/hard science [tricky/clever]. Mother could never be able to see us. The most that she came to see was pregnancy and started wondering how I and my sister got them". [PO notes, 26 year old married young woman].

Conclusion of case

Mary was very religious and tried to incorporate a SRH advice in her conversations with her children every day. Although Mary tried to control her daughters, they still managed to sneak out at night and went to have sex. They both ended up with unwanted pregnancy.

Family case 3: Single parent family (Jamila)

Description of the family

This family was headed by a *msimbe* woman (Jamila) aged 46 years. Jamila dropped out of primary school due to pregnancy. Jamila has 11 children. She now lives with 8 of her children and one relative. She lives in her deceased parent's house. Five out of the eleven children are above the age of ten. Her two daughters (Yasmina, aged 21 and Amina, 23) schooled until secondary school but did not continue with their education because they failed in their exams. Jamila said that most of her children were brought up by her relatives. The two daughters who had gone to secondary school had been brought up by one of her sisters working in town. Her other small children had lived with her parents until three months ago when the parents died. Each of her 11 children had different biological fathers. She mentioned that she had been married for two years but she was separated from her husband. She referred to herself as *msimbe* and her home as a *msimbe* home.

Economic circumstances of this family

In addition to farming, Jamila brews local beer for a living. She brews about 40 litres of beer twice a week and earns a profit of Tsh 5000. She said that she mainly survives from the sale of beer which earns her more money than farming. Jamila also mentioned (during an IDI) that she gets financial support from her sexual partner (married man) and sometimes from her sister working in town.

She had not lived with most of her children because she was not able to provide for their needs. Yasmina, Amina and their elder brother are engaged in income generating activities. Yasmina has a small kiosk while Amina works in a local pharmacy for a pay of Tsh 5000 per month. Jamila said that her two daughters also contribute to basic family needs.

Jamila's family lives in a brick walled and tin roofed house. The family has three houses which are all tin roofed. The home also has other facilities such as toilet, bathroom and a water well which most villagers did not have. Jamila said that all these belonged to her deceased parents and they were constructed by her brothers who worked in the city.

During an informal conversation, she talked about how she had applied for a loan from a microfinance organization. The loans had been channelled through the village leaders and they were the ones who decided on suitable candidates. She thought that she failed to get it because the village authorities argued that she was unmarried and hence not considered a permanent residence of the village. They also told her that they were unsure of how she could repay the loan. She was crying when she talked about this. She mentioned that the authorities were biased about marital status and that this was why she was excluded. She had planned to use the loan to start a food kiosk and rent land for large scale cultivation.

Jamila said that she needed a constant flow of income to support her family. She had set up the kiosk (where Yasmina worked) from the capital of Tsh 100,000 she received from her younger sister (the one who had been living with her two daughters) to buy food. Instead of buying sacks of maize and storing them for future use, she decided to start the kiosk with a hope that it could generate money to constantly support the family. Another reason for setting up the kiosk was to keep her daughter (Yasmina) busy so that she did not think about 'destructive things'. She hopes that her relatives would support her daughters (Amina and Yasmina) to join a teacher training college.

Jamila was among some of the parents that did not have confidence in the primary school teachers in the village. She was not happy with the way the teachers were treating children at school. She mentioned how teachers exploited pupils and parents and how she had been asked to pay double the price of school uniform for her youngest daughter and yet she had not received it a month after the payment. She also reported that teachers exploited pupil's labour for no pay as they gave them household tasks to do during school time. She felt powerless to question this practice because the teachers were educated and hence she would not know what to say to them. I observed that there was a day when the school had a parents meeting and she send her daughter (Yasmina) to attend on her behalf because she thought Yasmina was educated like the teachers and thus would know what to discuss with the them.

Parental control and monitoring and sexual behaviour

Jamila's daughters were some of the few young women of their age who had not had unwanted pregnancies. They had not lived in the village for most of their life. They seemed to be selective in their choice of partners. They had relationship with men who were relatively educated (had secondary education) and who lived out side the village.

Similar to many mothers, Jamila believed that respectful children listen to their parents. She also said that children's freedom should be controlled. She perceived children who had excess freedom as lacking respect for their parents. This is illustrated in the following excerpt from the interview:

If they stop respecting you, they will have freedom, but if they respect you they cannot have freedom. [46 year old single mother, IDI# 19]

Jamila seemed uncertain about whether a father's physical presence would influence child's sexual behaviour. She believed that an individual child's behaviour seemed to be important. Her two opinions are shown below:

There are children who do not have discipline, and if they live with their mother alone, they can defeat her [mother cannot control them]. They will just go and have sex with men, but then if children live with both parents, they can fear. But children of these days, even if they lived with their father they can still be wahuni [immoral] ...They don't fear. I mean there may not respect even if they live with their father...they may be disobedient. [IDI # 19, 47 year old single mother]

While at Jamila's home I observed that she was also living with another relative (Martha) aged 33 years old. I observed that Martha was very sick. Jamila said that Martha had AIDS. When I asked her why she thought so, she said it was because of the symptoms she showed like having constant diarrhoea and body wasting and also because she had been married twice and both her partners were deceased. Martha wanted Jamila to take her to the regional hospital in the city because the local dispensaries had failed to cure her. The regional hospital is bigger than the dispensaries in the village and is located 20 kilometres away, making it difficult for most people to access it.

Communication about sex in the family

During an in-depth interview with Jamila, she said that she thought her children were not sexually active because she had not seen them with sexual partners or seen them bring home gifts or money. However, she said that it was possible that her daughters had sex but because she did not spend much time with them, she could not be sure. This expectation is contrary to the societal expectation on secrecy in sexual relationships. She mentioned that she usually warned her daughters against engaging in sexual activity by telling them that she doesn't want to see any of them with a man. For example:

I: Do you talk to your children about sex?

R: That I do very much...I talk about uhuni (immorality)...concerning immorality, 'I should not see anyone here with a man. Again I should not hear that so and so were with so and so [partner], I should never see this or hear'. [IDI #19]

Jamila's main reason for warning her daughters against engaging in sexual activity was for them to have respect for her and to fear her. She said that her daughters never travelled to visit relatives. I observed that was contradictory to what her nephew had told me about H1-f having travelled during Easter. This happened when I went to her kiosk and failed to find her.

In addition to warnings against sex, she also reported that she had talked to her daughters about STIs and HIV/AIDS, but never about pregnancy. When she talked to her daughters about HIV/AIDS, they responded by telling her that they knew about it. As seen from the excerpt from the interview below, she mainly approached the communication from the perspective of the dangers of HIV/AIDS and the inconveniences it would cause her if any of them got infected:

I: What did you tell them about HIV/AIDS?

R: Ee, there you have to be careful, so that you do not get that disease (HIV), because you will really make me suffer [caring for the AIDS patient]

I: And what did they say?

R: They said that they understand, they are adults and they know all that I am telling them. [IDI #19]

Jamila has never seen a condom although she has heard people talk about them. She had also never discussed condoms with her children nor her sexual partners.

Gender power and parental role in young people's sexual decision making

Jamila said that her daughter, Yasmina, had received a marriage proposal. Although her mother had reported that she was not sure of whether Yasmina had a boyfriend, it is possible that she was not aware of her relationship. I had however, regularly observed Yasmina chat with the young man (suitor) at the kiosk where she worked.

When the suitor came to her home, Jamila called her clansman to come and discuss the marriage issues with him. She felt that as a woman she could not make big decisions like this (marriage). Jamila said that her daughter had told her she was not interested in getting married and hence they should tell the suitor to pay a large bride price so that they could discourage him. This is illustrated in the following:

I: And did the suitor come home?

R: Yes, he came home and said, 'mama I have come to be born here'. I asked him to be born here?[away of presenting a marriage proposal]... for which daughter?... 'For your younger daughter Yasmina'. Then I told him, 'My son I cannot talk about these issues. I have a brother, may be I should tell him to come. Then I send one of the children to call him [IDI # 19].

Even though Jamila was a single mother, she felt that was not proper for women to make decisions related to their daughter's marriage. She thought such decisions can only be discussed by men. Although she is the female head of her family, she had to ask one of her male relatives to come and discuss the marriage issue. It is also clear that direct language is not used during marriage negotiations. This indicates how difficult parents may find talking about sex even to young people who are not their own children.

Parent as role model

Jamila believed that a parent had to be a good role model for children. Although she has a sexual partner who helps provide for her needs, she tries as much as possible to keep this secret from her children. She meets with the partner at her friend's house (fellow *msimbe*) and she receives money in exchange for sex. She reported that a woman should not have sex for no exchange:

You cannot have sex with a man without a gift... We have passed through that... why should you give him and he does not give you, he must also give you [IDI # 19].

Jamila revealed different, sometimes contradictory aspects of herself. For example, she is a Catholic Church choir member, she also brews local beer and has a sexual relationship with a married man. These project different moral codes. All the different roles that this *msimbe* tried to play at different moments of her life seem to be contributing to her whole life in one way or the other. She said that she tries as much as possible to keep her own sexual reputation secret because she believes that she has to be a good example to her children because she feels that if they knew about it they would not respect her. At the same time she feels that her religious life is important and she also has to survive by brewing local beer.

Family case 4- young woman from both parent family

Illustration of the nature of young people's sexual relationships- Based on IDI

Neema is a 23 years old woman and the first born in her family. She schooled until standard 7. Her family comprises of a mother, father and 8 siblings. One of her younger brothers aged 21 was married. The other siblings were in primary school. Neema's parents also went to school until standard seven. Her family attends the Pentecostal church. Neema said that she is a committed Christian and sings in the church choir.

Neema is an example of a mobile young person. During the first phase of the interviews, she was living with both parents after separating with the man whom she had eloped with for a year. At the second phase of the fieldwork (2 months later), at an interview with her cousin, it was revealed that she was living with a friend (single mother) after being sent away from home by her father for being promiscuous and not helping with family chores.

The main economic activity for her family is subsistence farming. In order to meet their family needs they sell farm produce. Children are bought clothing once a year after harvest. Neema was engaged in petty trade which involved selling rice at the village centre during the first phase of the interviews. During phase 2, she was working as a food kiosk attendant at Kisesa centre.

The family has one large house with six rooms. The house is constructed of mud walls and has a tin roof. All the children apart from her younger brother who is already married sleep in the same house with their parents. This is untypical because most families have small houses which are not able to accommodate all family members.

Sexual decision making

Neema believed that a sexual relationship should be based on love and not necessarily on parental approval. She talked about how she refused a suitor, approval by her parents after receiving bride wealth. She said that she did not love the man and to avoid being forced to marry him, she decided to elope with the man she loved

Neema mentioned that her parents used to provide for her needs and that she did not decide to engage in sex for the first time out of economic disparity but because her peers teased her for not having a partner and for relying on her parents for all her economic needs. She got gifts from her boyfriends. Since her parents are very strict and followed up on everything they saw her with, she feared them questioning her about an item they had not bought for her. She started a small business to help explain how she had got the items she had received from her boyfriend. She also felt that it was inappropriate for her to show her parents that she had a sexual partner. In addition to peer pressure, Neema believed it was necessary for a young woman to have sexual partners:

I: Do you have a boyfriend?

R: Yes, of course, I must have a boyfriend because I am a woman

She believed that sex among young women of her age could not be prevented. She said that parents could prevent a young person from sex for a short time but could not stop them completely as sex can be kept secret.

I: Do you think someone's parents can prevent him/her from having sex?

R: Your parents can prevent you, yes they can prevent you...but they can't prevent you completely because that is someone's secret.

She also mentioned that sexually active young women, who had experienced pleasurable sex, were unlikely to be stopped by any one including their parents.

I: If a girl like you has started having sex, do you think she can stop?

R: No, obviously she can't...Because I think...if you have started something still it has certain sweetness... [Laughter] In fact it is not easy...May be if you are tired of each other...You can only listen if you are tired of each other...in that case you will say, okay let me leave him

She mentioned that she had had a total of three sexual partners. Each of the relationships is discussed as follows:

a) Sexual relationship with partner 1

Neema had her first sexual partner at the age of 16 after completing primary school. This partner came from the same village and is the one she eloped with for a year and with whom she had a child. She met him when she had gone for her nursing course (at Kisesa centre) which is about one and a half kilometres away from her home. She used to go for evening classes which started at 3.00pm and ended at 6.00pm. She walked to and from the centre and usually arrived back home at round 7.00pm. It was during her walk home that her first boyfriend approached her and they started having a relationship. They used to meet every evening on her way back home. At first when he told her that he loved her, she asked to be given time to think about it. The following day when they met again he gave her money, which she used to buy body lotion and food stuffs consumed at school. She then started having sex with this man in the bushes in the evenings on her way from school. One day as she was chatting with him, her father accidentally saw them and punished her for this:

I was with this lover of mine having a stroll ...But unfortunately my father had seen us. On my arrival back home, he called me and asked me, 'you were at a certain place, whom were you with?'...I told him I was alone but he did not believe me...he mentioned his name... Now when he mentioned his name, I had to agree...And when I agreed he told me to bring a stick, and I really took that stick to him, he beat me and told me that he would not like to see me doing that again.

This is the man Neema eloped with. Their sexual relationship lasted for one year.

b) Sexual relationship with partner 2

After Neema separated with partner 1, she lived with her parents for about a month and then travelled to visit her cousin who is married in a different village. Her intention was to be away from her village for some time to recover from the bad experience she had had with partner 1. She stayed at her cousin's home for a week and in that time she started a relationship with partner 2 (a

married man). He was a businessman who traded in cattle. She met partner 2 when she had gone to fetch water from the well. He had first approached her by pretending to ask for water to drink. When she gave him water, he pretended to drink it as he asked her where she came from and the person she had come to visit. The man had pretended that he wanted some water because he wanted to get an opportunity to talk to Neema. The following day the same man followed her to the well and told her that he loved her. They agreed to meet the following day and had sex in the bushes. The relationship with this man lasted one sexual encounter and Neema said they used condom to protect themselves against HIV. She feared her parents knowing that she had sex with this man. She had told him not to tell her cousin because she would tell her mother:

My cousin didn't know, if she knew she would have sent information to my mother...I told him that if you tell her (cousin), my mother will definitely know...And my father will also know...Then you will bring me problems.

Neema reported that when they met to have sex, partner 2 brought her a gift of a brand new *kitenge*¹². He also gave her Tsh 2000 to use for bicycle transport on her way back home. The partner also asked her when she would visit again, but she told him that she did not have a plan of going back there because she was going to start a rice selling business.

c) Sexual relationship with partner 3

Neema met her third partner (current at the time of fieldwork) when she had gone to Kisesa centre on a market day. Partner 3 was a salesman in one of the shops at Kisesa centre. When they first met he gave her Tsh 3000 which she spent at the market. They started having sex the second time they met which was five days after the first meeting.

Neema said that although she had been with this man for three months, she did not know him well. They usually had sex on market days when she was sent there by her mother. While with partner 3, she found out that she had an STI. When she told partner 3 about the stomach pain she had had for several months, he gave her money to seek treatment at the dispensary. After tests she was told that she had an STI. She mentioned that although she had the stomach problems for a long time, she had been unable to seek treatment because she did not have money and she feared telling her parents. She believes that she was infected by partner 1 because she had been with him the longest and also because the doctors said that she had had the STI for a long time. She said that she uses condoms with her current boyfriend because she does not trust him and that he is the one who brings condoms during their sexual encounters:

We are using condoms because I do not know who he is having sex with when he is out there... You know you can get a lover who can tell you that you are the only one, but in fact he has others out there.

Discussion about pregnancy, contraception and HIV/AIDS

Neema had never initiated a discussion on sex with her parents because she felt it was shameful to

¹² Flowered piece of cloth that women tied around the waist.

do that. She mentioned that her mother sometimes warned her against engaging in sex after hearing something unpleasant about her or other women from the village. The main focus of the discussions was about the dangers and consequences of HIV/AIDS. This is illustrated below:

Sometimes when I am with my mother, for example when we are in the kitchen ... she tells us that we shouldn't also be like them, like that one [misbehaved girl] ..., you know how the situation is at present, it has become bad... For example, if you think carefully about this disease, about AIDS, if you get it..., you shouldn't come near me again, you should not come again to my home.

Neema said that she was usually satisfied with her mother's discussion about HIV/AIDS and its dangers because she had witnessed her uncle suffer from AIDS. She said that she is particularly afraid of having to take care of an AIDS patient until s/he dies.

Neema said she never discussed pregnancy and contraception with her mother. She did, however, discuss contraception with married women at the water well. She has never used the contraceptive pills or injections (most commonly available in the village health facilities) because she feared their side effects (e.g. menstruating three times in one month) and hence her mother discovering she was using them. She said that people believed that women who menstruated more than once in month used contraception (e.g. pills). These were expected to be married women. She expresses her concern in the following:

Now you come to ask yourself that ee, for example, if I start using these...these tablets [pills]...now when I start menstruating...If I will have menses three times in a month, people at home will think badly about me...Now I am just afraid of that

The above illustration is a clear example of the influence of the family on sexual decision making.

The fears that this young woman had concerning people in the family finding out that she was sexually active and that she was using contraception were greater than the real fears that may come with unplanned pregnancy. It may be that this young woman was more concerned about her reputation and short term implications such as shame if discovered than the long term consequences of unplanned pregnancy and HIV/AIDS. It is clear that lack of mother-daughter communication about contraception may lead daughters to seek contraception information elsewhere (e.g. from other older women whenever an opportunity arose for example, at the water well), since they may be interested in using them but lack adequate information. The danger of hearing it from any one is that the communication may be confused with misconceptions which create fear and barriers to use. Another danger is that most of the people may not be well informed and therefore discourage use. However, it is possible that the fears about the side effects resulting from contraception may be correct and may require further exploration on the type of contraception available in this context and their chemical concentration.

Although the communication about sex with her parents was limited, she felt that parents were the right people to channel SRH messages to young people like her as they had lots of experience and were knowledgeable about sexual issues.

Appendix B: Methodology related

Appendix B1: Map of Kisesa



Source: NIMR, report of Kisesa open cohort, Dec 2005

1.1.2

Appendix B2: Information sheet

Information sheet

A. Purpose and background

1. The University of Southampton UK in collaboration with the National Institute for Medical Research-Tanzania, are conducting a study to understand the role of family context (e.g. personal material and non-material support) in influencing unmarried young people's sexual behaviour, particularly how they form and dissolve relationships and experience transactional sex and how this may impact on their risk for HIV. This study is will be useful in providing understanding on young people's HIV risk behaviours in relation to family context for the effective control and prevention of the epidemic. It will also help come up with recommendations on how to strengthen families as a sustainable intervention for the unmarried young people.
2. You are being asked to participate in this study because we believe you have valuable information and can be of help to the carrying out of this study.

B. Procedures

If you agree to be in the study, the following will occur:

1. All the questions you may have about the study will be answered to your satisfaction. You can ask your questions now or later, any time you like. The interviewers/focus group facilitator will answer any questions that you may have to your satisfaction. If you will have further questions after the researchers have left please address them using the address provided at the bottom of this sheet.
2. If you agree to take part in this study we will ask you to sign the consent form.
3. We will then ask you to take part in an in-depth interview or focus group discussion. The interview/focus group discussion will take approximately one.

4. The interview/focus group discussion will be recorded for the purpose of getting the information accurately. We therefore ask you to allow us to record the interview/focus group discussion. If you are uncomfortable with the interview/focus group discussion being recorded, please tell the interviewer/facilitator so and they won't record the interview/focus group discussion. We would instead ask you to allow the interviewer/facilitator to take hand written notes. The tapes and notes will be kept confidential and anonymous.

C. Discomforts

Some of the questions to be asked will be about your private life, but you are free to decline to answer any questions you do not wish to answer at any time. The response to all questions will be kept confidential.

D. Consent

You will be given a copy of the information sheet to keep for future reference.

PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

You are free to decline to be in this study, or to withdraw from it at any point. Nobody will be told that you don't want to take part in this study.

The interview/focus group discussion will be conducted in strict confidence; neither the tape nor the notes will bear your name. Your information will be kept as confidential as possible. No individual identities will be used in any report or publication resulting from this study. Only senior researchers may see your information for the purposes of analysis.

We thank you for your co-operation. We now ask you to sign the consent form if you assent to take part in this study.

E. Further information

If you would like any further information and if you have further questions or comments after the interviewer/focus group discussions facilitators has left your community, please address them to:

Joyce Wamoyi
National Institute for Medical Research,
P.O. Box 11936,
Mwanza.
Telephone: 0282502203
Fax: 028 2500019
Email: Jwamoyi@hotmail.com

Or

Joyce Wamoyi,
University of Southampton,
Highfield, Southampton
SO17 1BJ, UK

Thank you for your cooperation.

Appendix B3: Participant observation checklist

1. FAMILY BACKGROUND-SOCIO-ECONOMIC STATUS

- a. Family type/composition- Fluidity (When and why)
- b. Parental/guardian roles
- c. Social conditions/background/social events
- d. Economics/income of family e.g. housing, livestock

2. FAMILY MATERIAL SUPPORT

- a. Young people's home and school needs
- b. Economic activities of young people

3. FAMILY SOCIAL SUPPORT

- a. Interactions between parents/carers and other family members with young people
 - When do they interact, where, how, how often, why
 - Time spend together
 - Activities parents and young people share
 - Differences between male and female young people and their parents/other family members?
 - Communication among family members

4. YOUNG PEOPLE'S SEXUAL BEHAVIOUR

a. Communication about sex

- b. Sources of SRH information
- c. Discussion of sex and sex related matters in the family e.g. what, who, when, how often, who initiates, why

b. Relationship dynamics/partner selection

- a. How do young people form and dissolve relationships?

c. Parental/guardian perception of young people's sexual behaviour

- a. Parents/guardian feelings about young people's sexual behaviour
- b. Influence of young people's sexual behaviour on their relationships with their families. Look for the following:
 - Arguments
 - Discussions
 - Disagreements/agreements related to young people's sexual behaviour

5. PERCEPTION OF VULNERABILITY TO HIV AND OTHER SRH RISKS

- a. What concerns them most? What risks
- b. Perception of vulnerability to HIV

Appendix B4: In-depth interview introduction information

INTRODUCTION: Hello and welcome. Thank you very much for agreeing to come for this interview. My name is Joyce Wamoyi. I am a student at the University of Southampton in the United Kingdom and I am conducting a research in collaboration with the National Institute for Medical research, Mwanza.

PURPOSE: As I had mentioned on the information sheet that I gave you earlier, I am here today because I would like to know about the role of young people's family in their overall behaviour and sex in particular. This is because young people are members of families and families may be important in many ways and may influence their sexual behaviour in different ways. Parents/carers may want or wish to work/communicate with young people about sexuality and vice versa. I therefore would like to know the family processes and the existing forms of support that may be available for young people. I would also like to get suggestions from you on how you feel about this and how this can be improved to reduce young people's risk from HIV as well as enhance their relationship with their families.

The information we obtain will be useful in providing understanding on young people's HIV risk in relation to family context for the effective control and prevention of the epidemic. For example, we shall come up with recommendations on how to strengthen families as an intervention for young people.

IDENTITY AND INVOLVEMENT: I have invited you to participate in this interview because I feel you have useful information and suggestions. So please be honest about how you feel and what you think. This is because by taking part in this interview you will help us find out more about young people, families and relationships. Please note that there are no 'right' or 'wrong' answers. Young people may have different sexual experiences at different times. Families too may have

different experiences with their young people. I am interested in your ideas and experiences whatever they are.

ABILITY TO SAY NO: Remember, you do not have to talk about anything you do not want to. If for some reason you don't feel like responding to an issue please let me know and I shall move to the next issue. This will not affect your ability to receive services from the NIMR projects now or in future. However, I would really appreciate if you would answer the questions honestly and openly so that an understanding could be found on what young people/parents/carers in this village really do and think.

CONFIDENTIALITY: Before we start the interview, I would like to assure you that whatever you say will be confidential. This means they will be private between you and me. I am not going to write down your name. If you agree to participate in this discussion you can place a mark here. Again your name will not appear anywhere on any reports resulting from this discussion.

TAPE RECORDING: I would like to introduce you to this machine (tape recorder). Have you seen this machine before? It is called a tape recorder and it is used to record discussions/interviews. (I will now show you how it works by recording myself and playing it back to you). I would like to ask for your permission to tape record this discussion. This is because this will help me focus on the discussion without worrying about writing down everything you say since everything you say is useful. Is it okay for me to use the tape recorder during this interview? Thank you. [*If you would not like me to use the tape recorder, it is fine. I will therefore have to take notes during our discussion. This means the interview will take a little bit longer since I have to write whatever we discuss so as not to forget*].

TIME FOR THE DISCUSSION: I expect the interview to take one and half hours to two hours. Although I would like you to stay till the end of the discussion, please feel free to leave anytime you want to or ask for any breaks in between.

QUESTION: Before we start our discussion do you have any questions you would like to ask on any of the things I have just said?

Appendix B5: Topic guide for In-depth Interviews with young people

Thank you for agreeing to participate in this interview today. I would like us to have a discussion about your family and yourself, please feel free to respond to questions you feel comfortable with.

1. SOCIO-DEMOGRAPHIC INFORMATION

- a. How old are you? (*Probe: year born*)
- b. How many years of schooling have you completed?
- c. What is your religion?
- d. What is your ethnic group?

2. FAMILY AND SOCIO-ECONOMIC STATUS

- a. When I say family what comes to your mind (how do you understand this)?
- b. Can you please tell me about your family? (probes: whom reside with, relationship with them, how long they have been living here, family composition in that household, where they have lived in the past)
- c. What are your family's sources of income? (parental/guardian occupational status)
- d. What is your parent's level of education? (mother, father others)
- e. Please describe about what the house you are living in is constructed off? (where they usually sleep at home at night and why)

3. MATERIAL SUPPORT

- c. When I say young people's personal material requirements what comes to your mind? (probe for how they would regard clothing, pocket money, school requirements, soap, body jelly, perfume)

- d. How do you get your personal material requirements that you have just mentioned to me?
 - Why do you get them from these sources? (Probe for family support if not mentioned)
 - How do you access this support?
 - How often do you receive personal material support? Why these frequency? From who (parents/ and others)?
 - What are the Male/female differences in provision for you and other young people in your family? Why?
- e. Can you please tell me about your feelings concerning the personal material support that you receive?
 - What do you feel about the quality, appropriateness to your needs and access)?
 - Do you think your needs are met?
- f. Are you involved in any activity that earns you money?
 - If yes,**
 - Can you please tell me about these activities?
 - Which activity earns you the most money?
 - How satisfied are you with the money you get?
 - How do you spend the money that you receive?
 - If no,**
 - Some people of ages similar to yours are engaged in an economic activity that earns them some money and some are not. We are interested in how they decide this. Can you please tell me why you are not involved in any economic activity?

4. SOCIAL SUPPORT

Now I would like us to discuss young people's personal social support (emotional and moral)

- a. Generally speaking what are some of your problems and worries? (Do you recall of any major events/traumas that have happened in your life?)
- b. When we have personal problems we sometimes want to confide or talk to someone else. Can you tell me about whom you confided in or asked for support/advice when you experienced this major event/trauma?
 - Why did you decide to talk to this person/people?
 - **If participants don't mention a family member then ask:** You have told me about people you have confided in the past, but you did not mention anyone from your family, Do you ever discuss with members of your family about your personal problems? If yes, What problems? With which family member? Why these person? If not, why not?
 - Let us recall all the sources that you mentioned earlier that you get support from- how do you feel about the personal support that you receive? Are you encouraged as much as you need to understand your problems and worries? If yes, how?
 - How satisfied are you with the quality/size/adequacy/appropriateness to your needs?

5. YOUNG PEOPLE'S SEXUAL BEHAVIOUR

(Thank you. Now I would like us to discuss the role of your family in your sexual behaviour. Please feel free to respond as truthfully as you can. Remember you are free not to respond to issues you feel uncomfortable with. I am not here to make judgement. I just need to find out and understand what happens)

Sexual activity and partners

- a. Have you ever had sex?
 - If yes, Can you please tell me about:**
 - How old were you when you first had sex?
 - How old was the person that you first had sex with?
 - Why did you have sex with this person and not someone else?
 - What were your reasons for deciding to have sex? (probe for 'love', 'pleasure' versus exchange)
 - Did you use a condom? (**if yes,** for what reason? **If not,** why didn't you use a condom?)
 - Did you use contraception? (if yes, why?, if not, what were some of your reasons for not using contraception?)

b. Are you currently having sexual relationships?

If yes, Can you please tell me about:

- Why you choose this person?
 - How long have you been together?
 - What are your expectations from this relationship?
 - Condom use with this partner(s), how often, when and why
 - Contraception use with this partner(s), how often, when and why?
 - Nature of partner (economic activity, age, education)
 - If you had another partner before meeting current one, what were the reasons for you ending previous relationship? (probe for 'love', 'pleasure' versus sexual exchange?)
 - You mention that you split with X what happened then?, How much time passed after you split with him before you started another relationship with someone else?
 - [If s/he has multiple partners at the moment], what are the reasons for having multiple partners? (Probe for 'love', 'pleasure' versus sexual exchange.)
 - How do you feel about your relationships? (probe for how significance they think these are, how much depend on their partner)
- d. How many sexual partner(s) have you had in total in the last twelve months? What about since you became sexually active? (*I will help them recall no. of partners by use of sketches describing each partner in terms of occupation, physical features, reasons for break up*)
- e. [For those who reported they have never had sex]:
- Some young people are already sexually active while others are not. Can you please tell me how you made that decision of not having sex? what are some of your reasons?
 - How do you feel about this?
 - Are your friends sexually active? If yes, what are their attitudes towards your being abstinent?
 - What do you think are other young people's views concerning young people who have never had sex?
 - Looking into the future, where do you see yourself in 2 to five years time? What are your plans and expectations?
 - Would you like to have sex soon? Why yes and when would that be? If no why?

Communication with young people about sex

- a. Some young people may talk/discuss sex with other people while others may not. Have you ever talked or engage in a discussion about sex?

If yes, probe for:

- With whom did you talk/discuss sex? Why did you discuss with these person/people?
- Who initiated the discussion/talk?
- What specifically did you discuss? Topics
- Can you tell me how you felt when you were discussing about this? (How comfortable or uncomfortable were you?)
- How did the person you were talking /discussing with react?
- **[If no family members are mentioned, I will ask]**, You have mentioned the people you talk to/discuss sex, but have you ever talked or engaged in a discussion about sex with your parents/ or other family members? (If yes, probe for who in particular? What did you discuss? When did you discuss? Who initiated this discussion? How did you feel when discussing with them?)

[Please probe for each of the following issues If not mentioned at all in the things they discuss /talk about sex]

- b. Have you ever engaged in a discussion with your parents/ and other people in your family about the following issues?
- Abstinence till marriage
 - Contraception to prevent pregnancy

- Consequences of unplanned pregnancy among unmarried young people
 - Condom use for pregnancy prevention, STI/HIV prevention
 - Dangers of getting an STI and HIV
 - The moral aspects such as losing respect in the community as a result of ones Sexual behaviour
 - The benefits of having sex
- c. If yes, when, who initiated the discussion? Why, what were your feelings about this discussion
- d. How satisfied were you with what you talked/discussed with your parents/ about sex?
- How did you feel about what you talked about?
 - How useful is it?
 - How appropriate was it to your needs/ when is it useful?
 - Are there differences in what your parents/ talk about sex with you and with what they discuss with other family members? Male/female? If yes/no, why?
 - Did you ever encounter problems talking/discussing about sex with your parents/? (*If yes, what problems, why, when, how did they resolve them*)
- e. How often do other parents/carers talk/engage in a discussion with their young people about sex? Why this frequency?
- f. If you have never talked/discussed about sex,
- Would you have liked to discuss sex?
If yes, with who? And why these people? What would you have liked to talk/discuss?
If no, why would you not like to talk/discuss sex?
- g. What are your other sources of information about sex?

Transactional sex

- a. When I say having sex in exchange for money or gifts, what is your understanding of this?
- Does this happen in your community?
- b. When you first had sex did you receive or give money/gifts?
- Can you explain what that meant to you?
 - What were your reasons for taking or giving g money and or gifts?
- c. In your last three sexual acts did you receive/give money/gifts in exchange for sex?
- If yes, why? With which sexual partners?
 - If no, why? With which sexual partners?
- d. Are there occasions when you took/gave money but did not have sex? (If yes, why, what happened)
- e. Does anyone from your family know that you are taking/giving money/gifts in exchange for sex? If, yes, who and how? What is their reaction to this? If no, why don't they know? (Link back to communication?) Approved of, not approved of – part of family culture?
- f. [For the sexually active], Okay, you have mentioned that you are sexually active; can you tell me about how your family feels about this?
- Do you think that your being sexually active has in any way affected the way your family treats you? (*If yes, how and why*)

PERCEPTION OF VULNERABILITY TO HIV

- a. What are some of the risks that concern you?
- Why? Which ones worry you most?
- b. Do you think that you can also get HIV?
- If yes, why do you think so?
- If no, why do you think so?
- c. What do you think about the vulnerability to HIV infection among people from your village?
- d. What type of people do you think are vulnerable to HIV infection? Why do you feel these people are vulnerable?

6. SUGGESTIONS/COMMENTS

- a. What do you think could /should be done to reduce the risks you mentioned concern you?
- b. Would you like your family to be involved in reducing your own vulnerability to HIV and other risks? How?

I have asked many questions about what I think is important, but is there anything you think of that I haven't asked about that I should have asked?

Do you have any questions?

We have now come to the end of our discussion. Thanks very much for your time and valuable contribution.

THANK YOU!

Appendix B6: Topic guide for in-depth interview with parents/carers

1. SOCIO-DEMOGRAPHIC INFORMATION

- a. How old are you? (*Probe for year born*)
- b. How many years of schooling have you completed?
- c. What is your religion?
- d. What is your ethnic group?

2. FAMILY & SOCIO-ECONOMIC STATUS

- a. When I say family what comes to your mind (how do you understand this)?
- b. Can you please describe to me the people living in your family/household?
 - How many of these are young people (and their ages),
 - How are they related to you
 - How long have you been living with them
- c. What is your role in the general upbringing of your family members?
- d. What are your sources of incomes?

3. FAMILY MATERIAL SUPPORT

- a. When I say young people's personal material requirements what comes to your mind? (probe for how they would regard clothing, pocket money, school requirements, soap, body jelly, perfume)
- b. How do young men in your family get their personal material requirements that you have just mentioned above? Why from this source? How often do you provide for them?
- c. How do young women in your family get their personal material requirements that you have just mentioned above? Why from this source? How often do you provide for them?
- d. Can you please tell me about how you feel concerning the personal material support that you provide for your sons and daughters?
 - Please comment on how satisfied you are with quality/size/access and appropriateness to their needs?
 - Do you think that your children think that their needs are met? If not why not?
 - How satisfied are your daughters with the quality/size/adequacy/appropriateness to their needs?
 - How satisfied are your sons with the quality/size/adequacy/appropriateness to their needs?
 - If there are any differences in satisfaction between your sons and daughters, why do you think this is the case?

4. FAMILY SOCIAL SUPPORT

[Now I would like us to discuss young people's social support]

- a. Generally speaking what were some of your problems and worries when you were young?
 - How similar are they to what your sons, daughters and other young people currently have?
 - How different are they to what your sons, daughters and other young people currently have?
 - Whom did you confide in or talk to when you had these problems and worries?
- b. Do your daughters/sons **[first ask about daughters and then sons]** ever confide in you when they have personal problems and worries?
 - If yes, probe for what problem, when and why
 - How often do they confide in you?

- What are your feelings concerning the personal support that you provide for them? (probe for satisfaction with size/ quality/appropriateness to their needs)
 - Can you comment on what you think are the feelings of your daughters concerning the personal support you provide for them? (probe for satisfaction with size/ quality/appropriateness to their needs)
 - If no, probe for why? Would you have liked your daughter(s) to confide in you?
- c. In what ways would you like your daughters to behave? Why?
- What ways do you ensure this?
- d. In what ways would you like your sons to behave? Why?
- What ways do you ensure this?

5. YOUNG PEOPLE'S SEXUAL BEHAVIOUR

(Thank you. Now I would like to ask you questions about young people's sexual behaviour and role of their families in this. Please feel free to respond as truthfully as you can. Remember you are free not to respond to issues you feel uncomfortable with. I am not here to make judgement)

Communication with young people about sex (first ask about daughters and then sons)

- a. Have you ever talked to your daughters/sons about sex or engaged in a discussion on any matters related to sex with her?
- If never discussed/talked about sex probe for:
- Why haven't you discussed about this?
 - Would you like to talk/discuss sex with your daughters/sons one day? If yes, what would you like to discuss with them? Why?
- If yes, probe for:
- Who initiated the discussion/talk? How was it approached?
 - What did you discuss? Topics
 - Who was involved in this discussion?
 - Are you comfortable talking about sex with your children? What areas don't you feel comfortable with and why?)

[I will probe for each of the following issues If not mentioned at all in the things they talk/discuss with their daughters/ and sons]

- b. Have you ever engaged in a discussion with young people in your family about the following issues?
- Abstinence till marriage
 - Contraception to prevent pregnancy
 - Consequences of unplanned pregnancy among unmarried young people
 - Condom use for pregnancy prevention, STI/HIV prevention
 - Dangers of getting an STI and HIV
 - The moral aspects such as losing respect in the community as a result of ones sexual behaviour
 - The benefits of having sex

If yes,

when, who initiated the discussion

Why, what were young people's feelings about this discussion

- c. How often do you talk/engage in a discussion with your young people about sex See previous comment re wider broader than 'sex' Do they talk to other people?-
- Why this frequency? (see previous comment)
- d. What are your feelings about what you talk/discuss with your daughter about sex? (Please comment what you feel about the quality, appropriateness to their needs)
- e. What are your feelings about what you talk/discuss with your sons about sex? (Please comment on your feelings about the quality and appropriateness to their needs)
- f. Do you feel that your children have ever changed their attitudes or behaviour after a discussion with you?

If yes, probe for the following

- Discussion/talk about what issues?
- Which effect? On what behaviour?
- Which young person? Why?

If no, probe for

- Why do you think it has not had an effect?
- In what ways do you think you would have made it better?

Transactional sex

- a. When I say having sex in exchange for money or gifts, what comes to your mind?
- Does this happen in your family?
 - Which young people are engaged in this practice?
 - Why are these young people engaged in exchanging sex for money?
 - What are your opinions about this practice? How acceptable do you think this practice is?
 - How common was sex in exchange for money when you were growing up compared to now?

6. PERCEPTION OF VULNERABILITY TO HIV AND OTHER SRH RISKS

- a. What are the risks that concern you? Why?
- b. What are the risks that concern your children? Why?

7. SUGGESTIONS/COMMENTS

- a. What do you think could /should be done to reduce the young people's vulnerability to HIV and the other risks you have mentioned?
- b. How would you like to be involved in reducing your child's risks and HIV vulnerability? (how would you do this using the resources that you have and within your acceptable cultural norms)

I have asked many questions about what I think is important, but is there anything you think of that I haven't asked about that I should have asked?

Do you have any questions?

We have now come to the end of our discussion. Thanks very much for your time and valuable contribution.

THANK YOU!

Appendix B7: Focus group discussion introduction information

INTRODUCTION: Hello and welcome all. Thank you very much for agreeing to come to this discussion today. My name is Joyce Wamoyi. I am a student at the University of Southampton in the United Kingdom and I am conducting a research in collaboration with the National Institute for Medical research, Mwanza.

PURPOSE: I am here today because I would like to know about the role of young people's family in their overall behaviour and sex in particular. This is because young people are members of families and families may be important in many ways and may influence their sexual behaviour in different ways. Parents/carers may want or wish to work/communicate with young people about sexuality and vice versa. I would therefore like to know the family processes and the existing forms of support that may be available for young people. I would also like to get suggestions from you on how you feel about this and how this can be improved to reduce young people's risk from HIV as well as enhance their relationship with their families.

The information I obtain will be useful in providing understanding on young people's HIV risk in relation to family context for the effective control and prevention of the epidemic. For example, I shall come up with recommendations on how to strengthen families as a sustainable intervention for young people's sexual health.

IDENTITY AND INVOLVEMENT: I have invited you to participate in this discussion because I feel you all have useful information and suggestions. So please be honest about how you feel and what you think. This is because by taking part in this discussion you will contribute to the understanding of young people, families and relationships. Please note that there are no 'right' or 'wrong' answers. Young people may have different sexual experiences at different times and for

different reasons. Families too may have different experiences with their young people. I am interested in your ideas and experiences whatever they are.

ABILITY TO SAY NO: Remember, you do not have to talk about anything you do not want to. If for some reason you don't feel like responding to an issue please let me know and I shall move to the next issue. This will not affect your ability to receive services from the NIMR projects now or in future. However, I would really appreciate if you would answer the questions honestly and openly.

During the discussion please talk one at a time and respect each others opinions. Please try not to mention names of anyone when giving examples.

CONFIDENTIALITY: Before you introduce yourselves, I would like to assure you that whatever you discuss will be confidential. I will not share it with other people in the community or from your families. It will only be seen by other researchers during analysis. Your names will not appear anywhere on any reports resulting from this discussion. Please try to all keep whatever we discuss and do not share it with other members of the community or your families, mentioning what each other said.

TAPE RECORDING: I would like to introduce you to this machine (tape recorder). Have you seen this machine before? It is called a tape recorder and it is used to record discussions/interviews. (I will now show you how it works by recording myself and playing it back to you).

I would like to ask for your permission to tape record this discussion. This is because this will help me focus on the discussion without worrying about writing down everything you say since everything you say is useful. Is it okay for me to use the tape recorder during this discussion?

Thank you. *[If you would not like me to use the tape recorder, it is fine. I will therefore have to take notes during our discussion. This means that the discussion will take a little bit longer since I have to write most of the things that you say so as not to forget].*

TIME FOR DISCUSSION: I expect the discussion will take two and half hours. Although I would like you to stay till the end of the discussion, please feel free to leave anytime you want to. (Participants introduce themselves)- Could you please introduce yourselves one at a time?

QUESTIONS: Before we start our discussion do you have any questions you would like to ask on any of the things I have just said?

Appendix B8: Topic guide for focus group discussions with young people

1. FAMILY & SOCIO-ECONOMIC STATUS

- a. Whom do most young people in the village live with? Why?
- b. What are the different family types/structures in the village?
- c. Who is responsible for the general upbringing of children/young people in this community? [Probe for the role of parents, carers, and the extended kin]

2. FAMILY MATERIAL SUPPORT

- a. What things might be considered basic needs/more than basic needs?
 - What things? (probe for how they would regard clothing, pocket money, school requirements, soap, body jelly, perfume)
- b. How do young people from your village meet their basic needs/more than basic needs you mentioned earlier? (sources, why from these sources, how do they access the support?)
- c. How often do young people receive personal material support? Why these frequency? From who (parents/carers and others)?
- d. What are the variations in provision for boys and girls? Why?
- e. What do you think are the feelings of young people concerning the personal material support they receive?
 - How satisfied are they with the quality, access and appropriateness to their needs?
 - How different is the satisfaction between girls and boys? Why?

3. FAMILY SOCIAL SUPPORT

[Now I would like us to discuss young people's personal non-material support (emotional and moral)]

- a. What do you think are the major personal events/traumas in young people's lives that they may worry about?
- b. Whom do young people often confide in or talk to about themselves when they experience worrying personal events/trauma?
 - Why do they talk to these people? What personal problems and worries would they talk to these people?
 - When do they talk to these people? How often?
 - [If they don't mention a family member]; Do young people ever talk/discuss with member of their family about their personal problems and worries? What exactly? With who? Why these people? Who initiates the discussion?
- c. What do you think are young people's feelings about the support they receive? [Probe for how satisfied they think the young people are with the quality and appropriateness to their needs. How satisfied do you think they are with the size?]
- d. What do you think parents/carers feel about the personal support they provide to their young people? (probe for how satisfied they think they are with the quality and appropriateness to young people's needs)

4. YOUNG PEOPLE'S SEXUAL BEHAVIOUR

(Now I would like us to discuss young people's sexual behaviour and the role of their families in this)

Communication with young people about sex

- a. Do young people ever talk or engage in a discussion about sex?

If no, probe for:

- Why don't they talk/discuss this?
- Would young people like to talk/discuss sex with other people? Who would they like to discuss with? Why these people?

If yes, probe for:

- With whom do they discuss sex? Why do they discuss with these people?
- Who initiates the discussion/talk? How is it approached?
- What specifically do they discuss? Topics
- Who is involved in this discussion?
- How do they feel when discussing about this?
- How do young people react?

If not mentioned ask, Do young people ever talk or engage in a discussion about sex with their parents/carers or other family members? (If yes, probe for who in particular? What do they discuss? When do they discuss? Who initiates the discussion?)

[If none of the following is not mentioned at all in the things they talk/discuss sex, I will probe for]

- b. Do young people ever talk/engage in a discussion with their parents/carers and other people in their families about the following issues?
 - Abstinence till marriage
 - Contraception to prevent pregnancy
 - Consequences of unplanned pregnancy among unmarried young people
 - Condom use for pregnancy prevention, STI/HIV prevention
 - Dangers of getting an STI and HIV
 - The moral aspects such as losing respect in the community as a result of ones sexual behaviour
 - The benefits of having sex
- c. If yes, when, who initiates the discussion? Why, what are young people's feelings about this discussion
- d. How often do young people and parents/carers talk/engage in a discussion about sex? Why this frequency?
- e. How satisfied are young people are with what they talk/discuss with their parents/carers about sex?

- f. How do they feel about the quality and the appropriateness to their needs?
- g. Are there differences in what parents/carers talk about sex with their sons and their daughters?
If yes/no, why?
- h. Do young people sometimes encounter problems talking/discussing about sex with their parents/carers? (*If yes, what problems, why, when, how do they resolve them*)

Sexual partners

- a. What influence does a young person's family have on their selection of partners?
 - Partners for marriage versus for other reasons
 - Young people starting and ending relationships (probe for engaging in relationships for 'love' and 'sexual pleasure')
 - Having multiple partners
 - Protection use (condoms)

Transactional sex

- a. When I say having sex in exchange for money or gifts, what comes to your mind? (What is your understanding of this?)
 - How common is sex in exchange for money/gifts in your village?
 - Which young people do this?
 - Why are these young people engaged in sex in exchange for money?
 - Are there some young people who have sex but do not receive/give any gifts or money? How different are they from those who receive/give? How different/similar are their families and the personal support they get from their families?
 - What are your opinions about this practice?
 - Do parents/carers ever know when their daughter/son is having sex in exchange for money/gifts? If yes, how? What do they do about it?
 - What role does a young person's family have her/his decision to have sex in exchange for money or not?
- b. What role do siblings and wider kin make if any to guide/control their young people's sexual behaviour?

Influence of young people's sexual behaviour on their relationships with their family

- a. What influence do you think young people's sexual behaviour has on their relationships with their parents/cares? Why? How?

5. PERCEPTION OF YOUNG PEOPLE'S VULNERABILITY TO HIV AND OTHER SEXUAL AND OTHER SRH RISKS

- a. What are some of the risks that concern young people in your village? Why?
- b. What are the risks that concern parents/carers about their young people in your village? Why?
- c. Do parents/carers and young people have similar views about which risks are most serious/worrying?
- d. What do you think about the vulnerability to HIV infection among people from your village?
- e. What type of people do you think are vulnerable to HIV infection? Why do you feel these people are vulnerable?
- f. What do you think about the vulnerability of men/women from the village compared to outsiders?

6. SUGGESTIONS/COMMENTS

- a. What do you think could/should be done to reduce young people's vulnerability to HIV? and the risks you have discussed?
- b. How would you like young people's families to be involved in reducing their risks and HIV vulnerability?
 - Which family members should be involved and why?
 - How should they be involved?

I have asked many questions about what I think is important, but is there anything you think of that I haven't asked about that I should have asked?

Do you have any questions?

We have now come to the end of our discussion. Thanks very much for your time and valuable contribution

THANK YOU!

Appendix B9: Topic guide for focus group discussions with parents/carers of young people

1. FAMILY & SOCIO-ECONOMIC STATUS

- a. When I say family what comes to your mind? (How do you understand this?)
- b. Whom do most young people in the village live with?
 - If they mention that some don't live with their parents, why do they live with other people other than their parents? How are they related?
 - For those young people whose parents have died, who is responsible for taking care of them?
- c. What are the different family types/structures in the village?
 - Does family composition sometimes vary? Why? When?
- d. Who is responsible for the general upbringing of children/young people in your community? [Probe for the role of parents, carers, and the extended kin]

2. FAMILY MATERIAL SUPPORT

- a. What things might be considered basic needs/more than basic needs?
 - What things? (probe for how they would regard clothing, pocket money, school requirements, soap, body jelly, perfume)
- b. How do people in your families meet the needs you mentioned earlier?
 - What are the sources? Why from this sources?
 - How do they access this support? How often?
 - Are there variations in provision for sons and daughters? Why?
 - If no family members are mentioned- probe for availability of family support, why is it not available?
- c. How do you think parents/carers feel about the personal material support they provide for their young people? (Probe for what they feel about the quality, appropriateness to young people's needs)

3. FAMILY SOCIAL SUPPORT

[Now I would like us to discuss young people's personal non-material support (emotional and moral)]

- a. Who in the families do young people in this village often confide in or talk to about themselves when they experience personal event/trauma? Do they go to different family members for certain things and others for other things? Why this difference?
- b. How do parents/carers feel about the personal support they provide to their young people? (probe for how satisfied they think they are with the quality and appropriateness to young people's needs)
- c. Do you think young people in your families have a different idea of what their basic needs might be and the extent to which they are met?
- d. What do you think are young people's feelings about the support they receive?

4. YOUNG PEOPLE'S SEXUAL BEHAVIOUR

(Now I would like us to discuss young people's sexual behaviour and the role of their families in this)

Communication with young people about sex

- a. Do your parents/carers and other family members ever talk/engage in a discussion with their young people about any matters related to sex?
If never:
 - Why do they think are the reasons as to why you they don't talk about sex?
 - Do they think parents/carers would they have liked to discuss sex with their sons and daughters one day? Why?

If yes, probe for:

- Who initiates the discussion/talk? How is it approached?
- What do they discuss? Topics
- Who is involved in this discussion?
- How do they feel when discussing about this?
- How do young people react?

[If not mentioned at all in the things they talk/discuss with their young person, I will probe for each of the following issues]

- b. Do parents/carers and other people in the family ever talk/engage in a discussion with young people about the following issues?
- Abstinence till marriage
 - Contraception to prevent pregnancy
 - Consequences of unplanned pregnancy among unmarried young people
 - Condom use for pregnancy prevention, STI/HIV prevention
 - Dangers of getting an STI and HIV
 - The moral aspects such as losing respect in the community as a result of ones sexual behaviour
 - The benefits of having sex

If yes, when, who initiates the discussion? Why, what are young people's feelings about this discussion

c. How often do you think parents/carers talk/engage in a discussion with there young people about sex? Why this frequency?

d. How satisfied do you think parents/carers are with what they talk/discuss with their young people about sex?

- How do they feel about the quality and the appropriateness to young people's needs?
- Are there differences in what they talk about sex with their sons and their daughters? If yes/no, why?
- Have parents/carers ever encountered problems talking/discussing about sex with their young people? (*If yes, what problems, why, when, how did they resolve them*)

Sexual partners

a. What influence does a young person's family have on their selection of partners?

- Partners for marriage versus for other reasons
- Young people starting and ending relationships (probe for engaging in relationships for 'love' and 'sexual pleasure')
- Having multiple partners
- Protection use (condoms)

Transactional sex

a. How common is sex in exchange for money/gifts in your village?

- Which young people are engaged in this practice?
- Why are these young people engaged in sex in exchange for money?
- Are there some young people who have sex but do not receive/give any gifts or money?
- How different are they from those who receive/give? How different/similar are their families and the personal support they get from their families?
- What are your opinions about this practice?
- Do parents/carers ever know when their daughter/son is having sex in exchange for money/gifts? If yes, how? What do they do about it?
- What role do parents/carers have in a young person's decision to have sex in exchange for money or not?

5. PERCEPTION OF VULNERABILITY TO HIV AND OTHER SRH RISKS

- a. What are the risks that concern parents in your village? Why?
- b. What are the risks that concern young people in your village? Why?
- c. Do parents and young people have similar views about which risks are most Serious/worrying?
- d. What do you think about the vulnerability to HIV infection among people from your village?
- e. What type of people do you think are vulnerable to HIV infection? Why do you feel

these people are vulnerable?

- f. What do you think about the vulnerability of men/women from the village compared to outsiders?

6. SUGGESTIONS/COMMENTS

- a. What do you think could /should be done to reduce the young people's vulnerability to HIV? and the other risks you have discussed?
- b. How would you like young people's families to be involved in reducing their risks and HIV? vulnerability?
- Which family members should be involved and why?
 - How should they be involved?

I have asked many questions about what I think is important, but is there anything you think of that I haven't asked about that I should have asked?

Do you have any questions?

We have now come to the end of our discussion. Thanks very much for your time and valuable contribution.

THANK YOU!

Appendix B10: Topic guide for follow up FGDs and IDIs

- a. Could you comment on the family ties, now and in the past. Do you think they have changed in the present times? How? Why?

b. Parental control and monitoring

- Why are parents strict with their daughter's movements and not their sons'?
- What are the things that parents are strict in? Why?
- How important is parental presence in parental control and monitoring?
- How does the importance of parental presence vary with the gender of the parent and child?

c. Family types and gender power

- Who makes decisions in the different family types and why?
- What are the gender roles in the different family types?
- What are your views about the present situation in terms of power of decision making
- Why do most people say or think that the father is the overall decision maker?
- Do the decision making powers vary with ability to support the family? How?
- Why do females and males feel that males are the overall decision makers and are the ones to be listened to?
- Are men as powerful as they used to be in the? Why? In what ways? What are the changes/differences?
- What are the interactions between parents and young people? [Father –daughters, Father-sons, Mother-daughters, Mother-sons]
- Why do brothers sometimes punish/discipline their sisters? Can sisters also do the same to younger brothers?

d. Communication patterns in the family

- Who is listened to most? Why is this person listened to most? By which children (daughters or sons?)
- Why do most children fear the male parents and not the female parents?

e. Young people's Sexual and reproductive health

- What is good sexual behaviour?
- Why do most people think that young people cannot be prevented from having sex? Do you think they can be prevented from HIV, STIs and pregnancy? How? Why?

- Why do parents feel it is improper to discuss sex with children of the opposite sex?
- What are the parental reactions to unmarried young people’s pregnancy?
- Why do most people consider the discussion about sex to be shameful? What other things are considered shameful in the Sukuma culture?
- Who makes decisions in sexual relationships and why?
- Why do young men punish their sisters when they find them talking to a sexual partners while they also have girl friends?
- Why do most young people have more than on sexual partner?
- Why do people say that “no man is loved without money”? Do men who do not have money ever have sex?
- Do you think that if young women are provided with all their material needs they will stop engaging in transactional sex? Why?
- Why do people say sexual exchange is bad and yet they are engaged in it?
- Why do people perceive getting married as ‘good luck’ for the women? What do they mean by that?
- Sexual reputations-what does terms such as *wahuni*, *msimbe* refer to? How are such terms perceived? Why do are these terms applied differently across the genders?

We have now come to the end of our discussion. Thanks very much for your time and valuable contribution.

THANK YOU!

Appendix B11: Consent form

Study on the role of family context in young people’s sexual behaviour; relationship dynamics and transactional sex in rural Tanzania

Consent form.

1. I have been given and read to the information sheet about this study.
2. All questions I had on this study have been answered to my satisfaction.
3. I clearly understand what will take place if I agree to take part in this study.
4. I also understand that I have the ability to withdraw and discontinue with this study at any time.
5. I understand that all the information I provide will only be used only for the purposes of this study.
6. I have been assured that the information I will provide in this study will be kept confidential and anonymous.
7. On my own free will I agree to take part in this study.

Name of participant	Signature or Thumb print of participant	Signature or Thumb print of witness	Date

Appendix C: Analysis related

Appendix C1: Example of In-depth interviews transcription and translations table

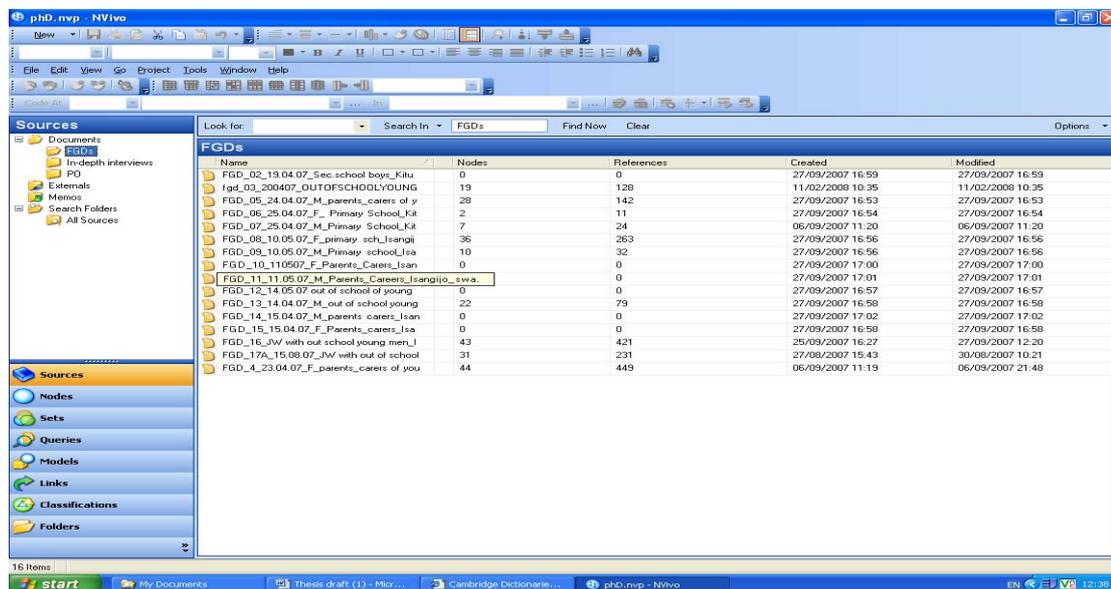
		In-depth interviews					
		TRANSCRIPTIONS			TRANSLATIONS		
	Doc details	Transcriber initials	Date started	Date completed	Translator initials	Date started	Date completed
27.C	IDI_27_JW with ML_10.04.07_I sangijo	NG	24.05.07	25.05.07	DM	29.05.07	30.05.07
28.C	IDI_28_JW with MR_11.05.07_ Isangijo	MEM	15.06.07	16.06.07	SS	27.06.07	4.05.07
29.C	IDI_29_JW with EL_11.05.07_I sangijo	HN	15.06.07	17.06.07	SS	21.06.07	27.06.07

Appendix C2: Focus group discussions transcription and translations table

FOCUS GROUP DISCUSSIONS						
	TRANSCRIPTIONS			TRANSLATIONS		
Doc details	Transcriber initials	Date started	Date completed	Translator initials	Date started	Date completed
FGD_03A_20.04.07_ out of school young men_Kitumba	MEM	06.09.07	To get from MEM	<i>Coded in Swahili</i>	<i>Coded in Swahili</i>	<i>Coded in Swahili</i>
FGD_04_23.04.07_F_ parents of young people_Kitumba	NG	27.06.07	04.07.07	DM	05.07.07	17.07.07
FGD_05_24.04.07_M _parents_Carersof young people_Kitumba	NG	24.07.07	31.07.07	DM	03.07.07	31.08.07

Appendix C3: Audit trail (NVIVO coding examples)

A screen shot illustrating Focus group discussion documents that have been imported to NVIVO 7



A screen shot showing part of the an IDI transcript, illustrating coded segments and demonstrating that one segment can bear a number of codes

The screenshot displays the NVivo interface with a transcript of an interview. The transcript contains several segments, each with a response (R) and an interviewer question (I). The segments are:

- R: Kwa sababu ahenaho aho aakugije lulu uwelelo.
Because God put it there.
- R: Mwisho wa Dunia.
The end of the world.
- R: Mwisho wa Dunia.
The end of the world.
- I: Anasema hapo mwisho wa Dunia.
He says that's the end of the world.
- I: Kwa hiyo hakuna kuzui a mtu?
So, nobody can stop it?
- R: Hamna.
No.
- I: Hakuna mtu wa kuzuia.
Nobody can stop it?
- I: Kama hata na wazazi wanajadili hapana.
The parents don't even discuss it?

On the right side of the transcript, a list of codes is visible, including:

- Rating and perception e.g. severity and vulnerability
- Parental worries and concerns
- SUGGESTIONS AND COMMENTS ON WHAT SHOULD BE DONE
- connectedness: love
- Acting as role model!
- Respect for young people in family
- Parental monitoring
- Childing Density

The NVivo interface also shows a 'Sources' panel on the left with a tree view of folders like 'Documents', 'FGDs', 'In-depth interviews', 'PD', 'Externals', 'Memos', 'Search Folders', and 'All Sources'. The 'Nodes' panel is currently empty. The status bar at the bottom indicates 16 items, 28 nodes, and 142 references.

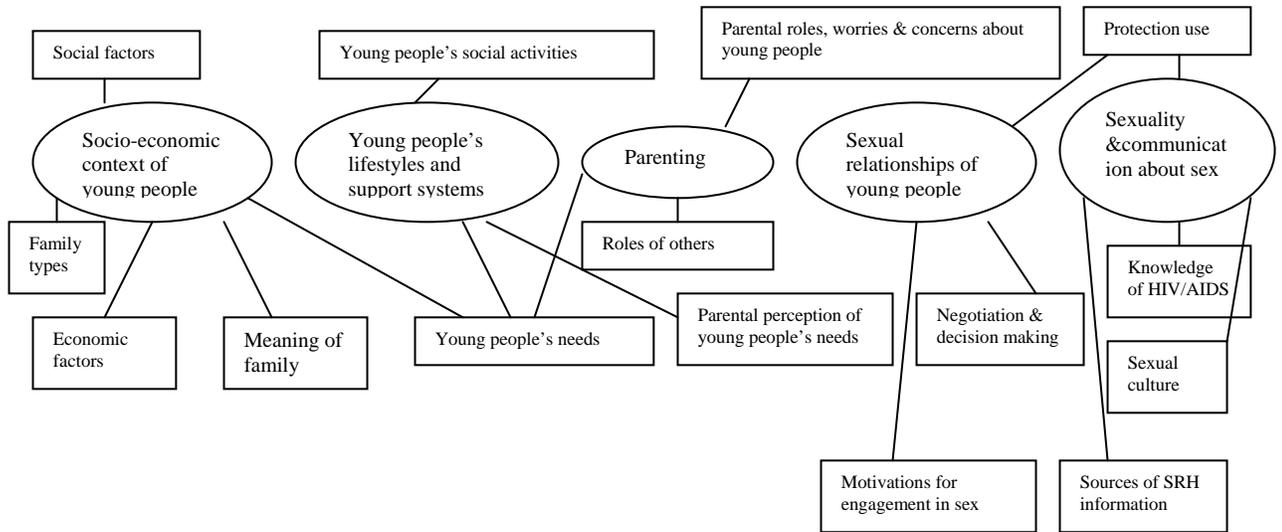
Appendix C4: Codes identified and process of moving from codes to themes

a) List of codes

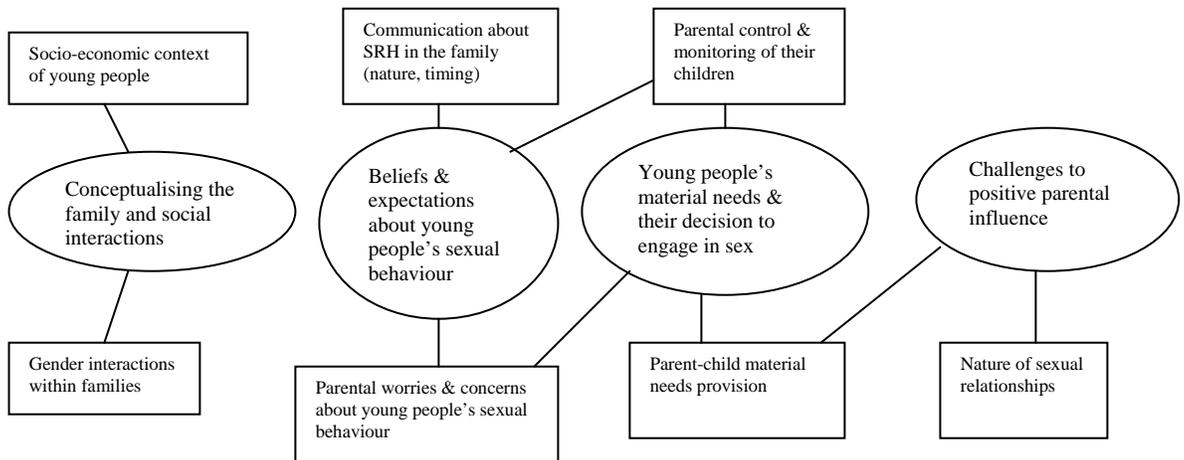
1. Description of PO village (e.g. entering the PO site and about the village)
2. Socio-economic context of young people
 - 2.1 Economic factors
 - 2.1.1 Economic circumstances of families
 - 2.2 Social factors
 - 2.2.1 Kinship and family life
 - 2.2.2 Decision making in the family
 - 2.2.3 Family type and sizes
 - 2.2.4 Interactions in the family
 - 2.2.5 Religion and education
3. Young people's lifestyles and support systems
 - 3.1 Young people's personal material requirements, sources, feelings about what was provided
 - 3.2 Young people's social activities (interactions with other young people and participation in social activities)
4. Parenting
 - 4.1 Parental worries and concerns about their children
 - 4.2 Parental roles and responsibilities (non-sexual) and expectations from their young people
 - 4.3 Others roles in parenting issues e.g. warnings and advices from general villagers
 - 4.4 Role models
 - 4.5 Control and monitoring of young people's activities
5. Sexual relationships of young people
 - 5.1 Negotiation and decision making (e.g. Sexual activities e.g. location, time, frequency of sex)
 - 5.2 Young people's motivation for engagement in sexual relationships (money, pleasure etc)
 - 5.3 Protection use (e.g. contraception and condoms)
 - 5.4 Effects of young people's sexual relationship on their relationships with their parents
6. Sexuality and communication about sex
 - 6.1 Perception of parent about their young people's sexual behaviour (beliefs and expectations)
 - 6.2 Sexual culture (discussion about SRH issues in the family)
 - 6.3 Sources of SRH information
7. HIV/AIDS and STIs
 - 7.1 Prevention and treatment
 - 7.2 Knowledge about HIV/AIDS and STIs
 - 7.3 Condom and HIV related beliefs and behaviour e.g. knowledge, use, accessibility
 - 7.4 Beliefs and perception e.g. severity and vulnerability

8. Participants suggestions and comments on what should be done to improve young people's sexual health

b) Initial thematic analysis showing five main themes



c) Final thematic map showing four main themes



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