

Extended Abstract:

The influencing roles of the caregiver on adolescent sexual behavior: are there differences between orphans and non-orphans in Tanzania?

Introduction

An emerging body of research in Sub-Saharan Africa is beginning to show the effects of orphanhood on the sexual behaviors of young people. Recent studies conducted in South Africa, Tanzania, and Zimbabwe have all demonstrated that losing a parent (to AIDS or other causes) significantly increases the likelihood that an adolescent will have an earlier sexual debut, become pregnant, and even acquire HIV (Gregson et al., 2005; Hallman, 2006; Urassa et al., *unpublished report*). For all three of these studies, female orphans are at the highest risk. What is missing from each of these studies, however, is a clear understanding of the pathways that increase female orphans' risk to HIV. This paper reports on a qualitative study conducted among adolescent orphans and non-orphans, ages 14-18 years, and female caregivers of orphans in the Kisesa Ward of Tanzania to examine the influence of the caregiver on adolescent sexual behaviors.

Methods

A combination of in-depth interviews and focus group discussions were used to collect the data. In-depth interviews were conducted among male and female adolescents who were orphaned (n= 23), who had a sick parent (n=12), and who lived with both their biological parents (n=22) to explore their sexual life histories and examine how they felt parents/caregivers could protect them from engaging in unsafe sex. Special emphasis was placed on examining whether adolescent orphans were at increased risk to HIV and, if perceived so, the reasons for their added risks. Eleven focus group discussions were also conducted among the three groups of adolescents mentioned above, separated by sex, to further validate the themes found in the in-depth

interviews as well as to explore the social norms about how parents and caregivers can influence adolescent sexual behaviors. Finally, two focus groups were conducted among female caregivers of orphans to examine the worries and challenges they face in caring for their children, and the roles that they have for ensuring their adolescent children stay safe from HIV.

All interviews and focus group discussions were conducted in Swahili, the official language of Tanzania. Tanzanian researchers, trained in qualitative research techniques, conducted the interviews and focus group discussions. All interviews and focus group discussions were tape recorded and transcribed into Swahili and English using local transcription and translational services of the collaborating Tanzanian research institute.

Translated transcripts were analyzed thematically by both *emic* coders (Tanzanian qualitative researchers) and *etic* coders (Johns Hopkins University researchers). Each team consisted of two researchers who independently coded each interview or focus group transcript. The two-person team then compared their codes and discussed discrepancies to arrive at a common set of codes for the transcripts. Codes created by both teams were further compared and, using a consensus coding procedure, a final set of codes was produced that incorporated both the *emic* and *etic* perspectives. To facilitate interpretation of the codes and the broader set of themes that emerged, periodic meetings were held with the coders and interviewers to discuss the summarized data.

Results

Major Finding: Reasons Why Female Orphans Engage in Unsafe Sex

The majority of participants, regardless of their gender, age, or orphans status, felt that female adolescents who had lost at least one parent were at the highest risk for engaging in unsafe sex. In particular, participants felt that females who lived with caregivers who couldn't

provide them with education or other basic necessities were much more likely to engage in unsafe sex.

If we look at those children who do {roam around}, we will find that they are the children who don't have parents or whose parents don't have the ability to help them, and they will be the ones most likely to be infected. {female caregiver of orphan}

I had no clothes, no food. I had sex so that I could have these things provided to me. I received 5,000 shillings. (female orphan)

Girls are especially at risk. Especially those without parents. They don't get the things they need at home, so they roam around to find it. That is when they get tempted {into sex}. (male with two parents)

Interestingly, one female orphan whose mother had already died and whose father currently had AIDS felt that one of the reasons why she had not yet had sex was because she wanted to stay alive for her father's sake. She also said that despite her circumstances, she didn't feel the need to have sex to get money because she was able to find other work to support herself.

I have never done it (sex). When I saw my father infected while I was in standard seven, it really pained me. I decided not to do it so that when father dies he will leave me alive. There are other things that I have done, like cultivating a garden – I get money for my upkeep. So I am not tempted to do sex for money. My parents gave me a good upbringing and gave me good ethics. (female orphan with sick parent)

Many participants also felt that adolescents who live with caregivers who didn't advise them about the dangers of unsafe sex or who didn't monitor their behaviors and whereabouts were also at much higher risk for unsafe sexual behaviors.

It's the environment that causes a person to engage himself/herself in such behaviors, perhaps he/she was brought up in the environment where mother or father has never said that this and this is bad or good so he/she never learns morals or good behaviors. (female with two parents)

The reason we have AIDS is that the children and parents are negligent. In the past, we used to have a night fire and where the parents taught the children good

ethics, but now, we have forgotten that culture. We don't even follow up what our children are doing; sometimes this is caused by the parents themselves. We have neglected our culture. We have forgotten to teach and advise our children, like what our elders used to do in the past. (female caregiver).

Discussion

The findings from this study highlight the potential pathways that female orphans increase their risk to HIV. In particular is the strong role of the caregiver and his/her ability to fulfill a child's basic needs and perform necessary caregiving roles, such as guiding and monitoring the behaviors of adolescents. For example, this study demonstrates that if a female adolescent perceives to be rejected by his/her caregiver – either by feeling that her caregiver is not doing his/her best to meet her basic needs or by not carefully advising and monitoring her behaviors – she will seek out relationships to fulfill these needs. Most often, this involves engaging in unsafe sex. Indeed, studies that have been conducted among non-orphan adolescent samples have shown strong relationships between parental monitoring, connectedness (the establishment of a positive relationship with the adolescent child) and a number of adolescent sexual outcomes (Huebner and Howell, 2003; Miller, 1998; DiClemente et al., 2001; Crosby et al., 2003; Bettinger et al., 2004; Wight et al., 2005; WHO, 2002; Blum et al., 2003; Slap et al., 2003). To date, however, this is the first study that has examined these relationships among adolescent orphans and non-orphans, and interestingly, this study demonstrates that orphans may be more vulnerable to unsafe sex because of their parental loss and the inability of the remaining caregivers or substitute caregivers to fulfill their 'parental' roles and responsibilities – as perceived by the adolescents themselves.