

**PARENTAL MONITORING, PARENT-ADOLESCENT
COMMUNICATION AND ADOLESCENT SEXUAL
RISK-TAKING BEHAVIOURS**

By

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DECLARATION

I, Valeria Baloyi, declare that the mini-dissertation hereby submitted by me in partial fulfilment of the requirement for the degree of Master of Arts in Clinical Psychology at the University of Limpopo is my own work, and has not been submitted by me for degree purposes at any other university previously. All the material used has been duly acknowledged.

.....
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Date



DEDICATION

This work is dedicated to my late father, Freddy Baloyi. I wish you were still alive to witness your daughter's achievement. **Rest in peace, Khalanga!**

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ABSTRACT

This study examined the relationship between parental monitoring and parent-adolescent communication, respectively, and sexual risk-taking behaviours. Participants consisted of 197 grade 11 and 12 learners at Bankuna High School and D. Z. J. Mthebule Secondary School in the Greater Tzaneen Municipality. The learners' ages ranged from 15 years to 25 years. Sexual risk-taking behaviours was determined by assessing adolescents' use of condoms, and drugs or alcohol, prior to sexual intercourse. The results indicated a statistically significant relationship between parental monitoring and the adolescents' sexual risk-taking behaviours. However, no association was found between parent-adolescent communication and sexual risk-taking behaviours. Furthermore, the results showed that gender, socio-economic status, family structure and functioning did not play any significant role in the relationship between parental monitoring and parent-adolescent communication respectively, and sexual risk-taking behaviours.

Keywords: Adolescents, parental monitoring, parent-adolescent communication and sexual risk-taking behaviours.

ABBREVIATIONS

FAD	Family assessment device
SADHS	South African demographic and health survey
SAS	Statistical analysis software
SES	Socio-economic status
PAC	Parent-adolescent communication
PACS	Parent-adolescent communication scale
PMA	Parental monitoring assessment
YRBS	Youth risk behaviour scale

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CHAPTER ONE

1.1 Introduction and background

Adolescence is a time of emerging autonomy and individuation from parental figures. However, parents are linked to the adolescent through the parent-child relationship, and therefore remain an important influence on the adolescents' behaviour in general and sexual risk-taking behaviours in particular. Two aspects of the parent-child relationship that have received more attention in the literature are: parental monitoring of adolescents' activities and parent-adolescent communication about sex (Anderson, Bhaskar, Jenkins, Koo, Rose & White, 2005; Crockett & Jacobson, 2000; Forehand, Kotchik & Miller, 1999). Parental monitoring has been conceptualized as a set of correlated parenting behaviours involving attending to and tracking of the child's whereabouts, activities and associates (Dishion & McMahon, 1998).

The theoretical models of the development of antisocial behaviour links parenting practices, including inadequate monitoring in a causal chain that starts with disruptive behaviour, to hanging out with deviant peers and ultimately, engaging in antisocial behaviour (Patterson & Reid, 1989; Patterson & Snyder, 1987). Cross-sectional and longitudinal studies show that poorly monitored adolescents tend to be antisocial, delinquent, or even criminals (Patterson & Stouthamer-Loeber, 1984). However, the best evidence of the importance of monitoring is found in longitudinal studies, with greater monitoring predicting lower odds of adolescent sexual initiation over twelve-month (Adler, Ellen, Sieverding & Witt, 2005) and four-year intervals (Giordano, Longmore & Manning, 2001). This shows that monitoring appears to be more effective in limiting sexual risk-taking behaviours when adolescents are out of their parents' sight.

According to Bleakley, Chernin, Fishbein and Hennessy (2007) research on parent-adolescent communication lacks consistency and clarity. The link between parent-adolescent communication about sex and the adolescents' sexual risk-taking behaviours is, to a large degree, unclear (Benson, Galbraith & Miller, 2001; Dittus, Jaccard & Litando, 1999). There are numerous studies that have found that frequent parent-adolescent communication about sex is associated with delayed sexual initiation among sexually active adolescents, consistent condom use, and having fewer sexual partners (Barth & Leland, 1993; Cabral, Handelsman & Weisfeld, 1987; Fox & Inazu, 1980; Furstenberg, Moore & Peterson, 1985; Holtaman & Robinson, 1995; Ward & Wyatt, 1994). However, several other researchers have reported that parent-adolescent communication about sex is associated with earlier sexual initiation and more frequent sexual activity (Darling & Hicks, 1982; Forehand, Kotchick & Miller, 1999; Widmer, 1997). It is not clear why this is the case.

Concerning the association between parent-adolescent communication about sex and sexual activity, Benson et al. (2001) suggested that parents may initiate conversations with their teenagers about sex only after they suspect that their child has become sexually active. It was important to study factors that might shed light on the associations between the relevant variables (monitoring, communication and sexual risk-taking behaviours). The present study aimed at examining the relationship between parental monitoring, parent-adolescent communication and adolescent sexual risk-taking behaviours, and additional factors which may influence this relationship. The latter include gender, socio-economic status (SES), family structure and functioning.

1.2 Problem statement

Sexual risk-taking behaviours among adolescents is a major public health problem. Unplanned pregnancy and contraction of sexually transmitted diseases continue to be prevalent among adolescents. These problems often result in adverse health, social and economic consequences for adolescents and their families. Clearly, parents have a crucial role to play in the extent to which their teenage children become involved with potentially hazardous health-related behaviours. Some of the parenting processes that have been shown to be influential include: parental monitoring (Aronowitz, Rennells & Todd, 2005; Crosby, Diclemente, Harrington, Lang & Wingood, 2003; Cobb, Crosby, Davies, Diclemente, Harrington, Hook, Sionean & Wingood, 2001), parent-child closeness (Curtis, Hill, Miller, Nordin & Schaneveldt, 1998), role modelling and transmission of values (Dittus, Gordon & Jaccard, 1999) and parent-child communication (Belcher, Dilorio & Pluhar, 2003; Cooney & Hutchinson, 1998; Dutra, Forehand & Miller, 1999; Hutchinson, 2002).

Among these variables, parent-adolescent communication is thought to have significant influence on adolescent sexual risk beliefs and behaviours (Pequegnat & Szapocznik, 2000). The monitoring by parents of their adolescent children is widely recognized also as important in reducing adolescent health risk behaviours. Parental monitoring, communication and parenting styles have, for example, been shown to be related to adolescent sexual risk-taking behaviours, condom use and mental health problems (Braverman, Fong, Hutchinson, Jemmott & Jemmott, 2003; Howell, Huebner & Laurie, 2003; Miller & Whitaker, 2000). However, most of the studies have been conducted in the African-American contexts. The present study focused on examining the relationship between parental monitoring, parent-adolescent communication and adolescent sexual risk-taking behaviours in Greater Tzaneen Municipality, South Africa.

1.3 **Aim of the study**

The aim of this study is to examine the relationship between parental monitoring, parent-adolescent communication and adolescent sexual risk-taking behaviours in Greater Tzaneen Municipality, South Africa.

1.4 **Objectives of the study**

1.4.1 To determine the relationship between parental monitoring and adolescent sexual risk-taking behaviours among African adolescents, and the impact of gender, SES, family structure and functioning on the relationship.

1.4.2 To determine the relationship between parent-adolescent communication and sexual risk-taking behaviours among African adolescents, and the impact of gender, SES, family structure and functioning on the relationship.

1.5 **Hypotheses**

1.5.1 There will be a significant, negative relationship between parental monitoring and adolescent sexual risk-taking behaviours.

1.5.2 There will be a significant, negative relationship between parent-adolescent communication and adolescent sexual risk-taking behaviours.

1.5.3 The relationship between parental monitoring and adolescent sexual risk-taking behaviours will be influenced by gender, SES, and family structure and functioning.

1.5.4 The relationship between parent-adolescent communication and adolescent sexual risk-taking behaviours will be influenced by gender, SES, and family structure and functioning.

1.6 **Need for the study**

Sexual risk-taking behaviours, like much other problematic behaviour of youth, has been studied for quite some time (Brooks-Gunn & Furstenberg, 1989; Edmundson, Evans & Goodson, 1997; Miller & Moore, 1990). However, literature lacks a consistent and thorough conceptual framework by which to frame our understanding of adolescent sexual risk-taking behaviours. Without such a synthesis, the existing literature does not provide the comprehensive understanding of adolescent sexual risk-taking behaviours that is required for the creation of future initiatives and the evaluation of current prevention programmes.

The present study is aimed at examining the relationship between parental monitoring, parent-adolescent communication and adolescent sexual risk-taking behaviours. This will help the researcher to understand the relationship between the two variables with regard to adolescent sexual risk-taking behaviours and make the creation of effective prevention programmes possible for the general public.

CHAPTER TWO

THEORETICAL CONCEPTS

2.1 Operational definition of terms

2.1.1 Parent-adolescent communication

The definition of parent-adolescent communication is adopted from Crosby, Diclemente, Milhausen, Salazar, Sales and Winghood (2006) who defined it as the frequency of any communication between adolescents and their parent(s) about topics related to sexual safety in general, and specifically, methods of protection against STDs, HIV, and pregnancy.

2.1.2 Parental monitoring

It generally refers to parents' knowledge about the whereabouts and activities of their adolescent children.

2.1.3 Sexual risk-taking behaviours

The items in the index of sexual risk-taking behaviours that were asked the adolescents, included: 1) "How old were you when you had sexual intercourse for the first time?" 2) "To this day, with how many people have you had sexual intercourse?" 3) "Did you drink alcohol or use drugs before you had sexual intercourse the last time?" 4) "The last time you had sexual intercourse; did you or your partner use a condom?" 5). "The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?" 6) "How many times have you been pregnant or impregnated a girl?" 7) "Have you ever been taught about Aids or HIV infection in school?"

However, two items were used to determine the sexual risk-taking behaviours variable, namely: “Did you drink alcohol or use drugs before you had sexual intercourse the last time?” or “The last time you had sexual intercourse; did you or your partner use a condom?” The other items were excluded as determinants of sexual risk-taking variable because of the difficulty of interpreting the survey responses in order to provide a clear understanding and classification of being at sexual risk-taking behaviours. Therefore, sexual risk-taking behaviours in the present study will refer to unprotected sex with the use of alcohol or drugs before sexual intercourse.

2.1.4 Adolescents

In this study the definition of “adolescent” was adopted from Brookman (1995) who defined it as a person who is between 10 and 25 years old. Adolescence as a stage can be broken down to types such as early, middle and late adolescence. Most of the learners participating in this study would either be early or late adolescents. Very few would be late adolescents, since this phase of adolescence incorporates an age group from about 18 to 24 or 25 years of age.

2.2 Theoretical framework

2.2.1 Family systems theory

According to Haley (1987), von Bertalanfy (1968) and Walsh (1982) (cf. Horne, 2000) the family is an open system that functions in relationship to its socio-cultural context and grows and evolves over the life cycle. Individual pathology is seen as symptoms of family dysfunction even when the family member’s behaviours may be adaptively constructed to fit within the bounds of expectation for his or her particular family system (Goldenberg & Goldenberg, 1991; Horne, 2000). No behaviour is illogical. Rather, behaviour is understandable within the

contingencies and context of that individual's family system. Therefore, family systems theory is used to understand the influence of the parental subsystem on adolescents' sexual risk-taking behaviours because of its focus on the interaction processes between adolescents and adults (Howell, Huebner & Laurie, 2003). Communication within the family system is important to daily family operations and maintenance. All behaviours transmit an interpersonal message, and each communication, either verbal or nonverbal, has two functions: the first is to provide information, feelings and opinions, the second, to develop a relationship. This function of communication dictates how the information is to be interpreted and consequently, defines the relationship among members through mutual agreement and the development of family rules. Family rules may be implicit or explicit as they organize family interaction and maintain a stable system by defining and limiting members' behaviours (Beavin, Jackson & Watzlawick, 1967).

In terms of family processes, parenting behaviours has been identified as an important source of influence on adolescent sexual activity. Throughout the socialization process, parents transmit their own standards and conduct, both directly through parenting practices and indirectly through their own observable behaviour. In regard to the direct transmission route, three dimensions of parenting: parental monitoring of adolescent behaviour, parent-adolescent relationship quality and parent-adolescent communication have been identified as important variables in reducing adolescent sexual risk-taking behaviours (Forehand, Kotchick, Miller & Shaffer, 2001).

Several researchers have reported that high levels of parental monitoring were associated with lower sexual risk-taking behaviours. In their examination of parental monitoring, Kerr and Stattin (2000) pointed out that parents can monitor their adolescents' behaviour effectively only if their adolescents freely disclose information about what they are doing. Rodger (1999), in a study of sexual risk-taking

behaviours, hypothesized that sexually active teens who talk with their parents about sexually-related issues would be less likely to demonstrate sexual risk-taking behaviours compared to teens who do not communicate with their parents about such issues. However, the present study aims at examining the relationship between parental monitoring, parent-adolescent communication and adolescent sexual risk-taking behaviours in a South African context.

CHAPTER THREE

LITERATURE REVIEW

3.1 Introduction

Adolescence is a significant transitional period linking childhood and adulthood during which teens often experiment with risky behaviours (Bentlin, Severson & Slovic, 1993). Consistent data across a number of national surveys indicate that sexual activity among adolescents has increased dramatically over the past twenty years (Forehand et al., 2001). Several studies have shown that parents are particularly influential on adolescent risk-taking beliefs, attitudes and behaviours (Dishion & McMahon, 1998; Dittus, Gordon & Jaccard, 1996, Feigelman, Li & Stanton, 2000). Most of the recent studies have expanded the focus to include familial, socio-economic, gender and cultural factors that contribute to adolescent sexual risk-taking behaviours (Forehand et al., 2001).

3.2 The association between parental monitoring and sexual risk-taking behaviours

Parental monitoring is a critical parental responsibility that influences whether interactions with current or potential romantic partners are encouraged or discouraged, and commonly is assessed by asking parents whether their children are permitted to stay home alone, need to tell parents where they are, or have curfews. The monitoring by parents of their children and adolescents (parental monitoring) is widely recognized as important in reducing adolescent health risk behaviours (Dittus & Jaccard, 1991). Studies have shown that monitoring of adolescents' social activities by parents directly impacts adolescent health by decreasing teen involvement in situations that involve drinking, drug use, or sexual risk-taking behaviours (Adler, Ellen, Sieverding & Witt, 2005; Crosby et al., 2003; Feigelman et al., 2000).

The best evidence for the importance of monitoring is found in longitudinal studies, with greater monitoring predicting lower odds of adolescents' sexual initiation at both twelve month (Adler et al., 2005) and four year intervals (Giordano, Longmore & Manning, 2001). Thus monitoring appears to be effective by limiting opportunities in which youths are outside of parental preview.

Parental monitoring remains a complex process involving some checking up on the part of parents as well as setting limits on adolescents' behaviours (Crouter et al., 2008; Madsen, 2008; Parke & Simpkins, 2002). Recent evidence has suggested that parental monitoring may be an important protective factor against sexual risk-taking behaviours that place adolescent females at risk of pregnancy and sexually transmitted diseases (STDs), including HIV infection (Crosby et al., 2003). In cross-sectional studies, more frequent parental monitoring has been associated with females' later age of sexual initiation, safer sex behaviours (e.g., fewer partners and less unprotected sex), and less frequent sexual intercourse (Black, Feigelman, Galbraith, Hornick, Ricardo & Stanton, 1994; Feigelman et al., 2000). Lower frequency of parental monitoring has been associated with a greater likelihood of adolescents testing positive for STDs, having risky sex partners, and not using condoms or other forms of contraception (Baker, Biro, Burklow, Kollar, Leonhardt, Rosenthal & Succop, 1999).

Parental monitoring has been found to be greater for female than male children and adolescents (Crouter & Head, 2002). In general, compared with boys, girls perceive their parents to have more monitoring knowledge of their activities and plans (Crouter, Helms-Erikson & Updegraff, 1999). Several studies have shown that monitoring influences youth behaviour both directly by minimizing involvement in risky situations and indirectly by preventing association with deviant peers and improvement in social skills (Ary, Biglan, Metzler, Noell & Smolkowski, 1994). Several researchers have

reported that high levels of parental monitoring were associated with lower sexual risk-taking behaviours (Baker et al., 1999; Crockett & Jacobson, 2000; Luster & Small, 1994; Rodgers, 1999). In their examination of parental monitoring, Kerr and Stattin (2000) pointed out that parents can monitor their teens effectively only if their teens freely disclose information about what they are doing. In the absence of child disclosure, monitoring is found to be ineffective. Research has shown a relationship between levels of parental monitoring and adolescents' involvement in various risk-taking behaviours (Baker et al., 1999; Cunningham, Dupree, Spencer & Swanson, 1996; Flannery, Williams & Vazsonyi, 1999; Rodgers, 1999).

Rodgers (1999) found that high levels of parental monitoring were associated with lower sexual risk-taking behaviours, as did (Luster & Small, 1994; Crockett & Jacobson, 2000). Of interest, Rodgers hypothesized an interaction effect between the closeness of the parent-adolescent relationship and the effectiveness of parental monitoring. The results showed that the closeness of the relationship did not enhance the effect of monitoring, such that parental monitoring "can be a protective process independent of parental support" (Rodgers, 1999, p. 106). In 1994, a study researched the social context of sexual risk-taking behaviours among adolescents. In addition to the findings related to negative peer influence, the investigators found that poor parental monitoring was related to sexual risk-taking behaviours (Ary et al., 1994). Moreover, the researchers identified that "failures in parental monitoring were related to an indirect influence permitting the adolescent to associate with deviant peers" (Rodgers, 1999, p.432). One study (Cornick, Feigelman, Galbraith, Kaljee, Li, Stanton & Zhou, 2000) showed that monitoring parents with low socio-economic status living in urban areas greatly underestimate how much their youth engage in risk behaviour. Kerr and Stattin (2000) have argued that differences in parental monitoring knowledge are due to the extent to which adolescents are willing to volunteer this information (i.e., child self-disclosure) to their parents.

3.3 The association between parent-adolescent communication and sexual risk-taking behaviours

Research has established that parent-child communication can affect both overall family functioning and the child's psychosocial well-being (Shek, 2000). Specifically, several studies have found that open communication, which consists of the exchange of factual and emotional information (e.g., expression of needs, discussion of problems) between parents and their children, can facilitate healthy family relations and adolescent development (Bandura, Barbaranelli, Caprara, Regalia, Scabini & Pastorelli, 1998; Hart, Mandleco, Olsen & Robison, 1997).

However, when communication is constrained, conflict can arise in the parent-adolescent relationship and, in turn, may lead to the evidencing of higher rates of depression, delinquency, substance and alcohol abuse, sexual promiscuity and lower school performance (Brody, Donovan, Flor, Hollett-Wright & McCoy, 1999). Similarly, other researchers have suggested that delinquency may be related to perceived lack of communication in families (Chavez, Davalos & Guardiola, 2005). Numerous studies have demonstrated that open, trusting, and supportive communication between parents and adolescents is directly associated with substantially delayed onset of sexual intercourse and greatly reduced substance use (Borawski, Levers-Landis, Levers-Lovegreen & Trapl, 2003; Buchanan, Jackson-Newsom & Waizenhofer, 2004; Svensson, 2003). Boyer, Ellen, Halpern-Felsher, Kropp and Tschann (2004) have identified communication between parents and young people about sexually-related issues as a positive influence on young people's sexual risk-taking behaviours. Parent-adolescent communication has been shown to be associated with a range of protective behaviours for sexual health, including delayed sexual debut (Babikian, Boward, Freier, Helm, Hopkins, Hopp-Marshak, McBride & Richardson, 2005), fewer

sexual partners and use of condoms (Boyer et al., 2004), and other contraceptives (Aspy, Marshall, McLeroy, Oman, Rodine & Vesley, 2007; Cobb et al., 2001).

Rodgers (1999), in her study of adolescent sexual risk-taking behaviours, hypothesized that sexually active teens who talk with their parents about sexually-related issues would be less likely to demonstrate sexual risk-taking behaviours compared to teens who do not communicate with their parents about such issues. Despite the complexities, parent-adolescent communication about sex has become a recognized target for behaviour change interventions (Dwyer, Leeming & Oliver, 1998). Miller and Whitaker (2000) concluded that some studies have found that parental communication is associated with less sexual risk-taking behaviours; but others have found it is not. "One reason for the lack of clear findings about parental communication is that, in many studies, parental communication has been conceptualized relatively simply: either parents have talked to their teens about sex or they have not (Miller & Whitaker, 2000). A study conducted in Ghana by Adih and Alexander (1999) found that parents were opposed to sex by adolescents because it was deemed immoral and was for married people. Such stereotypes and beliefs prevented parents from communicating with adolescents about sex.

3.4 The influence of family structure on the relationship between parental monitoring, parent-adolescent communication and sexual risk-taking behaviours

The family is one of the earliest and most important influences on adolescents' sexual development and socialization, and plays an important role in adolescents' involvement in early sexual risk-taking behaviours (Gonzalez-Soldevilla, Pantin, Perrino & Szapocnik, 2000). The structure of a family provides a salient developmental context, in that children grow up usually having primary relationships with one or two biological parents, and with or without older or younger siblings.

Growing evidence suggests characteristics of an individual's family of origin can influence his or her sexual risk-taking behaviours. Family influence on adolescent sexual activity can be divided into two categories, namely, family structure and family processes. However, there is evidence that family structural factors such as single parenting, SES and parental education should not be ignored. For example, the educational level of an individual's parents, particularly of the mother, influences the age at the onset of sexual activity (Ary et al., 1994; Jemmott & Jemmott, 1992).

According to previous researchers, modernization has caused major changes in family structure, which disrupted the traditional cohesion within two-parent families. Divorce, cohabitation and remarriage have forced the emergence of new types of family structures such as stepfamilies, blended families, and reconstituted families (Benson et al., 2001; Cherlin & Furstenberg, 1991; Furstenberg, 2000; Miller, 2002). Findings from studies suggest that adolescents from single parent's families, particularly by a single mother, are associated with early onset of sexual activity, whereas living in a two-parent family is associated with delayed onset. Very little information, however, is available regarding the relationship between family structure and sexual risk-taking behaviours later in life (Magadi, Ngom & Owuor, 2003). Female adolescents from single parent families are more likely to initiate intercourse and less likely to use contraception than their peers from intact families (McNally & Mosher, 1991). Several studies have shown that single or divorced parents' more permissive sexual attitudes and their dating activity help to explain why adolescents in some single parent families are at increased risk of pregnancy and sexual intercourse (Camburn & Thorton, 1987; Kao, Simons & Whitbeck, 1994). In addition, Borges, Galano, Hearst, Hudes, Peres and Rutherford (2008) found a positive relationship between youth risk behaviours and family structure. They further indicated that living without parents tend to be at more risk than those living with one

parent, who in turn, tend to be at more risk than those living with both parents. The nature of the relationship between family structure and adolescents' risk-taking behaviours is unclear.

However, Bartoces and Felton (2002) found that family structure was not a risk factor of early sex. Newcomer and Udry (1985), for example found that male adolescents' initiation of sexual intercourse was more closely related to disruption of the two-parent household rather than living in a single parent household per se. The association of sexual risk-taking behaviours with single parent families may be related to lower levels of adolescent supervision. Clearly the influence of family structure on adolescent sexual risk-taking behaviours is related to characteristics of the parent-child relationship (DiClemente, Hensen & Ponton, 1996). Evidence indicates that parent-adolescent communication about sex may exert much more influence on an adolescent's sexual risk-taking behaviours than previously thought (Dittus, Gordon & Jaccard, 1999; Hutchinson, 2002; Pequegnat & Szapocznik, 2000). Numerous studies have nevertheless reported a lack of association between family structure and early sexual risk-taking behaviours (Aban, Bachmann, Dodson-Stallworth, Ehiri, Ekundayo, Kempf, Roofe & Jolly, 2007; Cattel, 1994).

Following from family process theory, which suggests that open communication patterns encourage adolescents to internalize the values and norms embedded in the parent's messages thereby influencing the adolescent's sexual decision making (Miller & Whitaker, 2000), it is important to assess the frequency of such communication regarding pressing issues in adolescents' lives, especially topics related to sex and protective behaviours, as increased frequency of such communication suggests openness between parents and adolescents, promotes more direct discussions about sex and encourages youths to seek information from parents about sexual health-related questions, all of which ultimately affect adolescent decision making (Crosby et al., 2006).

In addition, following from social learning theory (Bandura, 1986), frequency is an important criterion for the successful learning and internalization of parental messages as more frequent discussions provide the opportunity for repetition, which better facilitates learning. In terms of family process, parenting behaviour has been identified as an important source of influence on sexual activity. Throughout the socialization process, parents transmit their own standard of conduct, both directly through their parenting practices and indirectly through their own observable behaviours. Parental influence on adolescents' behaviours appears to vary with the quality of the relationship between the adolescent and the parent.

3.5 The influence of gender on the relationship between parental monitoring, parent-adolescent communication and sexual risk-taking behaviours

Studies have identified gender difference in a variety of parenting behaviours, attitudes and beliefs. Recent research highlighted a difference in parental monitoring and parent-adolescent communication based on parent and adolescent gender (Buchanan, Jackson-Newsom & Waizenhofer, 2004). Parental monitoring knowledge, defined as the parent's accurate knowledge of their children's activities, peers and location (Dishion & McMahon, 1998), has been found to be greater for female than male children and adolescents (Crouter & Head, 2002). In general, compared to boys, girls perceive their parents to have more monitoring knowledge of their activities and plans (Crouter, Helms-Erikson & Updegraff, 1999).

Many of the difference in parental monitoring that occur based on gender are direct results of parents' inherent views about gender differences. As it has been mentioned earlier, female adolescents perceive a higher level of parental monitoring than their male counterparts (Crouter & Head, 2002). Within the same household,

studies have shown that mothers obtain more monitoring knowledge than fathers (Buchanan et al., 2004). Research on parental-adolescent communication indicates a clear difference between the communication habits of adolescent daughters and sons. Parent-adolescent communication about sex is more common than parent-son discussions (Barnett, Clark, Farmer, Micka & Papini, 1990; Nolin & Petersen, 1992). Therefore, adolescent boys tend to be monitored to a lesser extent than girls. They have less communication within the family, less opportunity to discuss sexuality with their same sex parent, and are part of fewer discussions of topics likely to teach family values about sexual risk-taking behaviours (Nolin & Petersen, 1992).

3.6 The influence of SES on the relationship between parental monitoring, parent-adolescent communication and sexual risk-taking behaviours

Early sexual activity has little association with income, but young women who have little education are more likely to initiate intercourse during adolescence than those who are better educated. According to Friestad and Klepp (2004), gender differences regarding these parents exert influence on adolescents' health behaviours, and may thereby contribute to the understanding of the mechanisms at work in the relationship between SES and health or health behaviours. Neighbourhood characteristics, SES, parents' marital status, sibling characteristics, sexual abuse and biological factors all have been shown to be related to teenage sexual risk-taking behaviours (Benson, Galbraith & Miller, 2001; Bjegovic & Vokovic, 2007).

Living in neighborhoods with low SES (Newcomb, Ramirez-Valles & Zimmerman, 1998), high rates of disorder or hazards, or in predominantly African-American neighborhoods (Levy-storms, Sucoff & Upchurch, 1999), is associated with higher sexual risk-taking behaviours whereas high parental monitoring lowers sexual risk-taking behaviours. High SES of parents most often has been found to be

associated with lower risk of having intercourse or sexual debut for adolescents (Newcomb et al., 1998; Semin & Taris, 1997; Levy-storms et al., 1999). Curtis et al. (1998) found no relationship between family income and teenagers' sexual risk-taking behaviours, other investigators reported mixed results. Parent's socio-economic status was related to lower risk for teenage pregnancy among Latinos and higher risk for African-Americans.

CHAPTER FOUR

RESEARCH METHODOLOGY

The chapter begins with an explanation of the research design, variables used in the study and a description of the participants who took part in this study. This is followed by the descriptions of measuring instruments, data collection procedures, as well as the method of data analysis.

4.1 Research design

The study used a cross-sectional research design, which is sometimes known as a correlational design. It involves the measurement of all variables for all cases within a narrow time span so that measurements may be viewed as simultaneous (Breakwell, Fite-Schaw & Hammond, 2000). This cross-sectional, questionnaire-based study was conducted in the Greater Tzaneen Municipality in two different schools. The researcher collected data in one period of time and the schools were readily accessible. The study benefited from the use of the cross-sectional research design as this does not require the researcher to have contact with participants over a long period of time. It is also more economic in terms of time and cost than other designs (King, 2001).

4.2 Research variables

The variables utilized in the study are as follows:

Independent variables	:	Parental monitoring.
	:	Parent adolescent communication.
Dependent variable	:	Adolescent sexual risk taking behaviours.
Control variables	:	Family structure, family functioning, gender and SES.

4.3 **Sampling**

The sample of the study was drawn from Black African adolescent learners who were doing grade 11 and 12 in Bankuna High School and D.Z.J. Mthebule Secondary School. Once the schools were selected, the researcher selected adolescents using non-probability sampling. The sampling method used in this study was convenience sampling. The rationale for the selection of the units in the population was based on adolescents' availability or accessibility. A sample of 197 eligible adolescents participated in the study. This study is limited to two schools located in the Greater Tzaneen Municipality in Limpopo Province, South Africa.

4.4 **Measurements**

4.4.1 **Demographic Information**

The participants completed the demographic questionnaire, which was designed to collect information on the adolescents' personal details (age, sex, marital status, home language, ethnic group, education level and place of birth) and their parents' educational level.

4.4.2 **Parental Monitoring Assessment (PMA) Scale**

The PMA scale consists of 6 items that assess adolescents' perception of parental monitoring. The authors carried out their analyses with a cross-sectional design including three separate samples where its reliability and validity were developed and tested. This scale was originally developed as an 8-item scale by Kerns and Small (1993), and was adapted for the study of Cornick et al. (2000). The parental monitoring scale contained response categories ranging from "never", "rarely", "sometimes", "most of the time" and "always". The internal consistency of the scale was high ($\alpha = 0.73$). In this study the reliability coefficient obtained for the scale was 0.72.

4.4.3 Parent-Adolescent Communication Scale (PACS)

The PACS is composed of five items that assesses adolescents' self-reported frequency of communicating about sexually related topics with their parents. Specifically, adolescents were asked how often they communicated with their parents about a number of sex related issues in the past 6 months. Issues covered included the following: (1) sex, (2) the use of condoms, (3) self protection from HIV infection and (5) avoidance of becoming pregnant (for girls) or impregnating a girl (for boys).

Each item was measured on a four-point Likert scale with the response options ranging from “never”, “rarely”, “sometimes” and “often”. The scale was administered and its reliability was found to be high. The reliability coefficients of the scale obtained by Crosby et al. (2006) was 0.88 at baseline, 0.89 at six months and 0.90 at the twelve months test-retest reliability. In this study the reliability coefficient of the scale was 0.72.

4.4.4 Youth Risk Behaviour Scale (YRBS)

The Youth Risk Behaviour Scale (YRBS; Centres for Disease Control & Prevention, 1990) is a questionnaire used to assess and monitor health risk behaviours associated with social problems among the youth and adults. It monitors behaviours such as: tobacco use, alcohol, other drug use, dietary and eating habits, physical activity, sexual behaviours and other behaviours that contribute to unintended injuries and violence.

The scale was composed of seven items. The items were in the form of multiple choice where adolescents were required to circle the correct response. Adolescents were asked items such as: 1) “Have you ever had sexual intercourse?” 2) “To this day, with how many people have

you had sexual intercourse with?” 3) “The last time you had sexual intercourse, did you or your partner use a condom?”

4.4.5 The McMaster Family Assessment Device (FAD)

A 12-item general family functioning assessment subscale of the McMaster Family Assessment Device (FAD), based on the well-structured McMaster Model of family functioning was developed by Baldwin, Bishop and Epstein (1983) to measure family functioning. It assesses the structural, organizational, and transactional dimensions found to distinguish between healthy and unhealthy families in 7 different dimensions, such as: general functioning (overall health/pathology of the family), problem solving (the way in which the family resolves problems), communication (clarity and directness of the family’s exchange of verbal information), roles (the clarity and appropriateness of the distribution of family roles), affective involvement (the extent to which family members are interested in each other’s activities and concerns), and behaviour control (the clarity of family rules) (Erol, Yazici & Toprak, 2007).

Each item was measured on a 4-point Likert-type scale with seven reversed items to control for response sets. Endorsement options were as follows: “strongly disagree”, “disagree”, “agree” and “strongly agree”. The General Family Functioning Subscale showed adequate reliability of $\alpha = 0.92$. (Erol, Yazici & Toprak, 2007). In this study the reliability coefficient of the scale was 0.46.

4.5 Data collection procedure

The researcher obtained appropriate approval from the University of Limpopo’s Ethics Committee and the Department of Education prior to conducting the research. The consent was granted by the principals of the schools to collect data in their respective schools. All participants

were asked to indicate their consent or dissent for participating in the study. Following that the researcher took into account the ethical issues such as confidentiality and voluntary participation. The participants were not expected to write their names on any of the questionnaire pages and it was explained to them that the information they provided would be published, however, readers would not be able to identify who provided the information since their names would not be coded to ensure confidentiality.

The parental monitoring scale, parent-adolescent communication scale, family functioning scale and the demographic information questionnaires were administered to 197 participants. The questionnaires were administered to the participants in their respective classes with the help of the principal and teachers. The researcher first explained the purpose of the study and how the questionnaires were to be completed. Four trained research assistants participated in the study to help with the administration of the questionnaires. In addition, the researcher was available every time the data were collected to clarify the purpose of the study and answer questions from the participants.

4.6 Method of data analysis

Data analysis was conducted using the statistical analysis software called SAS® Version 9.2. The descriptive statistics were computed and presented to provide an overall picture of the data obtained. Following that, multiple logistic regression analysis was employed to determine the relationship among variables of the study.

The rationale for using logistic regression analysis is twofold. Firstly the nature of the dependent variable (adolescent sexual risk-taking behaviours) can be transformed to a dichotomous variable, to make it clearer. Secondly, the relationship between the independent and dependent variables is assumed to be non-linear. This technique

allows the classification of adolescents into the two groups of “at risk” and “not at risk” learners; then having determined the appropriate regression equation, the probability that an adolescent will belong to a group can then be determined for changes of the contributing factors holding everything else constant in the target group.

CHAPTER FIVE

RESULTS

5.1 Plan of analyzing the data

This chapter presents the results of the data relevant to the present study. In order to describe the data, a preliminary exploratory analysis was conducted. Furthermore, to examine the relationship between parental monitoring, parent-adolescent communication and adolescent sexual risk-taking behaviours, controlling for SES, gender, family structure and functioning, multiple logistic regression analysis was employed.

5.2 Preliminary analysis

5.2.1 Trends in adolescent sexual risk-taking behaviours

Seven survey items from the Youth Risk Behaviour Survey (Centres for Disease Control & Prevention, 1990) were used to determine the sexual risk-taking behaviours of the adolescent respondents. Adolescents were asked questions such as: “To this day, how many people have you had sexual intercourse with?” and “The last time you had sexual intercourse, did you or your partner use a condom?” (See Table 1). The items were used to determine the patterns of adolescents’ responses on sexual risk-taking behaviours in the sample. However, adolescents who indicated that they never had sexual intercourse on the sexual risk items were excluded from the analysis. The results presented in Table 1 below show the current trend in adolescent sexual risk-taking behaviours, for example, the frequency, percentages, mean and standard deviation of adolescents engaging in sexual risk-taking behaviours. The important trends in the area of adolescent sexual risk-taking behaviours observed include: age of initiation to sexual intercourse, number of sexual partners, use of alcohol or drugs, use of a condom, methods used to prevent

pregnancy, number of times they were pregnant or number of times a boy impregnated a girl, and education on HIV and AIDS.

Table 1: Pattern of responses on sexual risk items

	Characteristics	n (%)	\bar{X}	SD
1.	Age of initiation to sexual intercourse			
	11 years	9 (7.2%)	15.15 years	1.892
	12 years	8 (6.4%)		
	13 years	8 (6.4%)		
	14 years	13 (10.4%)		
	15 years	18 (14.4%)		
	16 years	30 (24.0%)		
	17 years	39 (31.2%)		
2.	Number of sexual partners			
	1 partner	39 (31.2%)	3.12 partners	1.998
	2 partners	23 (18.4%)		
	3 partners	17 (13.6%)		
	4 partners	7 (5.6%)		
	5 partners	8 (6.4%)		
	6 and more partners	31 (24.8%)		
3.	Use of alcohol or drugs before sexual intercourse			
	Yes	31 (24.6%)		
	No	95 (75.4%)		
4.	Use of condom during sexual intercourse			
	Yes	91 (72.8%)		
	No	34 (27.2%)		
5.	Method used to prevent pregnancy			
	No method used	10 (7.9%)		
	Birth control pills	8 (6.3%)		
	Condoms	91 (72.2%)		
	Depo-Provera	5 (4.0 %)		
	Withdrawal	3 (2.4 %)		
	Not sure	9 (7.1 %)		
6.	Number of times you have been pregnant or impregnated a girl			
	0 time	160 (81.6%)		
	Once	19 (9.7%)		
	2 or more times	3 (1.5 %)		
	Not sure	14 (7.1%)		
7.	Been taught about AIDS or HIV infection in school			
	Yes	190 (96.9%)		
	No	3 (1.5%)		
	Not sure	3 (1.5%)		

Note: Adolescents who never had sex were excluded from the analysis

As is evident from Table 1, the results indicate that sexual experience increases with age as expected. This trend is evident from age 12 to 17 years, with a mean sexual initiation age of 15.15 and a standard deviation of 1.892. Unexpectedly, there were 7.2% of the adolescents who reported that they had already had their first sexual experience at the age of 11 years, and 12.8% who said they had it at age 12 and 13. The table further shows that adolescents had sexual intercourse with a varying number of partners, with a surprisingly high number (24.8%) reporting that they had sex with more than six partners already.

In terms of drinking alcohol or using drugs before sexual intercourse, the majority of adolescents (75.4%) reported that they had never drunk alcohol or used drugs before having sexual intercourse. Most (72.8%) adolescents indicated that they used a condom during sexual intercourse. It is clear from the results that most of the adolescents used some method to prevent pregnancy and only few (7.9 %) did not use any method. Most adolescents in this study said they had never been pregnant. Furthermore, most adolescents (96.6%) confirmed that they had been provided with HIV/AIDS education at school.

From the seven items of the sexual risk-taking behaviours, two items, namely, “Did you drink alcohol or use drugs before you had sexual intercourse the last time?” and “The last time you had sexual intercourse, did you or your partner use a condom?”, were transformed into binary variables, thereafter added, and the product was used in multiple logistic regression analyses as the sexual risk-taking behaviours (dependent) variable. The adolescents were then placed in one of the two categories, namely, low sexual risk-taking and high sexual risk-taking, depending on their scores on the risk-taking variable. Parental monitoring and parent-adolescent communication were used to predict sexual risk-taking behaviours.

5.2.2 Demographic characteristics of low and high sexual risk groups of the sample

The demographic information of the participants who took part in the present study is presented in Table 2 below. The number of the participants who took part in the study was 197; however, one observation was deleted due to missing values. The descriptive statistics were computed in order to describe the data. For example, percentages and chi-squares were calculated with the significance level of the p -value set at 0.05. Note that analysis is conducted according to sexual-risk classification.

Table 2: Socio-demographic characteristics of low and high sexual risk respondents (N = 196)

Variable	Low sexual risk category	High sexual risk category	χ^2	P
Gender				
Male	63 (63.6%)	36 (36.4%)	5.952	0.011
Female	77 (79.4%)	20 (20.6%)		
Age				
16 to 20yrs	122 (72.6%)	46 (27.4%)	0.368	0.544
21 to 25yrs	16 (66.7%)	8 (33.3%)		
Area of residence				
Rural/village	65 (67.0%)	32 (33.0%)	1.495	0.221
Township/suburbs	72 (75.0%)	24 (25.0%)		
Ethnic group				
Tsonga	124 (70.5%)	52 (29.5%)	0.974	0.614
Pedi	10 (76.9%)	3 (23.1%)		
Others	6 (85.7%)	1 (14.3%)		
Education				
Grade 11	64 (74.4%)	22 (25.6%)	0.671	0.413
Grade 12	75 (69.1%)	34 (30.9%)		
Marital status				
Single	138 (74.2%)	48 (25.8%)	9.241	0.006
Married	2 (25.0%)	6 (75.0%)		
Socioeconomic status				
Low SES	56 (65.9%)	29 (34.1%)	3.506	0.173
Middle SES	82 (76.6%)	25 (23.4%)		

Note: SES = Socio-economic status

The information presented in Table 2, shows that there was a statistically significant relationship between gender and sexual risk-taking behaviours. The proportion of males who engage in high sexual risk-taking behaviours is higher relative to the proportion of females who engage in that behaviour. Regarding their age, the results indicated that there was no statistically significant relationship between age and sexual risk-taking behaviours ($\chi^2 = 0.368$, $df = 1$, $p > 0.05$). These findings provide evidence that the age of adolescents does not play a significant role in sexual risk-taking behaviours.

In terms of the adolescents' areas of residence, the results also indicated that there was no significant differences between areas of residence and adolescents' sexual risk-taking behaviours ($\chi^2 = 1.495$, $df = 1$, $p > 0.05$). This means that the proportion of adolescents on categories of sexual risk-taking behaviours did not differ by whether they were from rural or township or urban areas.

Furthermore, the results showed that there was no statistically significant difference at the conventional level, for different ethnic groups, educational levels and marital status of the adolescents in sexual risk-taking behaviours ($ps > 0.05$). However, most of the adolescents reported that they were from Tsonga ethnic group, doing grade 12 and their marital status was single.

The SES of the adolescents' parents was inferred from their educational level. However, the SES of the adolescents was not statistically significant on sexual risk-taking behaviours. Table 2 shows that a substantial number of adolescents came from lower and middle SES. Higher SES was excluded from further analysis because the value was insufficient to form an independent category. Parents who had never been to school and those who studied up to grade 7 were classified on the lower SES. Parents with grade 8 to 11 were classified on the middle SES, and grade 12, diploma/degree and

masters/doctorate were classified on higher SES. Results showed that there was no significant difference at the conventional level ($\chi^2 = 3.506$, $df = 2$, $p > 0.05$) for different SES groups on their sexual risk-taking behaviours.

5.3 Primary analysis: Relationships among main variables of the study

The number of participants who took part in the study was 197. However, twelve observations were deleted due to missing values for the response or explanatory variables. The analysis commenced by determining if there was a significant relationship between each of the independent variables (PMA and PAC) and the dependent variable (sexual risk-taking behaviours), controlling for SES, gender and family structure. Sexual risk-taking behaviours was determined, as explained earlier, by assessing adolescents' use of condoms, drugs or alcohol before sexual intercourse. Multiple logistic regression analysis was employed to determine the relationship between each of the independent variables, control variables and sexual risk-taking behaviours. The results of the multiple logistic regression analysis are presented in Table 3 below.

Table 3: Multiple logistic regression analysis of sexual risk-taking behaviours

<i>Variables</i>	<i>B</i>	<i>SE B</i>	<i>Wald</i>	<i>P</i>	<i>OR</i>	<i>95% —CI</i>
Gender	-0.468	0.375	1.559	0.212	0.626	0.300 - 1.306
Age	0.220	0.534	0.169	0.681	1.246	0.437 - 3.551
SES	-0.406	0.367	1.224	0.269	0.667	0.325 – 1.367
PMA	-0.130	0.031	10.891	0.001	0.878	0.812 - 0.948
PAC	0.023	0.041	0.214	0.644	1.023	0.928 - 1.128
Family functioning	-0.011	0.031	0.246	0.611	0.980	0.907 - 1.060
Family structure	0.185	0.125	2.194	0.139	1.203	0.942 - 1.537

Notes: SES = socio-economic status, PMA = parental monitoring assessment, PAC = parent-adolescent communication

5.3.1 Hypothesis 1: There will be a significant relationship between PMA and adolescent sexual risk-taking behaviours

The results presented in Table 3 show that parental monitoring is a statistically significant predictor of sexual risk-taking behaviours ($p < 0.05$). It means that an increase in parental monitoring, measured with the PMA, will result in a decrease in adolescents' sexual risk-taking behaviours. An increase in perceived parental monitoring decreased the probability that adolescents would engage in sexual risk-taking behaviours by 12.2%, given that no other factors are changed. Since there was a significant, negative relationship between parental monitoring and sexual risk-taking behaviours, hypothesis 1 is accepted.

5.3.2 Hypothesis 2: There will be a negative relationship between parent-adolescent communication and sexual risk-taking behaviours

As evident from Table 3, the multiple logistic regression analysis revealed that the relationship between parent-adolescent communication (measured with the PAC) and sexual risk-taking behaviours was not statistically significant ($p > 0.05$), indicating that in this study the communication with parents about sexual related issues had no influence on whether the adolescent would engage in sexual risk-taking behaviours or not. Hypothesis 2 is rejected.

5.3.3 Hypothesis 3: The relationship between parental monitoring and sexual risk-taking behaviours will be influenced by gender, SES, family structure and functioning

The results of multiple logistic regression analysis show that gender, socio-economic status, family structure and functioning are not significant factors in the relationship between PMA and sexual risk-taking behaviours ($ps > 0.05$, see Table 3).

5.3.4 Hypothesis 4: The relationship between parent-adolescent communication and sexual risk-taking behaviours will be influenced by gender, SES, family structure and functioning

The results of multiple logistic regression analysis show that gender, socio-economic status, family structure and functioning are not significant factors in the relationship between parent-adolescent communication and sexual risk-taking behaviours ($ps > 0.05$, see Table 3).

CHAPTER SIX

DISCUSSIONS

6.1 Introduction

The aim of the study was to investigate the relationship between both parental monitoring, and parent-adolescent communication, and adolescent sexual risk-taking behaviours. The study also explored the role of gender, SES, family structure and functioning on the relationship between parental monitoring and parent-adolescent communication, respectively. The chapter discusses the results and examines whether they are consistent or not with the findings of previous research.

6.2 Demographic information of the low and high sexual risk-taking behaviours of the respondents

This study showed that the gender of the adolescents had an effect on sexual risk-taking behaviours, with males being more likely to engage in sexual risk-taking behaviours than their female counterparts. The results are in line with research in this area (Buela-Casal, Paz & Teva, 2009; Newcomb et al., 1998). Studies have demonstrated that the difference in gender could be due to the fact that males with traditional gender ideologies tend to have more sexual partners, unprotected sex and use condoms less frequently than females (Beardslee, Harris, Shrier & Sternberg, 2001; Kaluzny, Murnen & Wright, 2002; Luster & Small, 1994). In African communities, females who engage in sexual risk-taking behaviours are judged much harshly compared to their male counterparts. It is possible that females may report less sexual risk-taking behaviours, whilst men may do so readily, simply because each gender has been made to believe that the behaviours are compatible with their gender roles. Actually, sexual promiscuity among men, such as having multiple partners, is hailed as being manly and macho in some quarters. Nevertheless, it was not clear in the present study why there were gender differences in sexual risk-taking behaviour. Further investigation can be done to determine the reasons for the differences in sexual risk-taking behaviours between the sexes.

This study also found lack of association between areas of residence and sexual risk-taking behaviours. However, there are indications in the literature that area of abode may influence sexual risk-taking behaviours. McMaster and Wintre (1996) found that rural areas are quite diverse and face a variety of economic conditions. They further showed that lack of preventative services can place rural adolescents at heightened risk for engaging in unhealthy behaviours. In addition, Doebler (1998) (cf. Howell et al., 2003) found that in rural America, parents were required to work greater distances away from home and this created constraints on their ability to monitor their adolescents' activities. Moreover, Podhisita, Varangrat and Xenos (2001) found that adolescents from urban areas were more likely to engage in sexual risk-taking behaviours than their rural counterparts. In contrast to the above mentioned findings, this study found that the proportion of adolescents' sexual risk-taking behaviours did not differ by area of residence.

Although it was confirmed that sexual activity increases with age (Bartholomae, Mescke & Zentall, 2000), adolescents' age in this study was not associated with sexual risk-taking behaviours. This is, however, in contrast with previous studies that indicated that age was consistently associated with sexual risk-taking behaviours, with older adolescents engaging in high sexual risk-taking behaviours (Buka, Gortmaker, Lehrer & Shrier, 2006; Crockett & Raffaelli, 2003; Forehand et al., 2001). Furthermore, this study showed that the average age of initiation to sexual intercourse was fifteen years old. This contradicts with findings from other countries, including Africa itself. For instance, Mazengia and Worku (2009) found that the mean age for sexual initiation was 17 years in North East Ethiopia. SADHS (2003) reported that lack of education plays an important role in influencing the median age of initiation to sexual intercourse, although their results showed that the mean age for sexual initiation was 18 years old. In 1998 SADHS data showed a similar pattern across the different age groups. A study by Gage (1998) reported that adolescents on the verge of their first sexual experience are quite young, and their limited knowledge and experience makes them less confident and skilled at planning ahead and taking the measures needed to avoid unsafe sex. Thus, it was surprising when the results of this study

suggested that there was no relationship between sexual risk-taking behaviours and age.

This study further supports the results obtained by Miller (1998) that SES is not associated with sexual risk-taking behaviours. However, they are not consistent with previous findings, showing that adolescents from lower SES were more likely to engage in sexual risk-taking behaviours (Capaldi, Clark, Owen & Stoolmiller, 2002; Newcomb et al., 1998). Furthermore, a previous study found that economic stresses associated with low wages, unemployment, and increasing poverty presumably incline many women to transactional sex. This explains other sexual risk-taking behaviours such as early initiation to sexual activity and high incidence of multiple sexual partnerships (Ulin, 1992). These conditions also prompt men to exploit women's economic vulnerability by paying very little for sex and subjecting women to domestic violence (Ezeh & Gage, 2000; Oponng, 1995). However, in the present study SES was not associated with sexual risk-taking behaviours.

6.3 The association between parental monitoring and sexual risk-taking behaviours

In the present study, the relationship between parental monitoring and sexual risk-taking behaviours was investigated. The results revealed that parental monitoring is associated with sexual risk-taking behaviours. Consistent with previous studies, parents' knowledge about their children's whereabouts reduces the chances of adolescents engaging in sexual risk-taking behaviours (Campione-Barr, Metzger & Smetona, 2006; Crockett & Jacobson, 2000; Luster & Small, 1994; Rodgers, 1999). The results contribute to the line of research showing that the monitoring of adolescents' social activities by parents directly impacts on their (adolescents) health by decreasing their involvement in situations that increase the probability of risk-taking in general, including drinking, drug use and sexual risk-taking behaviours (Adler, Ellen, Sieverding & Witt, 2005; Crosby et al., 2003; Feigelman, Li & Stanton, 2000). Additionally, Ary et al. (1994) showed that consistency in parental monitoring

of adolescents decreases the chances of an adolescent partaking in sexual risk-taking behaviours, whereas poor parental monitoring increases sexual risk-taking behaviours.

6.4 The influence of gender, SES, family structure and family functioning on the relationship between parental monitoring and sexual risk-taking behaviours

The results showed that gender, SES, family structure and family functioning did not influence the relationship between parental monitoring and sexual risk-taking behaviours in this study. This was surprising, given that each of these factors do influence parental monitoring and sexual risk-taking behaviours. The findings are not consistent with the studies that suggest these variables need to be controlled in studies of parental monitoring and sexual risk-taking behaviours. For instance, it was found that monitoring varies by gender with adolescent females generally reporting higher levels of parental monitoring than their adolescent male counterparts (Cornick et al., 2000; Nolin & Petersen, 1992). This point is supported by Bryant, Donenberg, Emerson and Wilson (2002) who reported that parents feel it is important to monitor girls more than boys in order to protect them from direct consequences of sexual activity. Indeed there was a difference in the number of times that male and female adolescents engaged in sexual risk-taking behaviours, but, surprisingly, the variable did not play a role in the multiple logistic regression analysis.

Furthermore, existing literature shows that monitoring can be less effective in single-parent, low-income households than in two-parent, middle-income ones. Low-income, single-parent households are likely to experience greater stress, economic hardship and unemployment, factors responsible for reducing focus on the monitoring of adolescents (Dishion & McMahan, 1998). Correspondingly, Feigelman, Li and Stanton (2000) found that among low-income black children and adolescents, low levels of parental supervision provided the opportunity for precocious sexual activity in the children. Thus, it was expected that family structure would be an important factor to control in

the relationship between parental monitoring and sexual risk-taking behaviours. One possible explanation found by Bond, Gwendolyn, Karim, Lemba, Magnani and Weiss (2001) for lack of family structure influencing parental monitoring of adolescent sexual risk-taking behaviours was that extended families are common in sub-Saharan African context. As a result, family members other than biological parents play the greatest role in supervision and mentoring in matters related to sexual relations and contraception.

A study by Dishion, Patterson and Reid (1992) found that a high level of monitoring on adolescents' sexual risk-taking behaviours in well-functioning families is implicit and occurs within the daily exchange of family life and influence adolescent sexual risk-taking behaviours. This fact is supported by Mason and Schwartz (2008) who indicated that high family functioning in early adolescence and improvements in family functioning during adolescence are associated with precocious sexual risk-taking behaviours. Adolescents in the present study come from less or similar family backgrounds, yet the results are different from the above mentioned studies. Further investigation is therefore needed to ascertain this fact.

6.5 The association between parent-adolescent communication and sexual risk-taking behaviours

Constantine and Jerman (2010) indicated that parent-adolescent communication about issues related to sexuality, is a principal means of transmitting sexual values, beliefs, expectations and knowledge between parents and their adolescents. They further indicated that communication is most likely to promote healthy sexual development and reduce the risk of unsafe behaviour when parents are open, skilled and comfortable in their discussion of sex-related topics. Therefore, parent-adolescent communication was an important family aspect that was investigated in the current study.

Numerous studies have, however, yielded inconsistent results regarding parent-adolescent communication and sexual risk-taking behaviours, some

studies showing a positive relationship and others showing a negative relationship between parent-communication and adolescent sexual-risk taking behaviours (Cooney & Hutchinson, 1998; Jaccard, 1996; Lenciauskiene & Zaborskis, 2008; Miller & Whitaker, 2000). It is not surprising that the present study findings indicated that parent-adolescent communication is not associated with sexual risk-taking behaviours. These results contribute to the body of research in this area (Atkins, Blumberg, Hofstetter, Hovell, Kreitner & Sipan, 1994; Cabral, Handelsman & Weisfeld, 1987; Christopherson, Fan, Miller & Norton, 1998). In contrast with this, May, Miller, Levin and Whitaker (1999) found that sexual communication between parents and adolescents is most likely to reduce adolescents' sexual risk-taking behaviours when parents are open, skilled and comfortable in their discussion about sex-related topics. Moreover, Rodgers (1999) reported that adolescents who discuss sexually-related issues with their parents would be less likely to demonstrate sexual risk-taking behaviours compared to those who do not communicate with their parents about such issues.

According to Engdahl (2006) (cf. Mtikrakra, 2009) lack of relationship between parent-adolescent communication and sexual risk-taking behaviours is due to the fact that sexual conversations are deemed a taboo subject in many African countries, for example in Ghana, Sierra Leone, Nigeria and South Africa. This is supported by Bogenschneider, Flood and Raffaelli (1998) who reported that parents feel uncomfortable communicating to their adolescents about sexual issues. The social norms that prohibit openness hinder discussions about sexual risk-taking behaviours and can hinder sexual education (May et al., 1999). In addition, Kajula (2005) found that parents also find it difficult to acknowledge that young people are sexual beings. Parents often view adolescents as innocent, inexperienced and immature and as a result they do not discuss sexually related topics with them. Some parents believe that most adolescents always want to experiment, and communication about sex including sexual education will increase their curiosity and make them sexually active (Friedman, 1993). In line with this, Dittus and Jaccard (1991, 1993), Mueller and Powers (1990) found that parents' values are highly relevant to sexual and contraceptive use behaviours of teens, and lack of

parental value orientations along with parent-adolescent communication explains the null results. A study by Bonati and Pistella (1998) further demonstrated that information shared during parent-adolescent discussion about sex often do not include critical topics such as maturation and sexually transmitted diseases, and that parents are more likely to discuss contraceptive methods with their adolescents only after a pregnancy. This fact is supported by Miller and Whitaker (2000) who indicated that communication has often been measured without including the timing of discussion, the content or topics discussed and the process of the communication.

6.6 The influence of gender, SES, family structure and family functioning on the relationship between parent-adolescent communication and sexual risk taking behaviours

The present study indicated that gender, SES, family structure and functioning did not influence the relationship between parent-adolescent communication and sexual risk-taking behaviours. In contrast, existing studies suggest that these variables are important in the study of parent-adolescent communication and adolescent sexual risk-taking behaviours, and therefore need to be taken into account. For instance, there are clear differences between adolescent males and females in the nature of their communication with parents (Barnett et al., 1990). Several studies found that both male and female adolescents talk more with their mothers across a wider range of topics (e.g, sexuality) than they do with their fathers (Bagi & Noller, 1985; Norrell, 1984). These results are supported by Chimbwete (2001) (cf. Mtikrakra, 2009) who found similar results in African countries, for example Kenya and Nigeria. Additional evidence in the literature is in contrast with the present study. Dutra et al. (1999) found that adolescents in single-parent families headed by mothers, experienced levels of parent-adolescent communication about sex that are similar to the levels experienced by adolescents in dual parent families. In line with this, Callan and Noller (1990) showed that mothers are more likely to recognize and accept adolescents' opinions about sex-related issues, to initiate and engage in sex-related communications and to be the recipient of adolescents' self disclosure about

sex-related topics. In relation to that, the effectiveness of this communication was found in strong, healthy families (Bishop, Epstein, Miller & Keitner, 1993). Lynch (2001) showed that higher levels of family functioning and attachment are associated with diminished adolescent sexual activity. This is supported by Bijstra, Bosma, Jackson and Oostra (1998) who reported that high levels of family conflict and poor family communication skills disrupt parenting and family relations; it reduces adolescents' emotional security and social emotional competencies and reinforces sexual risk-taking behaviours, aggression and interpersonal hostility. Furthermore, Dishion and McMahon (1998) found that parents with lower incomes tend to have lower levels of education, and as a result may not feel confident in educating their adolescents about health risk behaviours because they do not feel that their knowledge base is adequate. On the other hand, higher SES was associated with more parent-adolescent sexual communication (Aaro, Alan, Bastien, Flisher, Kaaya, Namisi, Onya & Overland, 2009). The fact that SES did not have an influence on parent-adolescent communication about sex related-issues could be due to the fact that a substantial number of adolescents come from less or similar economic background. It was however not clear why gender, family structure and functioning did not influence the relationship between parent-adolescent communication and sexual risk-taking behaviours.

6.7 Conclusion

The current study examined the relationship of parental monitoring, parent-adolescent communication to sexual risk-taking behaviours. The results showed that PMA is associated with sexual risk-taking behaviours, with high levels of parental monitoring prospectively reducing adolescent sexual risk-taking behaviours. This finding adds to the growing body of research that supports the value of parental monitoring as a protective factor in adolescents' sexual risk-taking behaviours. Hence, it is important for parents to be consistent in monitoring adolescent sexual risk-taking behaviours. This study has proven that gender, SES, family structure and functioning did not have any influence on the relationship between parental monitoring and sexual risk-taking behaviours. This is despite the fact that more males were engaging in

sexual risk-taking behaviours. In this study, parent-adolescent communication was not associated with sexual risk-taking behaviours. Therefore the importance of parent-adolescent communication on sexual risk-taking behaviours cannot be emphasized. Furthermore, the gender of the adolescents, SES, family structure and functioning did not influence the relationship between parent-adolescent communication and sexual risk-taking behaviours. Nevertheless, this study did not provide evidence to show why that is the case and little information is available from previous studies regarding this. Further research is however needed to determine and understand these issues.

6.8 Limitations and recommendations of the study

The importance of parental monitoring, parent-adolescent communication on adolescent sexual risk-taking behaviours is a process that may change with time and circumstances. Therefore it should not be observed at a single point in time, as it was with the cross-sectional design in the present study. Future researchers can use a longitudinal design.

A major limitation in the present study was that perceptions about parental monitoring, parent-adolescent communication and sexual risk-taking behaviours were studied from the point of view of adolescents only. Studying parents' perception would add value to studies such as the one conducted here. It is likely that parents may see things different to their adolescent children. In future, researchers should include both parents and adolescents in the same study.

Furthermore, the study was limited to two schools in Limpopo Province, specifically in the Greater Tzaneen Municipality and thus limiting the generalizability. The present results apply to this group only. It stands to reason that perhaps different results would be obtained from different geographical areas and ethnic groups in South Africa.

In addition, the area where the study was conducted consisted of specific ethnic groups. Only one ethnic group was represented in the study with a larger sample (see Table 2). Future researchers can have different ethnic groups represented with bigger or equal sample size. The gender of the adolescents was investigated to determine the influence on the relationship between parental monitoring and sexual risk-taking behaviours, parent-adolescent communication and sexual risk-taking behaviours. Perhaps the gender of parents could be investigated to ascertain its influence on parenting processes.

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APPENDICES

APPENDIX ONE: LETTER TO THE RESPONDENTS

Discipline of Psychology
School of Social
Sciences
Faculty of Humanities
University of Limpopo
(Turfloop Campus)
Mankweng Township
0270



Dear respondent.

My name is Baloyi Valeria. I am currently studying for a Masters degree in Clinical Psychology with the Department of Psychology at the University of Limpopo. The name of the research I am conducting is entitled: **Parental Monitoring, Parent-Adolescent Communication and Adolescent Sexual Risk-Taking Behaviours**. The research forms part of the requirements for the completion of my Master's degree. Your participation in this study is voluntary. If you choose to participate, you will be required to fill in a 7 page questionnaire. Before filling it, please read the instructions carefully. Where you do not understand do not hesitate to ask for help.

Regarding confidentiality, you are not expected to write your name in any of the questionnaire pages. I request you to kindly fill in this questionnaire as accurately and carefully as you possibly can.

Thank you in advance for your cooperation.

Are you willing to participate in this study? YES NO

If you answered "NO" to the above question, please stop now and do not answer any further questions. I thank you for your time. If you answered "YES", meaning that you are willing to participate, please continue

APPENDIX TWO

1.1 SOCIO-DEMOGRAPHIC DATA

1. Gender: Male Female

2. How old are you? _____ years old

3. Where is your home based? Rural Area/ Village Township/Suburb

4. Ethnic group: Tsonga Sotho Venda Other

5. Highest level of education: Grade

6 Marital status:

Single Cohabiting Married

Separated Divorced Widowed

7. Mother's level of education Father's level of education

APPENDIX THREE

2.1 FAMILY STRUCTURE:

1. How many people belong to your household?

Number of persons in the household: _____ persons.

2. **Please tick against the people who live in your household for the better part of the year. Please list all of them.**

Biological mother

Step-mother

Maternal grandmother

Paternal grandmother

Biological father

Step-father

Maternal grandfather

Paternal grandfather

Sisters

Brothers

Uncles

Aunts

Nieces

Nephews

Grandchildren

Lodgers