

**THE INFLUENCE OF PARENTAL GUIDANCE
ON CHILDREN'S SEXUAL BEHAVIOUR
A CASE STUDY OF WINDHOEK**

MEERA SHARMA

APRIL 2008

THE INFLUENCE OF PARENTAL GUIDANCE ON CHILDREN'S
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A THESIS SUBMITTED IN PARTIAL FULFILMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

OF

THE UNIVERSITY OF NAMIBIA

BY

MEERA SHARMA

APRIL 2008

SUPERVISOR: PROF. P. MUFUNE

MEERA SHARMA

PROF. P. MUFUNE

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Meera Sharma

Abstract

This study is based mainly on quantitative data collected from 347 school children in grades 8, 9 and 10 from three high schools in Windhoek, Namibia. Three schools were randomly selected which represented different scales of fees - low, medium, high – which reflects the range of financial background of the pupils. The study also used qualitative data collected from seven counsellors and social workers from different government and NGOs in Windhoek.

The major objective of the study was to identify the factors associated with early sexual activity by school children. Among 347 children from ages 13 to 18, sixty-four (18.4%) had experienced sexual intercourse and the majority were male. The effect of peer pressure was significant in those sixty four children, who were already sexually active.

Findings suggest that parental guidance, support, and supervision were significantly (and adversely) related to the early onset of sexual activity. Chi-square and regression analysis revealed that parental guidance, support and supervision might play a major role in deterring and delaying sexual activity of children. Children who were supported, cared, and guided by their parents had their first sexual experiences at an older age.

Supervisor :Prof. P. Mufune

ACKNOWLEDGEMENT

A number of people have valuably contributed to completion of this research. Firstly, I am grateful to my supervisor, Professor P. Mufune, who not only readily took time to support and advise me throughout this project, but also speedily read and commented over many drafts. Without his valuable comments and support, this thesis would not have been complete by now. I am sincerely thankful to Dr. V. Winterfeldt, HoD of Department of Sociology, for solving all my problems ranging from admission and many other administrative issues to comments on thesis and thoughtful help every time I needed one. My thanks also go to Ms. Maria Kaundjua who assisted me on reporting data on the computer by using SPSS, to Mr. Tom Fox and Mrs Lucy Edward for their valuable comments.

I would also like to thank Principals of Windhoek High, Hage-Geingob High and Hockland High Schools for allowing me to draw samples from their schools. A number of teachers from these schools including my friend, Glenda Mwinga, kindly helped me during data collection. Many thanks also go to Ms. Helen Vale, senior lecturer at the University of Namibia, Department of English, who edited the final draft of my thesis at the last notice. My big gratitude goes to Mrs. N. Suresh, lecturer at the University of Namibia, whose support at various stages of the research as well as in collecting the loose chapters to give it finally a shape and an existence has its own importance

Thanks to the children who participated on my research and spent their time filling up the questionnaires. I would also thank whole-heartedly the counsellors and social workers who enthusiastically provided their important time to help me complete the qualitative data collection.

I have a pleasure to thank Ms. Gerhild Kolling from UNICEF Namibia Information Centre who kindly helped me to access many relevant literature and handed me various UNICEF reports. Last but not least I am grateful to my husband, who patiently taught me and prepared me to analyse data by using various statistical programmes, and my children, Devin and Stuti who supported me and bore with me throughout this difficult time. I thank God for giving me patience to complete this thesis.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CIN	Children in Namibia
CCS	Center for Communication Strategies.
CT	Control Theory
FFWPU	The Family Federation for World Peace and Unification
HIV	Human Immunodeficiency Virus
LAT	Los Angeles Times
M.Ed	Masters of Education
NAD	Namibia Human Development Report 1999.
NCYL	National Campaign Youth Leadership
NPC	National Planning Commission
SA	Southern Africa
SCT	Social Control Theory.
SES	Socio Economic Status
SPSS	Statistics Package for the Social Sciences
STDs	Sexually Transmitted Diseases
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNAM	University of Namibia
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children fund
US	United States
USAID	United States Agency for International Development

CHAPTER 1: INTRODUCTION

Sociologists often distinguish between primary and secondary socialization where family provides the former and schools provide the latter form of socialization. Hebding (1996) highlights socialization as one of the most important universal functions of the family. The “family is the first group to instill in a child attitudes, norms, values, and practices in evaluating his or her own behaviour” (Hebding 1996). Sigmund Freud, a psychologist and founder of psychoanalysis, emphasized that the first few years of a person’s life - those usually spent with primary group (family) - are the most important in forming the framework of his or her character (O’Donn 1996).

Parents are considered to be the most effective force in children’s development (Farmer 1985). According to Farmer, parents can influence their children far better than their peers, educators and counsellors as they teach continuously and firmly over the life span of their children. Parents play such an instrumental role because they provide daily necessities such as food, shelter, as well as love, care, moral support and much more to their children. Generally they are the most trusted persons in their children’s lives. Parental involvement is multi-dimensional (Grolnick & Slowiaczek 1994). Parents need to know that when it comes to young people’s decisions about sex, their influence has not been lost to peers and popular culture. They are powerful and they can use this power in sound and helpful ways. The simple and compelling message of parent power is that family matters a lot (LAT 2005).

Teenagers who feel close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer sexual partners and use contraception consistently (LAT 2005). The family environment is the source of attachment because parents act as control mechanisms and teach their children socially acceptable behaviour (Wiatroski and others 1997). On the other hand, one is also familiar with the phenomenon that there are a number of instances where parents abuse and exploit their children.

According to Jan Katz-Katz and others (1997), “The basic premise of social control theory is that humans engage in deviant behavior because norms violation is attractive and exciting. It is natural for youths to strive to meet their needs in the easiest, most direct manner, and they are free to engage in deviant behavior when social controls are either ineffective or absent.” If socialization is the informal process by which individuals come to learn and adhere to social norms, social control comes into play when these means fail to ensure conformity (Bottomore and Duthwaife 1998).

Namibian researchers who have looked at HIV/AIDS and the behaviour of young people have concentrated mainly on three areas: identifying the need for improvement of sexual and reproductive health care services for young people, examining how gender relationship contributes to increase in the HIV infection rate, and government’s responses to HIV/AIDS. Ipinge (2003) investigated the role played by gender in propagating HIV infection in Namibia; UNFPA (2002) looked at adolescent and young people’s sexual behaviour and reproductive health care. The major contributions of the studies were to explore ways to provide the best possible care to HIV/AIDS victims as

well as to warn people of the reality of HIV/AIDS and its negative impact on economic, agriculture, and political aspects of society.

There appeared to be a lack of research on children's sexual behaviour as a factor in producing a healthy and responsible society for tomorrow. There was also a lack of studies linking family background to sexual behaviour. This research has related sexuality of secondary school children to their family background and other attributes. The family background of children with stronger sexual self-control had been compared and contrasted with those of who were sexually active.

This study targets sexuality among children who are attending secondary school, grade 8 to 10, and are normally expected to be in their early teenage years. The sexual engagement involving 8 to 10 grade school pupils is referred in this study as early sexual engagement.

The HIV/AIDS pandemic is the major challenge in this decade as it has taken millions of lives around the world. In 2003 alone, an estimated 4.8 million people became newly infected with HIV (UNAIDS, 2004b). This is more than in any year previously. Today, 37.8 million people are living with HIV compared to 22 million in 1996. Over 20 million people have died since the first case of AIDS was identified in 1981. Around 2.9 million people died from AIDS in 2003 alone (UNAIDS, 2004b). This pandemic has affected almost every family in every country in every part of the world.

The Human Immune-Deficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS) was first observed in Namibia in 1986, and by 1994, 8,154 cases were

reported (Webb, 1997). The number of AIDS cases has been increasing steadily in Namibia since then. According to Journ-AIDS (2004), 230 000 Namibians are HIV positive. Namibia is just like any other African country battling with HIV/AIDS with little hope of controlling the pandemic. The disease is having a major impact on society. As the more infections occur the moral fabric of Namibian society is weakened, leaving it on the verge of destruction. Mostly as a legacy of AIDS, around 115 000 orphans are spread throughout Namibia (USAID, 2004a). A calculation of the expected direct or indirect financial costs of AIDS reveals that Namibia can expect to lose as much as \$ 1.3 billion to the epidemic by 2003 (USAID, 2004a). How long can Namibia afford to spend such a huge amount of money on HIV/AIDS while the national economy is in trouble because of poverty, high unemployment and little economic growth? Even today, there are many AIDS patients who are suffering owing to the lack of medical treatment. According to USAID (2004a), of the 230 000 victims of HIV/AIDS in Namibia, only 13 000 will get access to life prolonging drugs by the end of 2006.

As a society, Namibia has focused more on a preventive approach, which is relevant to adults which comprise most of the sexually active population. Much publicity is given to warn the public of the danger of AIDS and the means of protection against the deadly disease. Recently, there are also rigorous efforts to educate teenage and younger children on sexual health and the danger of HIV/AIDS. Despite all these efforts, success is relatively limited as is witnessed by increasing number of infections. Thus if the current infection rate continues and there is no large-scale treatment programme, up to 60% of today's 15 year olds will not reach their 60th birthday in some southern African countries (UNAIDS, 2004d).

To protect society from the destruction caused by AIDS, we must focus on changing the sexual behaviour of young people. This will require understanding of their sexual behaviour from different perspectives; whether young people have adequate knowledge on HIV/AIDS and on prevention methods; what social factors, if any, determine whether young people become sexually active after reaching puberty; and whether parental influence and guidance (such as parental love, care, norms, advice and values) matter in shaping their sexual behaviour. It is also important to look at whether moral and religious upbringing has any effect on the sexuality of teenagers. These are some of the pertinent questions that might help us understand the attitudes of young people towards sex. This research aimed to find answers to these questions using pupils from three Windhoek schools as respondents.

In order to reduce the levels of HIV/AIDS infection among young people, we need to identify the factors associated with risky sexual behaviours such as being sexually active at an early age. Thus, one approach to prevention is delaying the onset of sexual activities.

1.1 Statement of the problem

HIV is not like most other infectious diseases that can be caught without knowing. People become infected because of certain sexual behaviours they engaged in. Although many individuals may have the power to prevent being infected with HIV, a lot of people cannot as in the case of those who have blood transfusions or are the victims of rape, domestic violence or sexual abuse. People who are living in desperate circumstances e.g. war zones and the absolute poor (and those suffering other forms of

structural violence) may also find it difficult if not impossible to prevent HIV infections. This means that the amount of willpower or self-control individuals have is an important factor but not a sufficient condition for many people in preventing personal infection. The amount of willpower (self-control) an individual has apparently depends on the values, norms, ethics, morals, self respect learnt in their childhood and which is carried over into adulthood. The quality of relationship children have with parents might influence willpower. Those children who have better relationships will be more responsible than those who do not. According to Oman et al (2005) quality relationship is defined as the amount of communication, warmth, love, and closeness a child has with its parents. Whatever children learn from their parents or teachers in their early years becomes the foundation of their values - which should also influence their behaviour. Some teenagers seem to have strong self-control and are not influenced by peer pressure or by any other temptations. They are rational enough to give up their friendship or relationship when it comes to protecting themselves (including protecting themselves from HIV) and their own beliefs. We needed to (and this study has) examine those particular children for the reasons behind their rationality and self-control. One shortcoming of social control theory is that it relies too much on individual willpower and thus neglecting the more social structural factors.

1.2 Objectives

The general objective of the study is to investigate parental influence on children's sexual behavior.

The specific objectives of this research are:

1. To examine the role parental guidance and values play in children's sexual behaviour.
2. To examine the role of peer pressure and self-control in children's sexual behaviour.
3. To investigate, whether children apply their knowledge to protect themselves from risky behaviour.
4. To examine family backgrounds of school children and its influence on their sexual behaviour.

1.3 Importance of the study:

Namibia is a diversified country with a number of ethnic and cultural groups. The majority of children are born out of wed-lock. Parental roles and influence seem to have weakened in society as children have become sexually active at early age. Studies have been done on various burning issues such as HIV/AIDS, teenage pregnancy, reproductive health etc. But few have considered the role of parents and their influence on children. This study attempts to examine the influence of parental attention and guidance on children's sexual behaviour in the belief that certain parental attributes and family types may induce children to be more vulnerable to early sexual engagement than others.

1.4 Hypothesis

1. The more educated parents are, the more their children will have stronger self control in sexual matters.
2. Religious parents have less sexually active children.
3. Children from families with both parents are less sexually active than children from single parent families.

4. Children who are more knowledgeable about HIV/AIDS are less likely to be sexually active.
5. The better the quality of relationship between parents and child, the more responsible sexually the child will be.

1.5 Organisation of the study

This thesis contains six chapters. Chapter One provides a general introduction to the research topic and includes statement of the problem, objectives, importance of the study and hypotheses. Chapter two deals with literature review, while chapter three deals with the methodology of the research and chapter four with data analysis. The last two chapters - Five and Six - contain discussions of the research outcomes, conclusions and suggestions respectively

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Over the last few years, parental involvement in children's educational and career development has increasingly received attention in educational research in the West (Trusty, 1998). Numerous studies have acknowledged the immense power of parental guidance on children's behaviour. In the Namibian context there has been a dearth of educational research concerning parental role on children's upbringing. This crucial issue has to be addressed to investigate parents' importance. There are a large number of research studies conducted in Western countries that may be beneficially utilized to conduct similar studies in Namibian context.

2.2 Parental guidance and children's sexual behaviour

Researchers and educators generally agree that parents are an efficacious force in children's development. Parents can influence their children far better than their peers, educators, counsellors, and other professionals as they serve continually and firmly over the life span of their children (Farmer, 1985).

Parental involvement is multi-dimensional. Their support, care, and guidance are evidence for this directness related to adolescents' perception, behaviour, self-esteem, positive school attitude, career aspiration, psychological competence, lower levels of drug use, academic success and adaptive school behaviour. Parental guidance reflects their own behaviour, attitudes, and style in their children's perceptions (Grolnick and Slowiaczek 1994). Parental involvement is also the amount of control parents exercise

over their children which has positive impact on adolescents' behaviour and perceptions. The parents who are authoritative, concurrently demanding and responsive, have a positive influence on many psychological and behavioural aspects of their children, including achievement orientation. Steinberg and others (cited in Baumrind, 1991) reported that adolescents with higher academic achievement were likely to have parents who are very strict and in control. On the other hand teenagers whose parents have liberal attitudes about sex and who have friends who are sexually active are more likely to have sexual intercourse. Other research supports the association of parental supervision with a decrease in adolescent sexual activity (Velez-Pastrana and others, 2005).

According to "The Los Angeles Times" (LAT), although, a parent's opinion and values should be included in discussion about sex, the "over all quality" of a parent-child relationship appears to have the biggest impact on influencing children. It also says that although good communication is clearly important, the overall quality of the parent-child relationship appears to make the real difference. Teenagers who feel close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer sexual partners and use contraception consistently. Parents need to know that when it comes to young people's decisions about sex, their influence has not been lost to peers and popular culture. They are powerful and they can use this power in sound, helpful ways. The simple and compelling message of parent power is that family matters a lot (LAT, 2005).

Some theories suggest that the teachers' role is crucial in children's behaviour but the parent-child relationship is predictably much deeper than teacher-child relationship. The child looks to the parents to provide a continuous experience of warmth, affection and acceptance, while teachers have to adopt a less emotional and more objective stance. The main educational role of parents is the provision of a stable and caring home background in which the child receives appropriate inspiration, and is encouraged by the interest shown in his/her education and development. In fact, home provides a more authoritative learning atmosphere than nursery school (Chazan 1992:165-75).

The American sociologist Talcott Parsons has stated that the main task of sociology is to examine 'the institutionalization of patterns of value orientation in the social system' (Haralambos and Holborn, 2000) Emphasis is therefore placed on the process of socialization whereby values are internalized and passed from one generation to the next. As a result, the family is regarded as an essential part of the social structure. Once learned, values must be maintained. Parents can influence how much their children know about sexuality and HIV and AIDS. Parents also can teach young people crucial skills that play a vital role to make the right decision. It is in the home environment where foundations for a healthy life style are being initiated (Haralambos and Holborn, 2000).

The national institute of child health and human development study of early child care (1997) examined 1,200 children aged 0-7 from ten communities around the United States and found that employment does not affect the bond between mother and child.

Over all, the research reveals that what matters most is how children are raised, what values their parents have, whether their parents follow what they preach, how their parents connect to their children and whether the children are priorities in their parents' lives (Galinsky, 2001).

In recent years, scholarly publications have documented a trend indicating that the mathematics performance of North American students is lower than that of students in other countries, particularly Asian countries. Stevenson, Chen and Uttal (cited in Yan and Lin 2005) did not find that American children had lower intellectual levels; however, there are noticeable differences in parents' beliefs, their reported activities with their children and their education systems. One explanation given by Stevenson and colleagues was that American mothers are less likely to be vigorously involved in helping their children with homework than are mothers in other groups. American mothers are more likely to emphasize the role of innate ability in school performance rather than the role of effort. Also, American mothers appeared to be more interested in their children's general cognitive development than in their academic achievement per se by attempting to provide their children with experiences that fostered cognitive growth (Yan and Lin, 2005).

Katz-Katz and others (1997) examined the relationship between family characteristics and adolescents' deviant behaviour in a sample of 1200 observations from the USA families in order to determine the effect of social control through family structure and parental attachment. Children of disrupted families were at a higher risk of initiating the

use of controlled substances and engaging in sexual intercourse. The research found that the family structure has only an indirect effect on each of the measures of deviance. This is because family structure has a direct effect on family attachment. A child's family attachment is more important than family structure, even though family structure does have an effect on family attachment. These findings imply that it is not merely the structure of living arrangement of the family that should be the priority of "family values". What should be the main issue is the type and quality of the family relationship.

Sharma (2005) mentions a study at Johns Hopkins University and Harvard University in which students were evaluated for closeness to their parents. Many years later, medical records were obtained on these participants. Ninety-one percent of Harvard participants who had a cold relationship with their mothers developed serious diseases in midlife, including coronary artery disease, high blood pressure, ulcers and alcoholism. By comparison, only 45% of those who had warm relationship with their parents had similar illness. Thus the researchers concluded that the parental love seems to act as a buffer against later life illnesses and helps to lessen the negative impact of stress and pathogens in later life protects the immune system and strengthens the desire to live and heal (Sharma, 2005).

Halawah (2006) conducted a survey in which parental influence has been identified as an important factor affecting student achievement. Results indicate that parent education and support are strongly related to enhanced student achievement. He also

found that parental education and social economic status have an important role in student achievement. Students with both parents with college degrees tended to achieve at the highest levels. Income and family size were modestly related to achievement. Peng and Wright's analysis of academic achievement, home environment, including family income and educational activities, concluded that home environment and educational activities explained the greatest amount of variance (cited in Halawah, 2006).

The child-parent relationship might play a protective role against HIV infection (Parera et al, 2005). The finding was that having a good relationship with the mother is a protective factor against sexual intercourse and against having multiple sexual partners (Parera et al, 2005). What is crucial is that the most socially competent children have parents who have received high in ratings on both warmth and control (Putallaz, 1992). Children of affectionate, optimistic parents would be expected to develop a generally positive approach orientation to social interaction, and children of negative parents would be expected to develop a generally negative and avoidant association with social interaction (Putallaz, 1992).

Becoming sexually active at an early age places youth at a greater risk of contracting HIV and other sexually transmitted diseases (STDs). Four million teenagers in the U. S. become victims of STDs each year and half of the 40,000 new HIV patients in the U.S. are younger than 25 (Velez-Pastrana et al, 2005). A large number of adolescents become sexually active at an early age

A research study conducted at the University of Crete, Greece, on family and sex education surveyed the attitudes and views of Greek parents on the role of the family in children's sexual development and education and to detect how teachers, university students and high school pupils evaluate the role of the family. The results showed that the Greek parents and teachers felt that families today do not have sufficient requirements to provide appropriate sex education to children. Eighty two percent (82%) believe that families have this requirement only to some extent or not at all. University students, on the other hand, do not consider the family as one of the most important factors in shaping their sexual behaviour, and they believe that the family's contribution to this is far less than other factors. Only 43% hold the view that the family can provide appropriate sex education. Another empirical study claims that sex education of the child is much more important than sex education of the adolescent, as the second one is, to a great extent, part of the first (Kakavoulis, 2001)

Hovell and others (1994) explored mothers' attitudes about establishing adolescent dating rules, sexual behaviour, and abstinence in relation to the sexual behaviour of Anglo and Latino adolescents. Interestingly, they identified some racial differences in the level of sexual experience among youngsters. The Anglo teenagers reported the greatest amount of sexual experience as compared to their Latino peers. Their findings suggest that conservative parental attitudes about sex and the presence and enforcement of dating rules may delay the onset of sexual intercourse. Given cultural differences

among Latino/Hispanic families, parenting styles and disciplinary practices should be examined as they relate to early sexual onset in Hispanic/Latino teens.

Brent Miller says that it is clear that where closeness (parents and children relationship) exist the risk of teenage pregnancy is less. According to a survey conducted by the national campaign to prevent teenage pregnancy in 2003 teenagers report that parents most influence their decision about their sex, (NPC, 2004). No matter how good the sex education that a particular school might offer, it is unrealistic and perhaps even unwise to think that it can all be left up to schools to put the complex issues of love, sex and relationships in the context that each family prefers.

2.3 Religion and children's sexual behaviour:

Numerous studies have reported a relationship between religion and adolescent sexual activity. Adolescents with no religious faith are most likely to have sexual intercourse. Those who are members of churches that recommend sexual abstinence before marriage are less likely to have had sexual intercourse than those who belong to other churches (Miller & Olson, 1988).

Social influences, such as the family and religion, show their effect in several ways: they provide norms for acceptable sexual behaviour. Individuals in power use norms as the basis for informal controls. There are often rules that constrain sexual behaviour through fear of institutional sanctions. In fact the extent of religious belief is strongly related to teenage sexual behaviour. Religious adolescents are less likely to engage in

sexual intercourse than those who do not, although church involvement is no guarantee that adolescents will abstain from sexual activities (Bezuidenhout, 2004). Bearman and Bruckner (2001) reported that religious beliefs delayed coital debut for White, Asian and Hispanic middle and late adolescents, but had no effect on Black adolescents (Rostosky and Regnerus, 2003). Brown and Schaik (1985) concluded that black religious institutions are an important influence on black adolescent girl's sexual behaviour.

“ Despite social scientists' predictions of a decline in the importance of religion and its role in U.S. society (i.e. secularization), interest in issues related to spirituality and religion has grown significantly in recent years” (Caldwell et al, 2003: 98). Black youth say that religion is very important to them compared to only 24% of white youth. Caldwell et al, (2003) research finds that religious beliefs have a direct and indirect effect on coital debut. That is, for males and females, religious beliefs reduces the probability of coital debut (Rostosky and Regnerus, 2003). Again much literature points to social controls from family and the environment as important influences in the sexual behaviour of children and ultimately in HIV prevention. Low socio-economic status (SES) adolescents from the national longitudinal survey of youth shows that white and African adolescents of both genders who participated in religious services and who had friends who attended church were more likely to delay coital debut (Mott and others 1996).

Rostosky and Regnerus (2003) found that religious parents teach norms, values and responsibilities to their children from religious views so that their children abstain from engaging in wrong activities like initiating sexual intercourse while they are young. They concluded that their findings lend support to the hypothesis that religious beliefs have a direct and indirect effect on coital debut. That is, for males and females, it reduces the likelihood of coital debut, even when controlling for demographic characteristics such as age, race and parent education, and for availability of romantic partners. (Rostosky and Regnerus, 2003) cite Moore and others (1998) who found that 44% of adolescent females who report that they have not engaged in sexual intercourse revealed religious and moral beliefs as their motivation for abstinence.

2.4 Peer pressure and self control

Peer pressure can be much stronger in a group if a lot of children are doing something questionable; the minority who feel its wrong may have difficulty speaking up. One study has suggested that peer influence on risky sexual behaviour is much higher in one-parent households than two-parent households. Susceptibility to peer influence may be higher for young people who live in one-parent households (Oman and others 2005). One study done by Kaberege and others (2003) found that family structure such as parent sexual behaviour and modeling of peers was closely associated with adolescent sexual attitudes and behaviours. Empirical research suggests a strong relationship between perception of the number of friends who had initiation sexual activity and teenage sexual behaviour. Adolescents who report stronger peer involvement in sex and

more positive sex outcome expectancies have been found to be more likely to initiate sex at a younger age.

The peer group is the centre of the adolescent's world. Adolescents spend more time with their peers than they do with their parents or alone (Savin-Williams & Berent 1990).

Peers can enforce or challenge the norms and authority of adult society. Criminologists argue that association with deviant peers lead to deviance through mechanism of social learning, peer pressure, and transference of deviant attitudes and values (Sutherland, 1947). On the other hand, youth researchers have paid attention to the positive aspects of youth culture, pointing out that participation in youth leisure activities often provides adolescents with valuable experience. Participating in adolescent activities can expand horizons, offer opportunities to develop skills, and foster a sense of acceptance and belonging (Larson, 2000).

A research study conducted by Thorlindsson and Bernburg (2006) came to the conclusion that adolescents who engage in leisure activities such as sports and organized club activity are less likely to use alcohol and drugs. The findings indicate that the influence of associating with alcohol and drug-using peers on substance abuse becomes significantly weaker with greater involvement in sports and clubs. How successfully you handle peer pressure depends a great deal on how you feel about yourself and your place in the world. There are certain "risk factors" for peer pressure,

personality traits that make you more prone to give in to peer pressure (Hardcastle 2007). Peer pressure only works if you let it, if you refuse to let it intimidate you it loses its power. The secret is to assert yourself without becoming preachy or self-righteous. Stand your ground but refrain from standing on a soap box. Peer pressure can only bite you if you let it (Hardcastle, 2007).

It is important to remember that teenage friends may have a positive influence on the children. Parents should therefore help their children find friends who have similar interests and views as those parents are trying to develop in their children a respect for others, avoidance of drug use, of smoking and of drinking as well as a wish to do well at school. (Thorlindsson and Bernburg, 2006).

2.5 Children's knowledge of HIV/STD and their behaviour

Young people are exposed to drug and alcohol abuse at an early age, which also compounds the HIV/AIDS problem. As the problem of HIV/AIDS grows in its seriousness, there is need to understand how the young generation thinks about it and its prevention.

“Today, promiscuity and drug abuse are key avenues for the spread of HIV/AIDS. Our message on abstinence has to focus on regaining a sense for the deeper meaning and purpose of sex as the celebration of a mature love in a committed relationship, which provides a ‘nest’ for the future generation” (Isaak and Lambord, 2002:91).

Meeham and Craston (1999) study on “Minors’ Rights and HIV; Prevention, Testing and Treatment” found that the majority of state boards of education or local school districts support sex education as well as HIV prevention education at school level. But unfortunately, such education begins only from high school level when many students have already initiated sexual intimacy.

Pfau and Barton (2004) argue that sexual behaviour contributes to the spread of HIV in communities, and this same behaviour cuts across ethnic groups and cultures. They wrote, “High rational intelligence, with good knowledge and analytical ability in the class room, does not automatically correlate with safe behavior in privacy. An important message is that information alone will not lead to sustained behaviour change.

Understanding the impact of specific sexual ideologies may have practical implications as well as theoretical value. For instance having fears of negative consequences of pregnancy or sexually transmitted diseases (STD) did not significantly reduce the likelihood of coital debut for either boys or girls (Rostosky and Regnerus, 2003).

UNAIDS in its report entitled ‘Bringing Comprehensive HIV Prevention to Scale’ outlined in its views on the AIDS epidemic One of its primary outcomes was also to focus on behaviour problems. The study concluded that information alone is not enough to produce sustained behaviour change. A recent study in Zimbabwe found that many young people who were educated about AIDS and sexually transmitted infections still did not use a condom during sexual intercourse (UNAIDS 2004c).

The above literature highlights one common problem; that is it is the behaviour problem (not the information problem) that contributes to new HIV infections. This research examines the behaviour problem among teenagers, some of whom are already sexually active. How do young people who have sexual relations apply their knowledge of AIDS to protect themselves? Can young people who have managed to stay away from being sexually active give us better insights into HIV prevention? What are the family attributes of young people who are not sexually active that can be used to prevent HIV infections? This study will examine the parent-child relationships that distinguish teenagers who are sexually responsible from those who are irresponsible.

2.6 Family background and children's sexual behaviour

Family environment is the basic source of attachment because parents act as controls and teach their children socially acceptable behaviour (Katz-Katz, et al, 1997). Rubin and Sloman (1984) agreed by arguing that parents influence their children through the "home base" they provide. They theorized that secure family relationship provides children a secure base to deal with the problems positively and handle the social influences properly and wisely. That is not all. Parents also teach positive orientation towards social relationships through suggestions, instructions, or expressions of approval or disapproval (Katz-Katz, et al, 1997).

The family structure and the quality of parental achievement deter the probability of adolescent engagement in deviant behaviour. Children from broken families are at a greater risk of initiating the use of illegal substances and involving in sexual

intercourse, and thus, a firmer understanding of the mechanism that underlies this association is needed (Katz-Katz et al, 1997).

Family disorganization includes the weakening of adaptation or dissolution of the ties that bind the members of the family as a group. This implies that the mutual relationship that binds the members of the family to create a proper functioning social group has been damaged. Family structure varies in types. The nuclear family consists of a fewer numbers than the extended family and is more isolated from the larger extended family. This makes the nuclear family much more vulnerable in terms of crisis, but increases the bonds of affection between its members, strengthening the foundation of emotional support given to each member and perceived as the desirable type of family structure (Bezuidenhout, 2004).

Families are important agents of socialization. It is necessary for the socialization and complete development of the children that they should have both mother and father. A disorganized family cannot accomplish this function adequately. Particularly, younger children miss out on important primary socialization development. Family disorganization may encourage members to engage in deviant acts, such as prostitution, drug abuse, suicidal attempt, and wife and child abuse. Such unsocial acts are often symbolic of the disorganized state of the family (Bezuidenhout, 2004).

According to Haralambos and Holborn (2000) the function of the family impacts on other parts of the social structure and on society as a whole. A major function of the

family is the socialization of new members in the society. This represents an important contribution to the development of society, since order, stability and cooperation mostly depend on learned, shared norms and values. When it comes to adolescents in a society their behaviour is often characterized by exploration. At times such exploration is unacceptable, unethical, and even dangerous. Some do acknowledge that adolescence is a time of being carefree and that not all carefree behaviour is destructive. They also hold the view that risk taking during adolescence is normative, a healthy developmental behaviour for adolescents (Bezuidenhout, 2004). Various scholars believe risk-taking behaviour is caused by the nature of social environmental factors such as family, peers, school, community and cultural belief systems (Bezuidenhout, 2004). Risky behaviour includes early onset of sexual activity - which has been found to be associated with several other psychosocial measures. Adolescents who experience sexual intercourse at an early stage place a higher value on independence, are more socially critical and are more tolerant of deviance. Also they value academic achievement less and are less religious (Jessor et al, 1983).

Children who had lived at any time in a single-parent family had statistically significant lower mean scores on tests for both reading and mathematics than children who had always been with both natural parents (Fogelman as cited by Chazan, 1992).

Oman and others (2005) conducted a study in the USA by using in-home interviews in which data were collected from 1,253 inner-city teenagers and their parents. Multivariate logistic regression was used separately for youth from one and two-parent

households to evaluate relationships between youth assets and four behaviours relating to sexual risk: never having had sexual intercourse, not being currently sexually active, having delayed intercourse until age 17 and having used birth control at last intercourse. Fifty five percent of youth from one-parent households reported that they never had sexual intercourse - which was substantially lower than seventy percent abstinence reported in two-parent households. They also found that in two-parent households, the proportion of youth who reported never having had intercourse was substantially higher among those who had at least one parent with a bachelor's degree than among those with less educated parents (79% vs. 67-77%).

Trusty (1998) examined the influence of family and parenting variables on expectation regarding education. The adolescents who perceived low or moderate levels of parent involvement were much more modest in their educational expectations (i.e. graduating rate of school or college or university), whereas adolescents reporting high levels of involvement from parents generally had higher educational expectations.

Family structural and contextual characteristics such as living with a single parent, having older siblings who are sexually active or pregnant sisters, living in a disorganized or dangerous neighbourhood, having a low socio-economic status or being sexually abused can place youths at risk and influence adolescent sexual behaviour (Miller, 2002). Living in a two-parent family household is an important factor associated with reduction in early onset of sexual activity (Young & Jensen, 1991). According to these authors, family structure plays a key role in understanding

adolescent sexual behaviour, where a traditional two-parent family may be related to less adolescent sexual activity (Young & Jensen, 1991). Hypothetically, having both parents provides a more stable environment in which values can be reinforced.

Dorius and others (1993) have associated parental characteristics, family relationships, values and norms of family members with adolescent sexual behaviour. Breaking down marital disruption by remarried status, they find that sexual activity among girls in single parent families is greater than among those in “blended” (remarried) families. Girls from both types of altered families are more sexually experienced than girls from intact families. In contrast, Thorton and Camburn (as cited in Davis and Friel, 2001), claim that the effect of divorce on sexual attitudes and behaviours is stronger for the children of mothers who have remarried. They find that adolescents in blended families have more accepting attitudes towards sex, perceive their mothers as having more accepting attitudes regarding sex, and are more sexually active than children of non-married divorced parents (Davis and Friel, 2001).

Davis and Friel’s research (2001) reports that the age of sexual debut has gradually declined, the number of sexual partners before age 18 has been rising, and only one in five people remain virgins at the end of their teenage years. The environment in which adolescents negotiate sexual exploration is important, because adolescence is the crucial time in which individuals establish lifestyle and behavioural patterns that will have profound effects on adult health. Bearing this in mind United States is spending large amount of money on developing abstinence education programmes to guide teenagers

towards avoiding premarital sex and becoming responsible spouses and parents (Bezuidenhout, 2004).

In USA, researchers at the RAND Corporation have found that teenagers are more likely to have sex when there is less after-school supervision. The suggestion was made that if your daughter is home when you are not, show up unexpectedly on occasion or ask a friendly neighbor to check up on her (Whitaker, 2006). Teenage pregnancy numbers are down, and so is the number of children who are having intercourse. But that does not mean children are not sexually active: studies have found that some 50% of teenagers aged 15 to 19, have engaged in oral sex. "A lot of kids have this idea that it's no big deal." Children who think this may be missing crucial messages about sexually transmitted diseases and self-esteem (Whitaker, 2006).

Pillai and Barton (1998) test a model based on modernization theories that attempt to explain the wide spread prevalence of teenage sexual activities in African countries such as Zambia. They used 527 adolescent respondents in the sample from two Zambian cities, Lusaka and Kitwe. The result of this study does not support modernization theories of teenage sexual activity. But the author find that traditional institutions like initiation ceremonies continue to influence the sexual activity level of teenagers. Those who had been initiated assumed adult identities. The traditional customs involved arranging for marriage soon after the initiation ceremony. The recent trend towards postponement of marriage may encourage sexual activity in several ways.

For example, one way may involve initiation of sexual activity within close dating relationships (Pillai and Barton 1998).

In a large family a child's role focuses more on satisfying the whole family's needs than on achieving personal goals. This is said to be more so as the family increases and as interaction with an adult role model decreases. This, in turn, produces weaker identification with parents and a decreased internalization of their values. According to Glueck's research, delinquents who were interviewed came from somewhat larger families than the non-delinquents (Bezuidenhout 2004).

The home environment of South African adolescents has gradually changed, increasing adolescents' potential exposure to unhealthy behaviour. Among reasons for this are the influx of mothers into the labour market, the rise in single parent families and a high unemployment rate that forces breadwinners to seek employment elsewhere, away from the family. All of these factors create opportunities for adolescents to spend more time unsupervised or with their peers. This increases the incidence of risk taking behaviour. Such risk-taking behaviours are associated with negative consequences for the adolescent and his or her family (Bezuidenhout, 2004)

Pick and Palos (1995) argue that adolescent sexual expression is related to the family culture in which adolescents are raised. The transmission of cultural norms by the family informs the adolescent on what is proper and acceptable behavior (Pick & Palos, 1995). Teenagers, and especially younger one, may lack the cognitive maturity and

skills necessary to understand the consequences and implications of sexual activity and to select responsible courses of action (Lowenstein & Furstenberg, 1991)

It is assumed that higher levels of educational achievement and clear educational goals are related to lower rates of premarital sex for both male and female adolescents. The achieving student is likely to come from a relatively well-to-do family, to place a high value on achievement, to be goal-oriented and able to plan for the future. All these characteristics may reduce the likelihood of sexual involvement at an early age (Bezuidenhout, 2004)

2.7 The situation in Namibia

“The family is a natural and fundamental unit of society and is entitled to protection by society and the state. Yet there are many different concepts of “family” in Namibia. Some communities tend to think of the family as a nuclear unit consisting of mother, father and children. Many more Namibians think of the family as a large group of relations that includes grandparents, aunts, uncles and cousins who offer mutual support and exercise different degrees of decision making power over matters of common concern. Definitions of “family” are complicated by the fact that many women bear children by different fathers, while many men father children by different women. There are also informal unions between men and women, polygamous marriages and “second house” relationships. Because the “family” can mean so many different things in Namibia, it is sometimes useful to substitute the concept of a household, taking into

consideration the people who function as a single economic or decision-making unit. The draft Child Care and Protection Act attempts to take a flexible approach to the “family” by acknowledging that the “primary caretaker” of a child should have certain rights and duties, regardless of the relationship by blood or marriage” (CIN, 1995:27).

Iipinge’s study (2003) examined how gender relationship contributed to increasing HIV infection rates and suggested gender-based responses/interventions to the pandemic. Both qualitative and quantitative approaches were used. This study utilized 47 focus group interviews, 328 individual interviews and 30 key informants. The study covered the areas of Windhoek, Oshakati, Katima Mulilo, Walvis Bay, Mariental and Rehoboth. One of the most important findings of this research was that behavioural problems contributed to the spread of HIV/AIDS in the country. According to Iipinge “the participants appear to have a good knowledge of information related to HIV/AIDS. This is especially apparent in the data from the individual interviews. However, this relatively high level of knowledge does not translate into sexual practices that would help control the spread of HIV” (Iipinge 2003:132-133). She further adds that men especially choose to have multiple sexual partners and do not use condoms consistently.

According to A Baseline Survey of Greater Windhoek, the AIDS epidemic hit Namibia with full force. Namibia currently ranks among the seven most HIV/AIDS affected countries in the world with an overall prevalence rate of 23.3% among pregnant women. Almost one in four Namibians aged 15 to 49 are infected by HIV, implying that the demographic structure of the population will change significantly, resulting in a small number of young adults having to support a large number of young and old

people. By the end of 2002, the estimated HIV prevalence rate for pregnant women aged 15-19 was 11% and aged 20-24 was 22%. Namibia has intensified its national response to the epidemic on a number of different fronts (USAID, 2003). About three quarters of the respondents had reported ever having sex (73.1%). The average age of first sexual intimacy was 17.13 years. Overall, knowledge of HIV/AIDS was high, with an average score of 10.14, out of a possible score of 0 to 14 (USAID, 2003).

Steinitz (2003) in her research entitled, 'The Response of Civil Society To HIV/AIDS in Namibia: The Volunteers of Catholic AIDS Action' emphasized that behaviour problems are an important factor in the transmission of HIV. Despite having knowledge about HIV/AIDS and its prevention, people don't seem to apply their knowledge to protect themselves. Steinitz (2003) suggests that new approaches are needed if prevention is to be more effective. The new approaches might have to do with families and socialization. Other literature also tells us a similar story: exposure to HIV prevention education does not necessarily translate into practice. Adolescents know about HIV infection and AIDS but do not always change their risky behaviours (Walter and others 1991; Holtzman and others 1992).

According to the UNFPA 68% (999 out of 1441) of the adolescents and youths surveyed had engaged in sexual intercourse in Namibia (UNFPA 2002). About 22% of Namibia's 1 820 916 (UNAIDS, 2002) population aged 14 – 49 years has been infected by HIV. The life expectancy has dropped from 61 in 1995 to 43 years today (SA, 2002). This situation is creating a lot of orphans.

In Namibia, vulnerable children are defined as: “Children under the age of 18 whose mother, father, or both parents or primary caregiver has died, and/or is in need of care and protection” (UNICEF, 2006a). Approximately, 21,000 Namibian children lost one or both their parents last year alone and the majority of these deaths were AIDS-related. These 21 000 children who became orphans last year contributed 15% of all Namibian orphans. In total, Namibia had 120 000 orphans which represents 12 % of all children in the country. The number is likely to reach 180 000 in 2010, an 18 % increase (Maletsky, 2004b). According to the 2001 census, vulnerability is so pervasive in Namibia that only 26% of children under 15 are living with both parents (UNICEF 2006a). More than 42 children become orphans in Namibia every day, according to United States government (Maletsky, 2004a).

In the context of HIV/AIDS some orphans experience and live through long periods of their parents’ pain and illness. Due to this, they suffer from depression, anxiety and hopelessness as they grieve before their parents’ death. After the death of their parents some orphans are stressed even further when everything that offers them comfort, security and hope for the future is taken away from them. For instance, in addition to losing their parents, love, affection, guidance and emotional support, they may lose the family home, property and regular income. As a consequence of this, the orphans become emotionally vulnerable and financially desperate, a state that places female orphans in a situation where they are more likely to be sexually abused, forced into

prostitution as a means of survival and put at risk of HIV infection (UNAIDS and UNICEF, 1999).

“An orphan fund initiated in 2003.

-Initial funding of N\$ 10 million, with no further allocations.

-N\$ 34 million needed annually for the 14, 150 registered orphans.

-Registered orphans estimated to account for 10% of all orphans.

-Hence, N\$ 340 million required annually for all orphans”(UNICEF 2006a).

The immediate causes of Namibian children’s increasing vulnerability are parental mortality, parents leaving their children in the care of others, poor child care practices, and the inability of caregivers and communities to take care of children (UNICEF, 2006a). Young women and girls, aged 15 to 24, now constitute 75 per cent of all people living with HIV-AIDS in that age group. “ It is unprecedented in the history of the pandemic, and it’s perhaps the most ominous warning of what is yet to come,” said Stephen Lewis, UN Special Envoy for HIV- AIDS in Africa, when he addressed the XV international AIDS conference in Bangkok (Kuteeue 2004). As in the rest of sub-Saharan Africa, Namibian women are bearing the burden of care that goes with the disease. Over 60% of orphans live in households headed by a grandparent, most commonly a grandmother (UNICEF, 2006c).

A new survey reveals that elderly Namibians, between the ages of 60 and 90 bears the brunt of caring for orphans and vulnerable children in North-Central Namibia. More

than half of the caregivers in households surveyed were between 60 years and 99 years. Only 21 per cent of the caregivers were aged between 40 and 49 years (Weidlich 2007).

According to Kelly (2003: 56-72),

“We have never before confronted selective destruction of parents that leave such a mass of orphans behind. And it’s necessary, I think, to recognize that the extended family, and the willing community can never fully cope with numbers. The result is the present and escalating reality of orphan street children, of orphan gangs, of orphan delinquency, as hordes of kids, torn from their familiar roots wander the continent, bewildered, lonely, disenfranchised from reality, angry, acting out, unable to relate to normal life. Some have already reached adulthood; they’ve had no love, no nurturing... how do they bring up their own children? And in the meantime, they can be a high risk group, posing a collective threat to social stability”

This very clearly indicates the dynamics of the AIDS pandemic. After parental death children are burdened by enormous responsibilities. Unfortunately, some become the victims of drug and alcohol abuse, which increases their problems. It is difficult to envisage such children having the will power to resist behaviours that promote HIV infection (Kelly 2003 p56-72).

According to the first post-independence census of population and housing, 42% of Namibians were under 15 years of age in 1991. The youthfulness of the population also results in high dependency ratios, which means that a large number of “non-productive”

household members must be supported by just a few “productive” breadwinners or food producers. This factor contributes to keeping poor families in poverty conditions (CIN 1995).

Extreme poverty in Namibia will worsen with the AIDS pandemic, as sick people become unable to work. When drought, food insecurity and AIDS tip the scale from malnutrition to severe deprivation, it is children who suffer most (UNICEF, 2006a). In Namibia a privileged few have more than plenty, while the majority have very little. The wealthiest 10% of society receive 65% of the national income, while the remaining 90% receive only 35%. This makes Namibia one of the most unequal income distribution countries in the world (NHD, 1999).

Adolescent pregnancy is common in Namibia due to early sexual engagement combined with low contraceptive use. Almost half of Namibian women deliver their first child before the age of 20 (40% to 50%), however this figure varies from region to region. 80% of females in Katutura had their first baby before they were 18 (CIN, 1995). More than half of all Namibian children are born out of wedlock, and most of these children are likely to grow up with their grandparents or guardians without parental love and nurture. Such a family environment may contribute to sexual behaviour patterns of young people..

In a male dominated country such as Namibia young men grow-up in an environment where decision-making in the households is the men’s business; young women are

expected to rear children and perform domestic chores. Traditionally, sexual issues are not discussed, even within marriage or among co-habiting partners with long-term relationships (Ipinge, 2002). Almost half of men in Namibia believe that wife-beating is justified if she neglects the children, argues with her husband, or refuses to have sex (NPC, 2004). Violence against women and children remains a serious problem. Men are more likely to having multiple sexual partners compared to women, and many younger women marrying older men, and some women being forced to marry their brother-in-law in the event of their husband's death (Ipinge, 2002). Rape is a crime in marriage in Namibia yet many women are not in the position to negotiate sex, to ask their partners to use condoms or to go for treatment of sexually transmitted diseases (Palander, 2002). All these negative circumstances for women add to their vulnerability to HIV.

“Cross-generational relationships, prostitution and multiple sex partners continue to be widespread in Namibia as the country grapples with growing incidents of sexually transmitted diseases (STDs), particularly the deadly HIV- pandemic. There is generally a fair knowledge about STDs among Namibians; but their risky sexual behaviour persists. According to Kuteeue (2004a) The research findings, which were released at the UNAM campus in Windhoek, indicate that young people, especially girls opt for commercial sex or relationships with older married men for material gain. The three research teams cited poverty as the main driving force behind the rise of the sugar-daddy/sugar-mummy phenomenon, with some parents said to be encouraging their daughters to have sex with rich men for money” (Kuteeue 2004a:1).

The vulnerability of marginalized children in Namibia can be exemplified by the situation of the San, the Ovahimba and other neglected children (Zimba, 2003). Vulnerability goes hand in hand with marginalization or being 'on the edge of society' with no support, and easily ignored or forgotten. Strengthening institutional capacity and raising community awareness regarding access to education are critical. At about 18%, literacy rates among the San are way below the average of 80% and higher for all other language groups. Low literacy levels, poverty and disempowerment make the San community the most 'excluded and invisible' group in the country (UNICEF, 2006a).

A study conducted by Kaperu (2003) to investigate the involvement of parents in the education of their children found that some parents were not involved in their children's education and that some parents' involvement was hampered by factors such as their lack of education, lack of time to spend with their children and their socio-economic status. Seventy percent (70%) of the students indicated that their parents' involvement in their education made them perform better in their schoolwork and about 74% of the teachers also were of the same opinion., namely that parents' involvement to their children's education enhances the children's quality of education.

The level of household income is one of the most significant factors influencing the level of education that children can obtain. A report indicates that in Namibia about 100 000 children do not attend school. A minimum of three out of five students leave school between grade 10 and grade 11. Many families in Namibia, especially those in rural areas, suffer from poverty and grow up in poverty, and children from families with

low socio-economic status are often compelled to leave school early to support their mothers, as well as to work, in order to economically strengthen to the family. However, it is estimated that 60% of young Namibians aged from 15 to 19 years old and one-half of the population aged from 20 to 29 years old are unemployed (Yamakawa 2001).

The literature on Namibia mentioned above provides a good coverage of focus where Namibian research has been directed to the burning issues of HIV/AIDS, reproductive health, national economy, poverty, orphans and vulnerable children etc. which has been financed mostly by international institutions. There exists a paucity of research in the area of parental guidance, parent-child relationship, parenting or areas relating to family, probably because they are not topical enough to warrant national interest. However, it is extremely crucial to raise a vigorous and strong debate on family issues - which is the foundation of the society so that a better and more prosperous nation could be formed. This research strives to fill a small gap and hopes to initiate future debates on this very important issue.

2.8 Theoretical Framework

There are various theories such as functionalist theory, learning theory, conflict theory, social control theory etc. Functionalists see society as a complex system whose various parts work together to produce stability and harmony. According to this theory, the discipline of sociology should examine the relationship of parts of society to each other and to society as a whole (Giddens 2002). Furthermore, it posits that inequality is

natural and is brought about by beneficial forces. In that sense gender inequality and sexual domination of males is a natural phenomenon; however, this is wrong and unacceptable as it propagates exploitation of females. Conflict theory, on the other hand, emphasizes the importance of structures within society. They tend to see society as composed of diverse groups pursuing their own interests (Giddens 2002).

Learning theory suggests that human behaviour is developed by positive or negative reinforcements which starts early within the family community (Murray 2005). This research is based on social control theory. Social control theorists start with the premise that human behaviour is by nature antisocial and delinquent (Murray 2005) But why do most people not commit crimes? This perspective states that members in society form bonds with one another or with societal institutions, such as parents, friends, churches, schools, teachers, and sports teams, to name a few The social bonds identified by Hirschi (2005) include, the ties and affections that develop between children and key people in their lives, such as parents, teachers, relatives, and friends; commitment to social norms of behaviour and to success in regard to such values as getting a good education, a good job, and being successful; involvement in activities because the more activities a person is involved in the less time he or she will have to get into trouble; and finally the fact that most persons are brought up to believe in and respect the law (SCT, 2005).

Control theory investigates the ways in which our behaviour is regulated including the influences of family, school, morals, values, beliefs, etc. It is this regulation that is seen

as leading to conformity and compliance with the rules of society. However, the mere existence of rules or norms cannot in themselves explain conformity. Control theorists want to know why people conform to norms. Clearly controlling forces are present in the lives of some people but not in lives of others. Temptation is before us all but why do only some of us give in to temptation? (CT, 2006a).

According to Elliot, Huizinga and Ageton (1985), weak social control may be due to the failure to develop internal controls during childhood, breakdown or reawakening of previously established internal controls, particularly, during adolescence, and social disorganization, in particular social units (i.e. family) that results in weak external controls. Thus the family is an important source of both internal and external control. Not only is it important in defining norms for conventional behaviour but family relationships also provide an external source of social control (Katz-Katz et al, 1997). The weaker the integration of the individual family member or the family as a whole into the community, the weaker will be the control over the behaviour of the individual or the family as a group. Disorganization is therefore more likely to occur.

Hirschi (2005) argues that if a person is bonded to society, he or she is not so likely to break the law. They have too much to lose for instance: from their commitment to work and their commitment to their family. They have little time to break the law due to their legitimate involvements and they are too sensitive to the feelings of others to victimize them and, finally, they believe in and respect the law and this helps to prevent them from breaking it (CT 2006).

If socialization is the informal process by which individuals come to learn and adhere to social norms, social control comes into play when these means fail to ensure conformity (Bottomore et al, 1998).

The present research uses ideas from social control theory. Auguste Comte, the first sociologist to give a scientific framework to Sociology, believed that the family is society's fundamental institution and is the building block of a society. Family also serves to integrate the individual and society. Through the family people learn to be social; it is the school of a society. Thus, it is the family that must play a crucial role in the control of egoistic impulses and the emergence of individual altruism. If we are ever to improve society significantly, a change in the family will be the fundamental basis of any such alteration. Comte said, "Since the family is such a pivotal institution, a change in it will have profound effects on both individuals and the larger society" (Ritzer, 1996). Comte also believes that relationships between parents and children link the past to the future, while that between spouses' subordinates is one of the most powerful natural instincts to social convention and moral codes (Johnson, 1998).

By the term social control sociologists refer to social mechanisms that are used by society to regulate individual and group behaviour. Such mechanisms may entail both sanctions and rewards. The mechanisms may be formal ones such as rules and regulations that are formalized into laws and statutes that punish deviant behaviour. For instance there are formal laws prohibiting such deviant acts as rape. What is important

about formal law is that governments and related organizations endorse it. They use formal sanctions such as fines and imprisonment. These are enforced through court systems. On the one hand, informal social control is exercised by a society without explicitly stating these rules and is expressed through social norms, values, customs etc. What is used in enforcing informal social controls are negative sanctions such as criticism, shame, guilt and disapproval. On the other hand, informal social controls are positively reinforced through approval and other related rewards (Ritzer 1996) Informal social control usually has more control over individual minds because it becomes ingrained in their personality. All societies have norms, rules, and regulations surrounding sexuality. These are aimed at ensuring that sexual desires are directed in a manner fitting with what is cherished, healthy and respected in society. Those who break informal rules and norms about sex and sexual expression can expect some kind of punishment. It is the family that enforces such punishment for transgressing children. Such punishment may take the form of disapproval, shame, guilt and criticism for children who fail to observe the required rules regarding sex. But families are not the same; some enforce these rules more than others. Some are quite lax about these rules while others are strict. Some families are structured such that they are not in a position to enforce the rules. Family background is crucial to whether or not children exercise control over sexual matters.

Comte also believed in religion; for him religion is “the universal basis of all society”. He identified two main functions of religion (Ritzer 1996). It served to regulate individual life by subduing egoism and elevating altruism. Secondly, it had the more

microscopic function of fostering social relationships among people, thereby providing the basis for the emergence of large-scale social structures.

Another influential social scientist, Emile Durkheim, believed that only through discipline are we able to teach the children to rein in their desires, to set limits to their appetites of all kinds, to limit, and through limitation, to define the goals of their activity. This limit is the condition of happiness and of moral health. Durkheim also talks about religion. For him religion is, in fact, the ultimate non-material social fact, and an examination of it allowed him to shed new light on this entire aspect of his theoretical system. Religion has what Durkheim calls “dynamogenic” equality; that is, it has the capacity not only to dominate individuals but also to elevate them above their ordinary abilities and capacities (Ritzer 1996).

Durkheim, similar to Piaget, believed that morality resulted from social interaction or immersion in a group. However, Durkheim believed moral development was a natural result of attachment to the group, an attachment which manifests itself in respect for the symbols, rules, and authority of that group. Piaget rejected this belief that children simply learn and internalize the norms for a group: He believed individuals define morality individually through their struggles to arrive at fair solutions (Murray, 2005).

Social control theory has long been used to explain deviation from normal behaviour (Cheung et al, 2005). Lack of social control is seen as a determinant of deviation including early sexual debut. Social control is perceived as significant because the individual is prone to engage in sex and does not need to learn such behaviour. Social

control primarily serves to dictate the norms of proper behaviour through social support, encouragement, and relationship building. Coercive discipline, though related to social control, is not the key mechanism (Cheung et al, 2005). Rather the aim of social control is to bolster social integration into society. With social control and integration, the individual would benefit from mutual support and realise its importance, thus deterring early sexual debut. For this purpose, parental monitoring and less importantly teacher and classmate support serve to maintain social relationships and the individual's attachment to conventional social norms which include discouraging individuals from engaging in early sex. Social control arising from conventional institutions, such as family and school, is a necessary condition for eliciting desirable effects.

CHAPTER 3: METHODOLOGY

Research by the United Nations Fund for Population Activities (UNFPA) has shown that 37% of children between the age of 12-14 and 50% between the ages of 14-18 are sexually active in Namibia (UNFPA 2002). This thesis intends to investigate whether parental guidance has any effect on children's sexual activity. The sample is from three schools in Windhoek, the capital of Namibia, a city that has one of the highest prevalence rates of HIV/AIDS in Namibia. These three schools were: Windhoek High School, Hochland High School and Hage-Geingob High School. Hage-Geingob High is relatively located in poor area in Windhoek where mostly single-parent families live. Generally, children from low income families attend this school. Hochland High is generally attended by those children whose parents have better incomes. Windhoek High is located in central part of Namibia and the school is attended by those children whose parents relatively belong to higher income group.

3.1 Population

The research is based on two populations. The first population consisted of children who were attending grades 8, 9 and 10 in public schools in Windhoek in 2006. The population size was approximately 12 000, which was calculated by phoning all secondary public schools in Windhoek which are listed in the national telephone directory. The second population consisted of social workers and counsellors from Windhoek area who are engaged in counselling children in 2007.

3.2 Sampling Design

The sample from the first population was selected by using a combination of multistage and cluster sampling. In the first stage, the public schools in Windhoek area were classified into three groups in order of their fee scale: schools with higher fees, middle range fees and lower fees to make the sample inclusive of children from all different economic backgrounds. From each fee group, a school was randomly selected which constituted the ultimate unit for cluster sampling. All the pupils attending 8, 9 and 10 grades from each school (and hence three schools in total) were therefore included in the sample. The three schools selected were: Windhoek High with N\$ 950 /term, Hochland High with N\$ 300/term, and Hage-Geingob High with N\$ 150/term. This approach is more specifically called a two-stage cluster sampling design.

Following this sampling approach, 347 observations were collected in total. The selection of schools was expected to represent a cross-section of all existing categories of school in Windhoek. As a result, the subjects in the first sample were the cluster of all grades 8, 9 and 10 children from three different secondary schools.

Data for this sample were collected by means of a structured questionnaire that was distributed to each pupil.

The sample for the second population was drawn on the basis of judgmental sampling. Seven social workers or counsellors were included in the second sample. A face- to-face

interview was conducted with each social worker or counsellor by using a semi-structured questionnaire.

3.3 Pilot Survey

Highland Christian School, a private school in Windhoek, was purposely selected in order to conduct a pilot survey. A self-administered questionnaire developed for the case study was given out at the pilot survey. Seven students from grade nine and three students from grade eight, all of whom were selected by one of the teachers, participated in the pilot survey exercise. Two changes were made on the basis of the survey. Question 8 was rephrased from a yes/no question to a multiple-choice question. For Question number 16, choice 3 was added to make it clearer. The rest of the questions remained unchanged.

3.4 Data collection

The schools selected were: Hage Geingob High School from Katutura, Hochland High School from Hochland Park, and Windhoek High School from central Windhoek. From each of the schools selected, grade 8, 9, and 10 students participated in answering the questionnaire. The instrument used in the data collection for the first sample was a questionnaire. Thirty-nine questions, some multiple and some open-ended were used to elicit information on issues such as the children's relationships with their parents, the socio-economic background of the parents, children's sexuality, etc. A copy of the questionnaire is given in **Appendix A**. The instrument used in the second part was a

semi-structured interview guide that consisted of eight open-ended questions relating to children's sexuality, backgrounds and attitudes.

The First data from first sample was collected from Hochland High School on June 6, 2006. Each grade (8, 9, and 10) had three classes, each containing about 30 to 35 students. Only one of the classes from each grade participated. The specific class was chosen by one of the teachers, the choice depending on whether the class was on break then. Data were collected from one grade at a time. Before distributing the questionnaires, the researcher announced a few key instructions such as, "Please don't write your name. This is a group study and highly confidential. Please answer the questions honestly. Your honesty is the most important part of this research. For your honesty and help, after completing the questionnaires, each of you will have a reward of a small candy bar" (in fact it made them very happy). Forty, thirty-three and thirty students from grades 8, 9 and 10 respectively responded to the questionnaires.

On June 13, 2006 the second data set for the first sample was collected from Hage-Geingob High School, Katutura. Like Hochland High School, each grade (8, 9, and 10) had four classes. One class from each grade was selected by one of the teachers, again depending on its free period, with the exception of the 10th grade. The grade 10 students had just finished their combined accounting class when the researcher entered the class, and consequently, a larger sample size was available. Before handing out my questionnaire, the same instructions were given as at Hochland High School. In total,

148 pupils were interviewed from Hage-Geingob High with 36, 44, 68 responses from 8, 9 and 10 grades respectively.

As arranged by prior appointment, the researcher went to the Windhoek High School for her last data collection to complete the first sample on June 20, 2006. Here, there were five classes at grade 8 level, three at grade 9 and three at grade 10. One teacher had selected a class from each grade 8, 9 and 10 to participate in the study. However, the researcher was allowed only to proceed with 9th and 10th graders on that day. Grade 8 students filled up the questionnaires only on the next day, 21 June. Thirty-two, twenty-nine and thirty-five students from grades 8, 9 and 10 respectively answered the questionnaires from Windhoek High School.

The second sample component of the research consisted of face-to-face interviews with social workers and counsellors who are on a daily basis dealing with the problems children and adolescents are facing. They try to support them with valuable advice and counselling. The objective of this activity with the second sample group was two-fold: firstly to examine the validity of the conclusions derived from the analysis of the first sample and secondly to gather information from key informants. Seven social workers and counsellors were purposively selected for interviews with a semi-structured guide. These experts represented various governmental and non-governmental institutions - which are at the forefront of helping children with problems.

3.5 Methods of Data Analysis

This research applied both qualitative and quantitative research methods to analyse the data as described below.

3.5.1 Quantitative method

Quantitative research is more simply defined as the collection of numerical and statistical data. It is built upon the 'positivism' paradigm, and is perceived as the scientific approach to research employing 'experimental' and 'quasi-experimental' strategies. Harvey (2002) describes quantitative data as 'data which can be sorted, classified, measured in a strictly "objective" way - they are capable of being accurately described by a set of rules or formulae or strict procedures which then make their definition (if not always their interpretation) unambiguous and independent of individual judgments' (O'Neil 2007: 1).

Since standard methods are used in quantitative research, the research outcomes are said to be more accurate from an objective point of view. Generally, quantitative methods are designed to provide summaries of data that support generalizations about the phenomenon under study. In order to accomplish this, quantitative research usually involves a few variables, and employs prescribed procedures to ensure validity and reliability. It uses standard means so that the research can be replicated, and then analyzed and compared with similar studies. Kruger (2003) confirms that 'quantitative methods allow us to summarize vast sources of information and facilitate comparisons across categories and over time'. The benefits of quantitative research lie in the researcher's ability to summarize results in statistically meaningful ways, allowing

findings to be generalized to other populations. Also, quantitative data are regarded by some researchers as more scientific than qualitative data, which are considered to be rather humanistic (Le Beau, 1996).

Quantitative methods of analyzing data involve use of various statistical techniques from descriptive methods to parametric and non-parametric approaches. In a descriptive approach, data are represented by graphs, averages, proportions etc. to examine specific characteristics of the data and relations among variables. The parametric approach employs techniques to estimate specific relations in terms of parameter estimates among variables of interest, and are said to be more powerful. However, quantitative methods have more 'strings attached', as they make more stringent assumptions about the data (Pallant, 2001). A brief introduction of various quantitative methods used in this research is given below. This research applied descriptive statistics to examine specific characteristics of different variables in the data set. It has also used non-parametric approach, such as chi-square and Cramer's V test of independence to analyse the association between various categorical variables. The parametric method of multiple linear regression model was employed to infer what variables influence the sexual behaviour of the children in the study group.

(i) Chi-square Test:

Chi-square test is a non-parametric test. It is used frequently in the social sciences to measure relationship (dependency) between two variables (that could be quantitative or nominal). In this approach, a joint probability distribution (joint frequency) table is

derived for both variables on the basis of observed sample data - which is also called observed frequency (Please see details in Appendix B).

(ii) Cramer's V or Phi :

Cramer's V and Phi are two statistics that help measure the strength of association between two variables. They yield similar results in 2 x 2 table, but Cramer's V can be used to measure association in more than 2 x 2 table while Phi is only appropriate for 2 x 2 table. The Phi coefficient is obtained by taking the square root of Chi-square divided by n (n = total number of observations). Cramer's V is obtained by taking the square root of Chi-square divided by n times minimum of (r-1) or (c-1) where r and c are the number of rows and columns respectively of the joint frequency table (Craft, 1987). (Please see Appendix B for detail).

(iii) Regression Analysis:

Regression analysis not only indicates association between a dependent variable (the effect variable) and a set of independent variables (the cause variables) but also the magnitude as well as the direction of association. This method of quantitative analysis is called the parametric approach, where various parameters of relation between dependent and independent variables are estimated.

In this case, sexual status (whether sexually active or not), the indicator of sexual behaviour, is the dependent variable, X1, and is measured by a dummy variable. The education level of parents, religious belief of both children and parents, family structure,

peer pressure, parental status etc were used as regressors to arrive at the determinants of children's sexual behaviour (please see Appendix C for detail).

3.5.2 Qualitative method

Qualitative methods create openness between all parties and can help generate new theories. Participating subjects can discuss issues that are important to them, rather than responding to closed questions, and they can also clarify ambiguities or confusion over concepts. 'It certainly seems reasonable to suggest that one may have a better understanding of a community members' situation by reading a descriptive passage than just looking at demographic statistics' (Kruger 2003). Additionally, observation can take place that allow attitudes to be revealed and patterns and interrelationships to be observed. Qualitative research is an unconstrained method of phenomena study. Although data collection standards exist, qualitative research is highly reliant upon the researcher carrying out the study (Bogdan & Biklen 1992). The researcher has total control over the type of data collected and the methods used for analysis. Preissle (2002) confirms that 'qualitative research is a loosely defined category of research designs or models, all of which elicit verbal, visual, tactile, olfactory, and gustatory data in the form of descriptive narratives like field notes, recordings, or other transcriptions from audio and videotapes and other written records and pictures or films'. Quantitative methods allow for a broader study, involving a greater number of subjects, and enhancing the generalisation of the results. Unfortunately, in comparison to qualitative methods, quantitative methods collect a much narrower and sometimes superficial

dataset. Results are limited as they provide numerical descriptions rather than detailed narrative and generally provide less elaborate accounts of human perception.

Both research methods have their own individual strengths and weaknesses. These need to be recognised so that the most suitable method can be applied to a research project. Both methods can provide a valuable contribution to the collection of scientific knowledge. They can be used together in a complementary 'mixed method approach'. Amaratunga et al (1992) state that 'there is a strong suggestion within the research community that research, both quantitative and qualitative, is best thought of as complementary and should therefore be mixed research of many kinds' and they refer to Das (1983).

The framework of qualitative method applied to this research is based on interviews with social workers and counsellors - which are used to draw qualitative information to shed light on young people's sexual behaviour in relation to their family characteristics and other attributes. The research has benefited from the experiences of the key insiders, namely the social workers/counsellors, who deal with the problems of vulnerable children problems on a daily basis. One advantage of including them in the research was to verify and compare their views with the information gathered through quantitative methods.

3.6 Qualitative data analysis

In quantitative analysis, numbers and what they stand for are the material of analysis. By contrast, qualitative analysis deals in words and is guided by fewer universal rules and standardized procedures than statistical analysis (QDA, 2003).

Several software programs — for example, Ethnograph and NUD*IST — specifically analyze qualitative data. They systematize and facilitate all the steps in qualitative analysis. For smaller data sets and modest analysis needs, many people work by hand, with a word processing program or spreadsheet. This research has employed a small qualitative data; as a result the researcher worked by hand (Kvale, 1995). The researcher is aware that there is a broad consensus concerning the qualitative analyst's need to be self-aware, honest, and reflective about the analytic process (Kvale, 1995).

The process of analyzing data

Good analysis depends on understanding the data. For qualitative analysis, this means reading and re-reading the text. If you have tape recordings, you listen to them several times. Review the purpose of the evaluation and what you want to find out. Identify a few key questions that you want your analysis to answer. Some people refer to categorizing information as coding the data or indexing the data. However, categorizing does not involve assigning numerical codes as you do in quantitative analysis where you label exclusive variables with preset codes or values (Taylor-Powel and Renner, 2003). As we organized the data into categories either by question or by case — we began to see patterns and connections both within and between the categories. We used our themes and connections to explain our findings (Taylor-Powel and Renner 2003).

3.7 Research Ethics

The ethical issues in human subject research have received increasing attention over the last 50 years. Institutional Review Boards for the Protection of Human Subjects (IRB's) have been established at most institutions that undertake research with humans. These committees are made up of scientists, clinical faculty, and administrators who review research according to the procedures. The primary concern of the investigator should be the safety of the research participant. This is accomplished by carefully considering the risk/benefit ratio, using all available information to make an appropriate assessment and continually monitoring the research as it proceeds. The investigator must enumerate how privacy and confidentiality concerns will be approached. Researchers must be sensitive to not only how information is protected from unauthorized observation, but also if and how participants are to be notified of any unforeseen findings from the research that they may or may not want to know (Callahan and Hobbs 2007). In this research, the subjects were told about the purpose of the research and confidentiality of the information provided; also who provided the information were not recorded anywhere (Callahan and Hobbs 2007).

3.8 Limitations of the study

This research has some limitations since the researcher only had a limited number of schools. More schools in each category (higher, middle and lower income) would have given us better information regarding the differences in sexuality among different categories. Some questions such as frequency of sexual engagement, age when sexual

engagement started and with whom, would have better helped to examine how actively pupils were sexually engaged. Question on whether they had sex due to peer pressure were not asked. Peer pressure was analyzed on the basis of certain hypothetical scenarios presented to the children and this was problematic.

CHAPTER 4: FINDINGS

The data were collected from 8, 9 and 10th graders from three schools in Windhoek area, namely, Hochland High, Windhoek High and Hage-Geingob High using questionnaires as the instrument. In total, 347 students participated and filled in the questionnaires. The data were subjected to various statistical methods, such as Chi-square, Cramer's V, phi, linear multiple regression and were processed by using SPSS software to derive the statistical output. In the later part of this chapter, I have presented the findings of the interviews conducted with seven counsellors and social workers, who are actively engaged in counselling and guiding children, which are collected through semi-structured questionnaires.

4.1 Characteristics of the Sample

Sexual activity

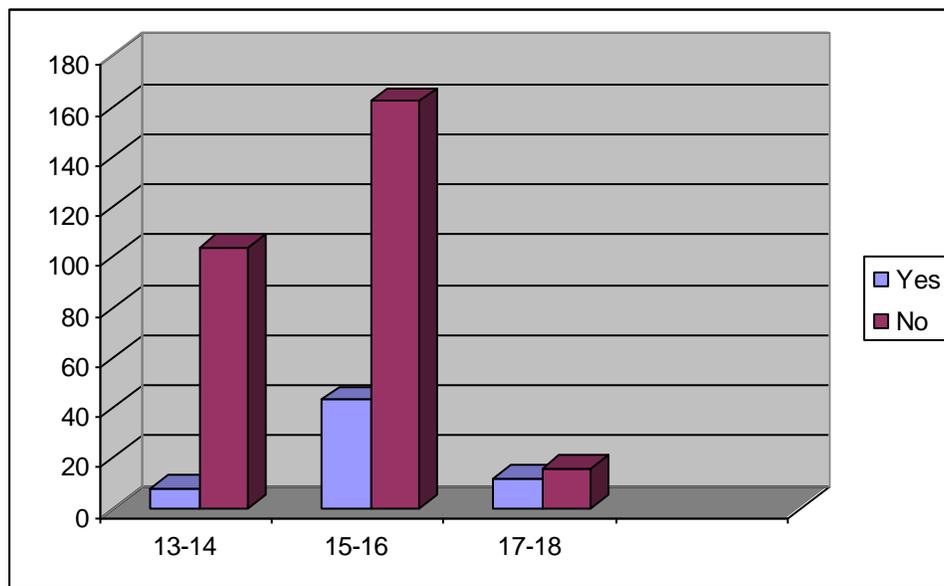
Among 347 participants, 195 (56%) of the respondents were females, while 152 (44%) were males. Out of these, 103 (29.7%) respondents were from Hochland High, 96 (27.7%) from Windhoek High and 148 (42.7%) from Hage-Geingob High School. About 108 (31.1%) were in grade 8, 106 (30.5%) were in grade 9, and 133 (38.4%) were in grade 10.

A total of 347 young children participated in the study. All answered the question 'have you ever had sex'. Among these, 18.4% (n=64) reported being sexually active and

81.6% (n=283) reported not being sexually active. The mean age of sexual activity is slightly higher at age 15.66 compared to the non-actives. The mean age of the children included in the research is 15.04

Figure 1 shows that the majority (67%) of sexually active students come from the age group 15-16; 19% from the age group 17-18; and 12.5% from the age group 13-14, and only 0.016% from the age group 19 and 20 (not shown in the graph).

Figure 1: Sexually Active and Non-active by Age



The findings indicate that out of 108 grade 8 participants there are 12% who have initiated sexual intercourse and 88% have abstained. Additionally amongst a total number of 54 female participants only 6% from grade 8 are sexually active whereas from the same grade 19% males are active. From grade 9, 11% female vs 32% males have initiated sexual intercourse. Out of 133 participants from grade 10 with 79 females

and 54 males, only 13% females are sexually active compared to 37% for males. Clearly there is an indication that males are more sexually active than females and this is consistent with expectations. There is also an increase in the percentage of sexual activity among children as they move to a higher grade. It indicates that as they grow older larger number of children become sexually active. The study did not attempt to find out whether this was a result of peer pressure, urbanisation or cultural influences. The results are presented in Table 1 below.

Table 1: Number of Participants Who Have and Don't Have Sexual Intercourse by Grade, Gender and School (n=347)

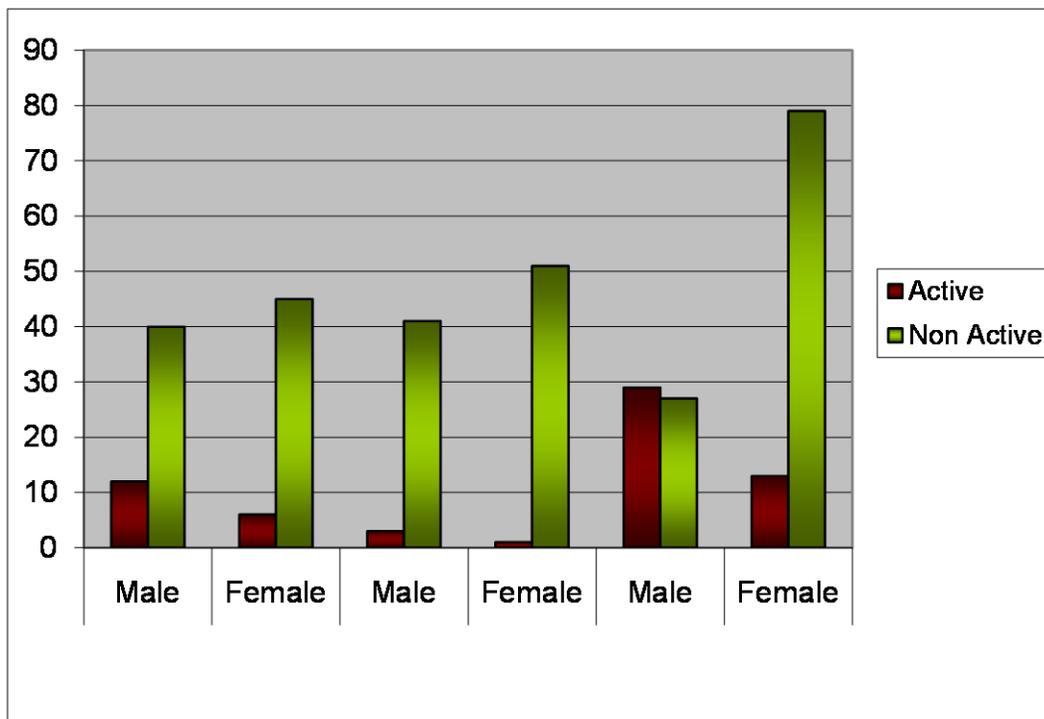
School and grade	Sexual Status			
	Active		Non Active	
	Male	Female	Male	Female
<u>Hage Geingob</u>				
Grade 8	7	1	8	20
Grade 9	5	4	5	30
Grade 10	17	8	14	29
Total	29	13	27	79
Windhoek High				
Grade 8	1	0	17	14
Grade 9	1	1	14	13
Grade 10	0	1	11	23
Total	2	2	42	50
Hochland High				
Grade 8	2	2	19	17
Grade 9	8	2	11	12
Grade 10	2	2	10	16
Total	12	6	40	45

Gender, grade and sexuality at different schools

Table 1 also presents data on the number of males and females included in the research from various grades in various schools. Number of males and females from each school is almost even (almost 50% from each gender in each school except for Hage-Geingob High where females are the majority 62%). The number of students included in the sample from each school ranges from 44 to 92. There are 31% (108) of eighth graders, 30% (106) of ninth graders and 38% (133) of tenth graders. Overall, this appears to be a balanced representation from each group in gender, grade and school.

Figure 2 presents number of sexually active and non-active students from each school and gender category.

Figure 2: Sexually Active and Non-Active by Gender and school
(In number) n=347



Among the respondents from Hochland High, 12% of males and 6% of females reported being sexually active whereas 39% of males and 44% of females were not. In Hage-Geingob High, the percentages of sexually active males and females were 20 and 9 respectively. The percentage of those sexually active were considerably lower in Windhoek High, 3% and 1% among males and females respectively.

Males are proportionately more active than females and both genders in Hage-Geingob High School are more sexually active than in any other school. One can surmise that Hage-Geingob High School is situated in a relatively poor suburb densely populated, when compared to other areas of Windhoek. Additionally, it is an area where many single parent households live. Generally these children do not have well educated parents who could teach them about sexual relationships and the danger of having sex at an early age. All of this is happening despite the HIV/AIDS information available in the school. According to the result, it is also valid to say that more than half of the males in Hage-Geingob are sexually active.

4.2 Parental Guidance and Children's Sexual Behaviour

The first objective of this research was to examine the role that parental guidance and values play in shaping children's sexual behaviour. The questionnaire was designed to capture parental control by including a few statements relating to parental care and concern especially when children are involved in risky behaviour. The hypothesis is that control factors make a difference in influencing children's sexual activity. The specified characteristics of parental control were: religious faith, care about test marks, care about coming home late, punishment for going out without permission, lying to parents,

learning about sex from friends, and parents as role models. Cramer's V indicates the strength of association between the specified characteristics and sexual-engagement variable. Chi-square values for each are significant implying that the difference in response between active and abstinent is statistically significant.

Table 2: Family Relation and Other Characteristics of Sexually Active and Non – Active

Item	Sexual engagement		Cramer's V
	Active (%)	Abstinent (%)	
1. Religious faith is important to me	76	91	.185***
2. Parents don't care about my test marks	13	3	.156**
3. Parents don't care if I come back home late	13	3	.158**
4. Parents don't punish me if I go out at night without permission.	23	10	.157**
5. I lie to my parents about my sexual relationship	59	25	.28***
6. My friends teach me about sexual relationship	60	40	.20***
7. My role model is one of my parents.	13	87	.151**

Note: *(p<.05), ** (p<.01), *** (p<.001); where p is the probability-value.

I combined “religious faith is important to me”, “fairly strong to me”, “very strong to me” into “religious faith is important to me”. And, I also combined “I have no religious faith” and “religious faith is not so important to me” into “religious faith is not so important to me”. Hence the faith variable has two choices. The Chi-square test carried out to examine the association between “faith” and “sexual engagement” showed that those who remained “abstinent” are more prone to reporting “faith is important” (91% vs 76%) $\chi^2 = 11.78$ ($p < .001$) and $V = 0.185$.

About 13% of sexually active children reported that their parents don’t care about their school test marks while only 3% of abstinent children say that their parents do not care about their test marks. ($\chi^2 = 8.39$, $p < .01$) and $V = 0.156$ (see Table 2). The 13% of children who have initiated sexual intercourse indicated that their parents do not care if they come home late while it is significantly 3% ($\chi^2 = 8.74$, $p < .01$, and $V = 0.158$) lower in abstinent children. According to Velez-Pastrana and others (2005), in situations where parents know their children’s whereabouts, are aware of what they are doing and spend time with them after school; there is less likelihood that these young people will be sexually active. About 23% of sexually active students agreed to the statement that “parents don’t punish me if I go out at night without permission”, while only 10% of sexually abstinent students agreed with the statement ($\chi^2 = 8.51$, $p < .01$); $V = 0.157$). About 59% of those who have initiated sexual relationship said they lied to their parents about their sexual relationship, whereas only 25% of those who are abstinent, lied to their parents about having boyfriends or girlfriends, watching pornography, or any other sexually related materials. ($\chi^2 = 27$, $p < .001$; $V = 0.28$).

With respect to an open question – who teaches you about sexual relationship - the question has been modified from its original form to get a clearer answer; and different answers were given by the participants, for example, father, mother, parents, friends, school/teacher, no one, relatives, uncle, aunt etc. Here I have combined father, mother and parents into a single category called one of the parents. Friends stayed as friends, and as teacher and relatives were only a few, I combined them into the category of “Others”. This classification produced an interesting outcome, and the responses are presented in table 3.

Table 3: Who teaches you about sexual relationship?

Status of children	One of the parents	Friends	Others (relatives, Teachers/schools)	No one	Total
Have had sex	21 (37.5%)	15 (26.7%)	15 (26.7%)	5 (9%)	56
Have not had sex	147 (56%)	10 (3.8%)	81 (31%)	24 (9%)	262
Total	168	25	96	29	318

Percent may not add to 100 due to rounding.

Table 3 has been analysed in terms of attribute, one of the parents versus other groups. It is observable from the table that the largest group, n=168 (53%), is taught sexual relationships by parents and others, and n=150 (47%) from different groups. Among children who are taught by parents, only 37.5% are sexually active, whilst those who are taught by others 62.5% are sexually active. Abstinent children, who are taught by parents are the majority, 56% versus 44% (combining all other groups). The conclusive

point is that if a child is sexually active, then there is a 62.5% probability that the child is being taught about sexual relationships by others rather than parents. It is also important to point out that the least abstinent children are from the group who are taught by friends 40% vs 87, 84, and 83% respectively who are taught by parents, others and no one. The children who are taught by others are in a combined category. The ones taught by friends form a single category. Therefore, it is practical to assume that children who are taught by friends are the most sexually active group. ($\chi^2=35$, $p<.001$; $V=0.19$). Twenty-nine participants (9% of total) did not answer this question, among whom eight children were sexually active.

Another question posed was: “Who is your role model?” The responses: father, mother or parents were combined into one category, and called one of the parents; the rest were combined into another category called other than parents; $n=14$ (4.5%) mentioned that they didn’t have any role model. Twenty-six participants (8%) did not answer the question. The total participants were 307 excluding who didn’t have any role model. The children whose role model was one of the parents were less sexually active, 13% vs 27%, whose role model was other than parents.

4.3 Role of Peer-pressure and Self-control

During adolescence, children practice risk-taking behaviours as they are trying to find their own identity and to become more independent. They also want to be accepted by their peers. This makes them very vulnerable to experimenting or becoming addicted to using drugs and drinking, especially if there is peer pressure to do so (Peer Pressure,

2006). Parents can support their children in building positive peer relationships by giving their teenager love, time, boundaries, and encouragement to think for themselves (PIPR, 2006). Peer influence on risky sexual behaviour is much higher in one-parent households than two-parent households (Oman et al, 2005). How successfully you handle peer pressure depends a great deal on how you feel about yourself and your place in the world (Hardcastle, 2007).

The second objective of this research is to establish the extent to which peer-pressure and self-control influence sexual behaviour. The hypothesis is that peer-pressure significantly influences sexual behaviour of the children in early sexual experimentation. In order to observe the influence of peer pressure on sexuality, specific hypothetical scenarios were presented to the respondents. The results are reported in Table 4 Sexually active teenagers are more greatly influenced by peer pressure than non-active ones. Here it can be argued that the children who have already experienced sexual intercourse have done so due to their susceptibility to peer pressure. There could be other reasons indicating that these children may have come from broken homes, single-parent households particularly male-headed ones; low-income groups and or they may not have been taught about the dangers of having sex at an early age. Males are the ones in the majority, 69%, of those initiating sexual intercourse.

Three hypothetical questions on peer pressure were asked and examined. Questions were:

1. All of your close friends are sexually active and you are not. Your friends organised you a sexual partner for you and said, “You must have sex too, otherwise you are not in our group any more.” What would you do?

Here I have combined choices One and Three because these both categories indicate that they are ready to have sex due to peer pressure unlike the choice Two. The finding suggests that among the students who are sexually active, 31% have felt strong peer pressure (i.e. you must have sex to be our friend) vs. only 9% who are sexually abstinent. The $\chi^2 = 20.55$, $p < .001$; $V = 0.247$) indicating moderate association between peer pressure and sexual engagement.

2. The second question goes: You went to a party with your friends. All of your friends picked their sexual partners from the party. You are not forced to have one. What would you do?

Those who were influenced by their friends and would like to go with the flow were considered to be under peer-pressure. The result was that the children who were sexually active were much more influenced by peer pressure, 18% vs. 4% who were sexually abstinent. The $\chi^2 = 15.89$, $p < .001$; $V = 0.21$) show moderate association between peer pressure and sexual engagement.

3. The question gives same circumstances as above, but this time they were asked, “If you are forced by your friends to pick a sexual partner. What would you do?”

The analysis of responses implied that among the children who were sexually active, 20% could have been influenced by their peers whereas there were only 4% from the group of non-actives; ($\chi^2 = 12$, $p < .001$; $V = 0.19$) implying moderate association between sexual engagement and peer-pressure induced picking a partner factor.

Table 4: Having sex to Please Friends

Reasons for sex	Response	Sexually active	Abstinent	Cramer's V
Having sex due to peer pressure	Ready to have sex	31%	9%	0.247***
Having sex to please friends	I also pick one and have sex	18%	4%	.21***
Having sex to adjust with friends	I am also ready to have sex	20%	4%	0.19***

4.4 Application of Knowledge and Risky Behaviour

According to Steinitz (2003), despite their knowledge about HIV/AIDS and its prevention, people don't seem to apply their knowledge to protect themselves (Steinitz, 2003). Information alone will not lead to sustained behaviour change (Pfau and Barton, 2004). A recent study in Zimbabwe found that many young people who were educated about AIDS and sexually transmitted infections still did not use a condom during sexual intercourse (UNAIDS, 2004c).

The third objective of this research is to investigate whether children apply their knowledge to protect themselves from risky sexual behaviour. The relevant hypothesis in this research is ‘the children who are knowledgeable about HIV/AIDS are less likely to be sexually active’. But in reality it does not seem to be the case.

From Table 5, it can be observed that 92% (314 students) have basic knowledge on HIV/AIDS compared to only 8% who are ignorant that having sex with an HIV-infected person is life threatening. “It was found that most of the students are sexually active, that knowledge of HIV and other STDs was good but that many still practised unsafe sex” (Baker et al, 2003). It also provides information that among all the children, regardless of their sexual status, 26% believed that condom protected 100% from HIV/STDs and pregnancy, while 74% had good knowledge about the safety of condom. Four (less than 1%) did not answer the question. In a further examination of whether children used their knowledge to protect themselves from risky behaviour, the responses of 47 (74%) sexually active children who had sound knowledge on condom reliability were (individually) analysed. It was found that among the 47 children, 11 (23.4%) of them either never used condoms or used condoms only sometimes while having sex, and therefore were exposed to risky sexual behaviour despite having the right knowledge.

The crucial point of this result is that 26% of children in the sample (which is quite high) are not taught about the unreliability of condom use nor the harm that might be

caused in risking their lives. Children must have the proper knowledge about condom usage rather than information that stresses how to protect them.

Table 5 also points out that 14.4% (43) children out of 298 could be vulnerable to risky sexual practices. This group were having sex without condoms and amongst them some indicated that if they became sexually active they were not going to use a condom.

About 37% of children who are sexually active believed that it is alright to have sex, even at an age as low as 13, if they are in love compared to only 4% among sexually abstinent.

Table 5: Knowledge about HIV and Risky Behaviour

To protect myself from HIV			
I must not be close to HIV infected person	Take medicine ahead of time	Must not have sex with HIV infected person	Total
11 (3%)	18 (5%)	314 (92%)	343
Views on Condom's Reliability			
Ever had sex?	Condom protects 100% from HIV/STDs and pregnancy	Condom does not protect 100% from HIV/STDs and pregnancy	Total
Yes	16 (26%)	47(74%)	63
No	72 (26%)	205 (74%)	277
Total	88	252	340 (100%)
If you are having sex what would you do?			
Ever had sex?	I always use condom when I have sex	I never use/only some times use condom	Total
Yes	45 (74%)	16 (26%)	61 (100%)
No	210 (89%)	27 (11%)	237 (100%)
Total	255	43	298
When is sex right?			

	It is ok to have sex as long as two people love each other, age does not matter even 13, 14	It is not right to have sex at least until we finish our grade 12.	Total
Have had sex	23(37%)	39 (63%)	62
Have not had sex	13(4.6%)	266 (95%)	279

It may not add to 100% due to rounding

In summary, a majority of children have adequate knowledge on HIV/AIDS, yet 8% do not have the right knowledge to protect themselves from diseases. All in all, 26% of the students do not have sound knowledge on the reliability of condoms. Conversely, the ones who have a sound knowledge on the reliability of condoms appear not to apply their knowledge to protect themselves from risky sexual behaviour.

4.5 Family Background of School Children and Its Influence on Children's Sexual Behaviour

The family¹ structure and the quality of parental achievement reduce the probability of an adolescent's engagement in deviant behavior (Katz-Katz and others, 1997). Family is the foundation and base for support and growth for the children. Family disorganization may encourage members to engage in deviant acts (Bezuidenhout, 2004).

¹ Family structure varies in types. The nuclear family consists of a fewer numbers than the extended family and is more isolated from the larger extended family. This makes the nuclear family much more vulnerable in terms of crisis, but increases the bonds of affection between its members, strengthening the foundation of emotional support given to each member and perceived as the desirable type of family structure (Bezuidenhout, 2004). "The family is a natural and fundamental unit of society and is entitled to protection by society and the state. Yet there are many different concepts of "family" in Namibia. Some communities tend to think of the family as a nuclear unit consisting of mother, father and children. Many more Namibians think of the family as a large group of relations- including grandparents, aunts, uncles and cousins— who offer mutual support and exercise different degrees of decision – making power over matters of common concern. Definitions of "family" are complicated by the fact that many women bear children by different fathers, while many men father children by different women. There are also informal unions between men and women, polygamous marriages and " second house" relationships. Because the "family" can mean so many different things in Namibia, it is sometimes useful to substitute the concept of a household, taking into consideration the people who function as a single economic or decision-making unit. The draft Child Care and Protection Act attempts to take a flexible approach to the " family" by acknowledging that the "primary caretaker" of a child should have certain rights and duties, regardless of the relationship by blood or marriage" (CIN 1995:27).

When parent-children relations are characterized by warmth, kindness, consistency, respect and love, the relationship will flourish, so will the children's self-esteem, mental health, spirituality and social skills (PIPR, 2006). Child-parent relationship might play a protective role against HIV infection in young people's lives (Parera and others, 2005). Parental influence has been identified as an important factor affecting student achievement (Halawah, 2006).

The fourth objective of this research is to investigate the influence of family background on children's sexual behaviour. The hypotheses are the following: the more educated the parents are the more their children will have a stronger self control in sexual matters; children from families living with both parents are less sexually active than children from single-parent ones. One can surmise that the better the quality of relationship between parents and child, the more the child will be more responsible sexually. Data were collected on certain family attributes of a child, such as mother's education, type of family the child lives with, time the parent(s) spend with the child, and the sexual behaviour of the child. These attributes were utilized to explore possible associations between these attributes and the children's sexual behaviour. All the above research outcomes are reported in Table 6, 7, and 8

Table 6: Mother's Education

		University	High School	Secondary	Below secondary	Total
Have you ever had sex?	Yes	13 (13.5%)	17 (19.3%)	15 (33.3%)	6 (14.3%)	51
	No	83 (86%)	71 (80%)	30 (66%)	36 (85%)	220
Total		96	88	45	42	271

It may not add to 100% due to rounding .Even though the relationship is weak (V=0.11) it is statistically significant. $\chi^2 = 9.76$ (p<.05), Cramer's V=0.11

Table 6 indicates that the least (13.5%) sexually active are from the group of mothers who have university degrees compared to the most sexually active (33.3%) who are from mothers with only secondary school qualification. In this case, one can argue that the mothers who have secondary school qualification may not necessarily have adequate knowledge to guide their children and protect them from negative social influences, such as sexualised media, pornography, HIV/AIDS etc. or they don't teach their children about sexual matters. Mothers with more education are probably inclined to make better-informed decisions compared with the ones with less education. According to Trusty (1998), adolescents' educational expectations were more strongly associated with parents' education levels than with parents' expectations for adolescents or with parents' influence with high school programmes. The observation that mothers in the 'below secondary education' group have proportionately less sexually active (14.3%) children compared to the group of high school children with graduated mothers (19%) that have secondary school education is puzzling. While browsing through individual data on the group of least educated parents, it was found that close to 72% of respondents were females. This research output also suggests that male participants are much more, 69%, sexually active than females. Therefore, the reason could be: since this group contains a higher number of female respondents, children belonging to this group are less sexually active. Overall 14 participants responded "I don't know" and another 62 did not answer the question at all.

Table 7 shows relationship between child's living arrangement and sexual behaviour. Most socially competent children have parents who have received high ratings on both warmth and control (Putallaz, 1992). Family structure, parental sexual behaviour, and modelling of peers were closely associated with adolescent sexual attitudes and behaviours (Velez-Pastrana and others, 2005). Living in a two-parent family, household is an important factor associated with reduction in early onset of sexual activity (Young & Jensen 1991). The present research findings compares with Young & Jensen's (1991) statement that children living with both parents are least sexually active than any other groups presented in this research. The ones living with only fathers are the most sexually active.

Table 7: With Whom Do You Live?

Item	Sexually active	Chi-square	Cramer's V
Living with both parents	13.6%	0.46	0.04
Living with mother	16.9%	4.51*	0.154*
Living with relatives	26%	10.19**	0.23**
Living with father	35%		
Living with both parents vs living with mother			
Living with both parents vs living with relatives			
Living with both parents vs living with father			

The findings show an interesting pattern. Among children living with both parents, 13.6% are sexually active while only 16.9% of those living with mother are sexually active; however, the difference is not statistically significant as indicated by low χ^2 value of 0.46 in 3rd column. The percentage of “sexual active” is much higher for the children living with relatives and with father at 26% and 35% respectively. The χ^2 value for difference in sexual activity between those living with both parents vs with relatives is significant at 5%. The difference in sexual activity between those living with both parents in contrast to those living with father is even stronger with χ^2 and V values of 10.19 and 0.23 respectively. The conclusion is that children living with father and other relatives are more sexually active than children living with both parents or only mothers. Fathers who might be involved in their own and spending time with girl friends may encourage children to do the same. Another reason could be that fathers go to work in the morning and often return late at night. This means children are often left alone at home or with their friends. Sometimes fathers may not be good at providing companionship or socialisation activities with their children in contrast to mothers. In this case, friends become counsellors or guides. According to the findings the children guided by their friends have a tendency to become more sexually active while mother-daughter communication may contribute to understanding the onset of sexual activity (Velez-Pastrana and others, 2005). A good relationship with the mother is a protective factor against sexual intercourse and against having multiple sexual partners (Parera and others, 2005).

Table 8 shows that only 12.5% children with parents who spend relatively more time with their children are sexually active compared to 26% whose parents spend no time with their children.

$\chi^2 = 6.9$, $V=0.11$ and $p<.05$. The relation is weak but statistically significant.

Table 8: How Much Time Parents Spend With Their Children?

Have you ever had sex?	Yes	19 (12.5%)	39 (23%)	6 (26%)	64
	No	132	131	17	280
	Total	151	170	23	344

$\chi^2 = 6.9$; $p<.05$; $V=0.11$

4.6 Regression analysis

The variables that have been used in Chi-square analysis are also included in the regression analysis - which is said to measure the magnitude and direction of relation between dependent variable and a set of independent variables (Pallant, 2001). The dependent variable is X1, which takes value of 1 if the respondent is sexually active and 0 if not. The independent variables used in this analysis are described below.

G1 =1 if respondent is Male, and 0 otherwise.

G2 =1 if respondent is Female, and 0 otherwise.

This is a gender specific variable. The purpose of this variable is to identify whether gender has any influence on children's sexual behaviour, namely, whether one gender is more sexually active than other among the school-goers. In order to do that two dummy variables, G1 and G2, for two categories (male and female) were created for the regression equation.

C1 =1 if respondent is from Grade 8, and 0 otherwise.

C2 =1 if respondent is from Grade 9, and 0 otherwise.

C3 =1 if respondent is from Grade 10, and 0 otherwise.

This is a grade specific variable designed to determine the influence of three different grade categories: 8, 9 and 10 on children's sexual behaviour. Three dummy variables for three categories are created: for example, C1, C2 and C3. These variables are used in this analysis to examine whether children on a particular grade are more sexually active than in other grades i.e. the higher the grade, the more they are sexually active.

M1 =1 if respondent's mother has university degree, and 0 otherwise.

M2 =1 if respondent's mother has high school degree, and 0 otherwise.

M3 =1 if respondent's mother has secondary school degree, and 0 otherwise.

M4 =1 if respondent's mother has university degree, and 0 otherwise.

This is the mother's education variable. This variable represents the level of mother's education, and its inclusion is meant to measure the effect of mother's level of education on children's sexual behaviour. It has four categories on mother's education: university degree, high school, secondary school and below secondary school. Thus 4 dummy variables, M1, M2, M3, M4, are created for the regression equation. It is expected that the more the children are sexually active the less is the level of the mother's education.

RF1 =1 if respondent says religious faith is important for them; 0 otherwise.

RF2 =1 if respondent says religious faith is not so important for them; 0 otherwise.

This is religious faith of children variable. This is included to examine the effect of children's religious beliefs on their sexual behaviour. It has only two categories: "faith is important to me" and "I have no religious faith/or it is not important". Two dummy variables: RF1 and RF2, for two categories, are created and used in the regression.

P1 =1 if respondent says his/her parent(s) go to church regularly; 0 otherwise

P2 =1 if respondent says his/her parent(s) go to church only occasionally or never; 0 otherwise.

The fifth variable is parent(s)' religious belief. It is included to examine whether parents' religious beliefs have any impact on the children's sexual behaviour. Two dummy variables, P1 and P2, for two categories, "parents go to church regularly" and "only some times/never", were created for the regression.

LW1 =1 if the respondent lives with two parents; 0 otherwise.

LW2 =1 if the respondent lives with father; 0 otherwise.

LW3 =1 if the respondent lives with mother; 0 otherwise.

LW4 =1 if the respondent lives with relatives/others; 0 otherwise.

The sixth variable is children's family structure. Its purpose is to estimate the influence, if any, of different family structures or living environments, for example, "whether children are living with both parents or only mother or only father or only relatives" makes any difference in their sexual behaviour. Four dummy variables: LW1, LW2, LW3, and LW4, were created to account for these four categories. It is expected that the children living in two-parents family do better in terms of sexual abstinence.

T1 =1 if the respondent says his/her parent(s) spend a lot of time with them; 0 otherwise.

T2 =1 if the respondent says his/her parent(s) spend only little time with them; 0 otherwise.

T3 =1 if the respondent says his/her parent(s) don't spend time with them; 0 otherwise.

The seventh variable is the amount of time the parents spend with children. It has three categories, parent(s) spend a lot of time with their children, parent(s) spend little time with their children and parent(s) spend no time with their children. The purpose is to find out if there exists a relationship between parental time with their children and children's sexual behaviour. Three dummy variables, T1, T2 and T3, for the three categories, were created to analyse the data. It is expected that the more time parent(s) spent with the children, the less the children are sexually active.

WIN =1 if the respondent goes to Windhoek High School; 0 otherwise.

HAG =1 if the respondent goes to Hage-Geingob High School; 0 otherwise.

HOC =1 if the respondent goes to Hochland High School; 0 otherwise.

The last variable is the school variable to measure the school effect. It tends to examine whether it matters where the children go to a specific school in terms of their sexual behaviour. There are three different types of school, as mentioned in the methodology chapter. For three categories, Windhoek High, Hage-Geingob High and Hochland High, three dummy variables, WIN, HAG and HOC, are created for the regression analysis.

Not all the dummy variables for each attribute are included in the regression model.

One category for each attribute is excluded, and hence the excluded variables are:

G2, C3, M4, RF2, P2, LW4, T2, HOC. This group is said to compose the “reference group”.

Table 9: Ordinary Least Square (OLS) Estimates Using 347 Observations²

Dependent Variable: X1 (1 for sexually active)					
Variable	Coefficient	Std. Error	t-statistic	p-value	
Constant	0.0123539	0.0131819	0.9372	0.34900	
G1	0.203576	0.0278168	7.3185	<0.00001	***
C1	-0.0580462	0.0333135	-1.7424	0.08189	*
C2	0.0315882	0.031908	0.9900	0.32254	
M1	0.105462	0.0403401	2.6143	0.00914	***
M2	0.140061	0.0377981	3.7055	0.00023	***

² For each attribute variable, although as many dummy variables as given by categories are created, however only “number of categories-1” can be included as the independent variables for each attribute variable. If this rule is not followed, then the regression is said to have a ‘perfect multicollinearity’ problem and the estimation falls apart.

M3	0.172982	0.0454433	3.8066	0.00015	***
RF1	-0.0716952	0.0365097	-1.9637	0.04997	**
P1	0.00937326	0.0278883	0.3361	0.73690	
LW1	0.00948101	0.045253	0.2095	0.83411	
LW2	0.152125	0.0579297	2.6260	0.00883	***
LW3	-0.027264	0.0426093	-0.6399	0.52248	
T1	-0.0524478	0.0294156	-1.7830	0.07503	*
T3	0.0676501	0.0564762	1.1979	0.23139	
WIN	-0.0827178	0.0383594	-2.1564	0.03140	**
HAG	0.192885	0.0319261	6.0416	<0.00001	***

Sum of squared residuals = 42.6685

Standard error of residuals = 0.250864

Unadjusted $R^2 = 0.265577$

Adjusted $R^2 = 0.249329$, F-statistic (15, 678) = 16.3449 (p-value < 0.00001)

The estimation method is called OLS (ordinary least square)³ The independent variables for each attribute included in the model are shown in the first column. The coefficient on constant, 0.01, is insignificant and hence zero in a statistical sense. This value represents the probability of a child being sexually active in the reference group, (i.e. the group belonging to the categories of various attribute variables that are excluded from the regression) when all included independent variables simultaneously take zero values, being zero. The effect of each independent variable is given by significance of its estimated coefficient presented in the second column of Table 9 As long as the estimated coefficient has a p-value equal to 0.1 or less than 0.1 it is taken to have

³ OLS method has been criticised as not appropriate when the dependent variable takes values of “0” or “1” because of the problem created by different variances of the error term. However, in a number comparisons between OLS and other advanced methods such as logistic regression, the difference in results is not remarkable.

significant impact on the estimated dependent variable - the probability towards being more sexually active - compared with its reference category when the coefficient comes with a positive (significant) value. A negative (significant) value of the coefficient indicates a decrease in probability of being sexually active compared with the reference category of the particular attribute.

The estimated coefficient on gender variable, G1, is 0.204. Since G1=1 for male, the coefficient means there is probability of male being more sexually active than female (the reference category) is 20.4%. P-value is 0.00001, which is significant with 99.99 % confidence.

The coefficient of C1 is -0.058 , which indicates that grade 8 children are less sexually active than grade 10, C3 (which is the reference category). The p value is .081 which is significant with 90 % CI (confidence interval). There is almost 6% less chance for grade 8 children to be sexually active compared with 10th graders. Since coefficient on "C2" is insignificant- there is no difference between grade 9 and 10's sexual behaviour.

Mother's education plays a significant role in children's sexual behaviour. The coefficient of M1 is 0.105, the coefficient value of M2 is 0.14 and the coefficient value of M3 is 0.17 with p value $<.0009$, .00023 and .00015 respectively. Children of mothers who have university education are less sexually active than the children of mothers who have high school or secondary school. Children of mothers who have secondary school qualification are the most sexually active.

Children's religious faith has also played an important role in their sexual behaviour. Children who have religious faith are less sexually active than the children who do not have religious faith. The coefficient value of RF1 is -0.07 . Children who have religious faith have 7% less chance of being sexually active than those who do not have religious faith. Since the p-value is 0.049 the coefficient is significant at 95% confidence level. Interestingly, parents' religious beliefs did not play any role in determining children's sexual behaviour.

Children's family background also plays a role on their sexual behaviour. Children who live with father are more sexually active than the children who are living with other relatives, mothers, or both parents. The coefficient value of LW2 is 0.152 with p-value 0.008- shows that children living with fathers have a 15% higher chance to be sexually active compared to children living with others (the reference category). Children living with two parents are the least sexually active (0.009) compared with reference category (0.01 as shown by constant, this however is not significant in the regression output).

Parent-child bonding measured by the time spent with children has a significant role in shaping children's sexual behaviour. Children who spend a lot of time with their parents are less sexually active than children whose parents spend no time or little time with them (reference group). The coefficient value of T1 is -0.05 with p-value 0.07 implying that the probability of being sexually active is reduced by 5.2% if parents spend a lot

of time with the children (compared with reference group in which parents spent only a little time).

There also exists a significant school effect. The finding is that the children who came from Hage-Geingob High School are the most sexually active than the children from Windhoek or Hochland High Schools. The coefficient value of HAG is 0.19 with significant p-value $<.00001$ which implies that the chance for a Hage-Geingob School students to be sexually active is 19.3% higher compared to the reference category (Hochland High). While coefficient value of Windhoek High is -0.08 means that the chance of Windhoek High students is 8.3% less compared to Hochland High School students.

4.7 Qualitative Data Presentation

Qualitative data were collected through interviews from seven child counsellors and social workers belonging to different government departments and NGOs. These counsellors have dealt with problems of children for a long period of time, hence their ideas and suggestions have much value and weight in terms of real understanding of the problem.

Children's sexual activity

Counsellors and social workers gave information on children's sexual behaviour. For example, one of the NGO workers said that a child may not get enough attention from the parents and as a result the child may turn to someone else for attention, perhaps a boyfriend or girlfriend. Maybe the parents don't have enough money and the child gets it from someone else in exchange for sex. One of the female, government social workers said that the children being counselled by her usually came from poor and difficult backgrounds where the whole family would stay in a one or two-room house, so the children get exposed to sex from a very young age. Because of this early exposure, the counsellors have to carry out a lot of awareness-raising campaigns, like life-line, child-line, my body issue, sexual reproductive issues etc. Children are normally guided wrongly. Poverty, alcohol abuse, and drug abuse are additional problems in Namibia. According to one of the government social workers:

I would like to tell you something, I was a part of this Orphan & Vulnerable Children (OVC) census but it did not go through. I went to a house, I was so shocked to see the whole family and a lot of children sitting and looking at a pornographic video. I had come to ask my question to them. The people continued looking at that video while I was asking them questions. They did not even say, "Oh! there is an outsider, let's quickly put it through". They continued looking until I said, " please people can you switch off the television and let me finish my questionnaire?" I was shocked; they were adults and watching pornography with their small children. Imagine. That's why I say I don't know there is a cultural thing or this is a modern life or a break down of society values or what? (Female, government social worker, around mid 40s).

One of the NGO female counsellors explained that most of the parents don't have enough education to teach children about HIV/AIDS, which causes children to be sexually active at an early age. In addition peer pressure and curiosity of children plays a significant role in leading children to be sexually active.

Control of early sexual activity

Different counsellors presented several suggestions on how to control early sexual activity. According to one of the female counsellors from government employment, distributing condoms creates more problems on personality development and acceptance of such means of protection would only spread this type of culture. Group discussions with young people to allow them to express their views, frustration, and addressing the questions they have about themselves will go a long way in building their character.

One of the male counsellors from an NGO suggested that as children spend most of their time in school, offering sex education in school might help them remain sexually abstinent. Namibian society has a problem of early pregnancy. Children are having children, therefore early awareness is necessary in controlling early sexual activity.

A social worker from government department explained that there must be a bonding between the house-mother and child on the basis of trust, love and unconditional support. Talking to children and being frank with them is very important which can be spoiled by conservativeness of parents. A child must know about HIV and reproductive

health issues and all other relevant issues. A family can be poor or rich, but it does not cost money to build a trusting relationship between parents and child. Parents are busy earning a living and busy with other things and tend to forget about developing relationship with their children. When children are left on their own, they are subjected to peer pressure. Peer pressure could be one of the very important factors in determining children's proneness to sexual activity at an early age because children are influenced more by their peers than any other group.

4.8 Qualitative discussion

Gathering qualitative data from social workers and counsellors was very informative. They all seem to agree on the problem of children's sexuality at an early age. One of the counsellors was unable to make any sense of why children are becoming sexually active at such an early age in these days. "That is still a question mark in my head as well. I really don't know. It is basically shocking that even at primary school children are becoming more sexually active these days. I also would like to know why," said a male counsellor. A majority of the interviewees believe that children who are not taught by their parents or by schools about sexual relationships are in danger of having sex at an early age and may suffer its consequences. Some blamed the culture saying "there is a problem with our culture". When the children are not taught at home about sexual relationships, they seek advice from others out of curiosity; most of them rely on their friends and take their advice at face value which is dangerous.

In the same context, quantitative output points out that the children of parents who are strict with their children, for example, asking them to come back home in time or

punishing them if they go out at night without permission, are less sexually active than those children whose parents condone their behaviour. Another point given by one of the female interviewees was poverty, which causes a number of the children to be sexually active in their early age. Analysing outcomes from the three different schools attended by children from rich, medium and poor backgrounds, it seems that the schools attended by poor family background children show a higher rate of sexual activity than the schools attended by children from relatively well-to-do families. Thus we conclude that poverty may play a crucial role in children's sexual behaviour.

A young female counsellor from NGO explained that even child molestations and sexual abuses might have caused early sexual engagement.

All the counsellors and social workers had one view on peer pressure. Children are very much influenced by peer pressure in spite of having knowledge about the danger of HIV/AIDS and pregnancy. Quantitative findings also suggest that peer pressure is also high in those children who are sexually active and are guided by their friends. Perhaps, they became sexually active at an early age due to peer pressure. Parental guidance and care might play a very important role in building strong self-control and confidence so that peers who offer wrong guidance are easily abandoned.

CHAPTER 5: DISCUSSION OF FINDINGS

Control theory investigates the ways in which our behaviour is regulated including the influences of family, school, morals, values, beliefs, etc. (CT, 2006). If socialization is the informal process by which individuals come to learn and adhere to social norms, social control comes into play when these means fail to ensure conformity (Bottomore et al, 1998). Temptation is before us all but why do only some of us give into temptation? (CT, 2006). This research is based on social control theory. Lack of social control is seen as a determinant of deviation including early sexual debut (Cheung and others, 2005).

The goal of the present study was to investigate if positive parental (family) characteristics contribute to delayed children's sexual activity. All the parental (family) characteristics examined in this research were significantly associated with children's earlier engagement in sexual activities. These characteristics include parental guidance, monitoring, supervision, parent-child relationship, family background etc.

Family disorganization may encourage children to engage in deviant acts, such as prostitution, drug abuse, suicidal attempts, and wife and child abuse. Such unacceptable acts are often symbolic of the disorganized state of the family (Bezuidenhout, 2004). Comte⁴ says if we are ever to improve society significantly, a change in the family will be the fundamental basis of any such alteration. He said, "Since the family is such a

⁴ Auguste Comte the first sociologist to give a scientific framework to Sociology believed that family is society's fundamental institution and is the building block of a society.

pivotal institution, a change in it will have profound effects on both individuals and the larger society” (Ritzer 1996 p).

One of the major variables in this research is family structure (children living with two parents, one parent or any others) and its impact on children’s sexual behaviour. Living in a two-parent family household has a positive influence on reduction in early onset of sexual activity (Young and Jensen 1991). Family structure and contextual characteristics such as living with a single parent, having older siblings who are sexually active, living in a disorganized or dangerous neighbourhood, low socio-economic status or being sexually abused can place youth at risk and influence adolescent sexual behaviour (Miller 2002). These research findings concur with Young and Jensen (1991), and Miller’s (2002) statements as they suggest that children living with both parents are the least sexually active in comparison to those who do not. Children are expected to benefit from two-parents family. There is an affinity among members as they have joint ownership of the family. Both parents share the household responsibilities as well as finances. Sharing the household chores such as cooking or cleaning, taking children to school or to extra-curricular activities may reduce stress level in parents and creates a loving and supportive environment. This behaviour is reflected on children as well, which will teach them to be more responsible and helpful. Parents may have inclination to spend more time together with their children. On the other hand, children living with only their fathers are most sexually active. The Chi square results suggests that there is no significant difference in the sexual activity of children living with both parents and children living with only their mothers. The

findings also suggest that children living with fathers are at the highest risk of early sexual intercourse. A good relationship with the mother is a protective factor against sexual intercourse and against having multiple sexual partners (Parera and others, 2005). Perhaps mothers are much more caring and show greater concern about their children than fathers. Mothers usually come back home immediately from work, if they work, and spend time with their children while many single fathers spend most of their time away from home and return home late at night. Such fathers may leave their children alone at home or with their peers. Single father may openly engage in dating and in sexual activities (with multiple partners) thus influencing the children adversely. It is in the home environment where foundations for a healthy life style are being initiated (Haralambos and Halborn, 2000).

Another important variable is 'parental education'. Parental education and socio-economic status have an important role on student achievement. Students who have both parents with a college degree tended to achieve at the highest levels (Halawah, 2006). The proportion of youth who reported never having had intercourse was significantly higher among those who had at least one parent with a bachelor's degree than among those with less educated parents (Oman and others, 2005). The present research contradicts these conclusions as it suggests that there is no paternal education influence on children's sexual behaviour. Perhaps fathers of those children participating in the study do not play a significant role in their children's life. Fathers may be self-centered, busy with their own works and interests unlike mothers. Children of mothers

with university education are the least sexually active of all. In general, as the mother's education decreases the children become more sexually active.

One interesting finding is that if the mothers have no education/or have below secondary level education, their children are less sexually active than children whose mothers have high school or secondary school qualifications. The children of mothers who have only secondary school qualification are the most involved in sexual activity. Both Chi-square and regression analysis indicate this. In an effort to find a reason why mothers who have no education or have below secondary school education have children who are less sexually active than the children of mothers who have secondary school or high school qualification, the researcher conducted individual observations on these children and found that 72% of respondents in this group were females. This research finding suggests that female participants in the research are proportionately less (31%) sexually active than their male counterparts, which might have tilted the result towards mothers with no education or below secondary school qualification to have children that are less sexually active. Thus it can be concluded that the higher the education of the parents the less the sexual activity of the children.

Religious adolescents are less likely to engage in sexual intercourse than those who are not (Bezuidenhout, 2004). Both males and females who participated in religious services and whose friends attended church were more likely to delay coital debut (Mott and others, 1996). Religious faith and its influence on sexual activity were tested using both Chi-square and regression analysis. The finding suggests that a parental religious

belief has no effect on children's sexual behaviour but children's own religious faith has an important role in shaping their sexual behaviour. The children who have a deep religious faith are the least sexually active. Adolescents with less religious faith are the most likely to have sexual intercourse (Miller and Olson, 1998). If children are religious it means that they have faith in God; when they have faith in God they believe in religious teachings that teach social norms and moral values. Religion teaches them to protect themselves from the danger of various temptations. Churches or other religious institutions promote such ideas that inculcate children to strengthen their faith and follow the Bible, Koran, Gita etc as a guide to life. As a result they are less likely to engage in sexual behaviour. Both Chi-square and regression analysis have similar conclusions.

Parents play an important role in diminishing adolescent children's sexual proclivity (Longmore and others, 2001). The association of parental supervision with a decrease in adolescent sexual activity is indicated by a number of studies (Velez-Pastrana and others, 2005). Parental monitoring and less importantly the support of teacher and classmates serve to maintain social relationships and help individual's attachment to conventional social norms including protection from early sex (Cheung and others, 2005). No matter how good the sex education that a particular school might offer, it is unrealistic and perhaps even unwise to think that it can all be left to schools to put the complex issues of love, sex and relationships in the context that each family prefers (Lickona, 2000). Researchers and educators generally agree that parents are an efficacious force in children's development. Parents can influence their children far

better than their peers, educators, counsellors, and other professionals as they guide continually and firmly over the life span of their children (Farmer, 1985). As the above literature suggests parents through guiding, monitoring or becoming involved generally influence their children's sexual behaviour as they constitute the most effective force in children's development. This, however, may not always be the case. In Namibia, some mothers abandon their newborn babies, some children are abused by their parents, some fathers rape their daughters and some fathers abuse drugs and alcohol. Such crimes are frequently published in local newspapers. These phenomena take place not only in a specific area but also all over the country.

Parenting styles have been studied to determine parental interaction and communication with children as they relate to delaying the onset of sexual intercourse (Parera and others, 2005). Two of the most important questions included in the research on parental supervisions are. 'parents don't care if I come back home late' and 'parents don't punish me if I go out at night without permission'. Chi-square analysis shows that both of these variables have a significant effect on children's sexual activity. This research indicates that lack of supervision leads children to early sexual engagement. When there is no parental control and children have freedom to come home at any time or to go out at night without permission, the children are more sexually active than those who are supervised by their parents. Again the literature does points to social controls from family and the environment as important influences in the sexual behaviour of children and ultimately in HIV prevention (Rostosky and others, 2003). Adolescents, who experience sexual intercourse at an early stage place a higher value on independence,

are more socially critical and are more tolerant of deviance. Also they value academic achievement less and are less religious (Jessor and others, 1983).

There are some important variables relating to parent-child relationship, for example, spending time with children and guiding children in their education. Parental involvement and support have a crucial role to play regarding children's early sexual activity. Although good communication is clearly important, the overall quality of the parent-child relationship appears to make the real difference (LAT, 2005). This research suggests that if parents spend more time with their children, they are less sexually active than the children whose parents do not spend any time with them. When parent-children relations are characterized by warmth, kindness, consistency, respect and love, the relationship will flourish, so will the children's self-esteem, mental health, spirituality and social skills (PIPR, 2006).

Chi-square and regression analysis used in this research confirm that parents who spend more time with the children contribute positively to children's sexual development. In this case, spending more time means good communication or spending quality time with children. When there is good communication there is also exchange of feelings and opinions that might have healthy effects on children. Spending more time helps parents to know about their children's understanding on various issues. It helps to catch the wrong idea, if they have any, and correct them before it is too late. Thus spending more time with children has a positive effect not only on children's sexual behaviour but also on various other areas, such as alcohol abuse, drug abuse, involvement in crime, etc.

On the basis of statements posed such as ‘Parents do not care about my test marks’, the result indicates that those parents who are not interested in their children’s education have children who are more sexually active than those children whose parents show greater interest in their education or school activities. The parents with higher education value their children’s education more and make sure that children spend a fair amount of time in their schoolwork or homework. In order to do that, parents have to become involved in their children’s work too. Parents’ care and involvement, therefore, provides for increased opportunity to intensify the parent-child relationship.

The present research suggests that the students, whose role model is one of the parents, are less sexually active than those students whose role model is anyone other than their parents. In order to be a good role model, parents must have a positive interaction on their children such as spending quality time with their children, teaching them, listening to their problems, being there when the children need them and providing love and care. All these engagements make children realize that they are important part of the family. Thus parents influence their children indirectly by becoming an integral part of their children’s life, and by setting a good example for them.

Studies support the association of parental supervision with a decrease in adolescent sexual activity (Velez-Pastrana and others, 2005). The finding suggests that parents who teach sex education to their children have less sexually active children than the children who are taught by friends or other relatives. This is one of the most important results of

the research. Parental guidance is crucial to raise healthy and responsible children for the future. Parents teach their children about the danger of having sex at an early age and the consequences of HIV/AIDS. Less parental supervision is associated with early initiation of sexual intercourse; the sex education of a child is much more important than the sex education of an adolescent, as the second one is, to a greater extent, part of the first (Kakavoulis, 2001).

This research indicates that peer pressure is quite strong in children's lives. Three hypothetical questions, relating to peer pressure, were asked and all of the answers reveal the link between peer pressure and sexual relationships. Those children who are already sexually active have responded to the situations in favour of the behaviour likely to come from the children susceptible to peer pressure. As a result, one can conclude that once these children succumbed to peer pressure, they initiated sexual intercourse at an early age. However, we can't totally ignore other factors, like socio-economic ones, such as low income, uneducated parents, lack of parental guidance and control. According to Hardcastle, peer pressure only works if you let it, if you refuse to let it intimidate you it loses its power (Hardcastle, 2007). So parents must attempt to prepare their children to avoid peer pressure influencing their decisions. One should not forget that peer influence does not always have negative effects, they also may have positive influence on children's lives, such as socializing, working to which peer pressure is poured. As Giddens (2002) reminds us that children are social actors who help create their own social world and influence their own socialization.

In summary, this research shows that the manners in which children are raised by parental guidance and teaching of family values have significant influence on their personality development. In addition, the setting of rules for good behaviour, and the setting of a good example by parents' practicing what they preach as well as the valuing of children by their parents all play an important role in curbing the children's sexual behaviour.

CHAPTER 6: CONCLUSION AND SUGGESTIONS

Namibia is a beautiful country with a small population of about 1.8 million. According to UNAIDS, between 230 000 to 250 000 of the population are infected by HIV/AIDS (Weidlich, 2007). About 37% of the children between the ages 12 to 14 are sexually active (UNFPA, 2002). There are major social problems in the society; levels of alcoholism and violence appear high. For example more than half of Namibian adults consume an average of 10 litres of alcohol a week (Isaacs, 2007).

The research attempted to investigate if there was any relationship between parental guidance and children's sexual behaviour. Parental guidance was measured by various characteristics, such as family structure, parental supervision, discipline, parent-child relationship, etc. The strength of this association has been analysed by exercising both parametric and non-parametric statistical methods. In the non-parametric approach, the strength of association is measured through 'Cramer's V and Phi'. It also employed qualitative methods as a complement to the quantitative methods.

The research identified a significant relationship between children's sexuality and parental guidance attributes. It highlights the role of parental guidance in raising a healthy, diligent, and responsible child. It also suggests that children raised in a society without proper parental guidance are more vulnerable. Nowadays many parents do not have time to spend with their children - which means there is no communication

between them. In the absence of communication there is no exchange of ideas and feelings, and intimate relation can't be built without this. Children frequently have to rely on their own judgment to make any minor or major decision or they have to go to peers for advice. One can imagine the susceptibility of ideas borrowed from another teenage peer. Consequently these children may get trapped in the spiral of HIV or early pregnancy.

There are some parents who promote abstinence but they allow their children to have a boy/girl friend, which itself might be contradictory. They believe that it is harmless to have boy/girl friend as long as they are not involved in sexual activity. Rapid enhancement in information technology and availability of cell phones for the general population has added a new dimension to sexuality. It has become a trend amongst school children to own cell-phones, which has conveniently added to access of pornographic materials via Internet whilst at school. Even without peer pressure it is becoming difficult for children to avoid sexual temptation once they have a boy/girl friend.

The new development in technology has further increased parental responsibility to take teaching of sex education to their children seriously with special emphasis on consequences of early sexual intercourse and of abstinence. It may not be effective to teach abstinence to those children who are already sexually active as changing behaviour is not so simple. But, teaching abstinence to young children could be extremely effective in avoiding problem of early sexual engagement. Parents can be

instrumental in this regard. In this context, it may be important to mention that, according to Lickona (2000), through history, societies have considered sexual self-control a mark of good character. This ideal, however, was swept away by the sexual revolution of the 1960s, which advanced the notion that people should be free to have sex without the strictures of marriage, without commitment, and even without love. The sexual revolution promised greater happiness, but four decades later, it is clear that our society suffers from an epidemic of problems stemming from the breakdown of sexual morality (Lickona, 2000). In fact, today this idea is not only applicable in USA or in Europe but also in Africa and other parts of the world as well.

The research concluded that the children coming from Hage Geingob High School (Low school fees) are more sexually active compared to children from Hochland High or Windhoek High (medium to high school fees). However, this research doesn't analyse how poverty is interconnected with other social issues. Poverty is a serious national problem in Namibia – and solution to this problem might be a precondition for raising healthy and less sexually active children.

In terms of tentative suggestions, importance of house rules and discipline for children cannot be disputed. Children require permission to go out at night and shouldn't stay out for long at night, for example. The teaching of moral and ethical values from an early age may assist in building a strong foundation. Parental supervision such as checking children's home work, encouraging them to work hard, teaching values of education in life are crucial in shaping children's behaviour. Parents should provide love

and spend a fair amount of quality time with their children. Research shows that children with stronger religious faith are also less sexually active. Thus teaching children about values and rewards for being abstinent until marriage may have positive effects. As Lickona puts it, “If families and schools don’t form an alliance against a highly sexualised media culture, we are throwing our children to the wolves” (Lickona, 2000: 60).

The main factors that appear to relate to the impact that parents have on their children in the area of sexual activity are:

1. Teaching children about sexual relationship before they are exposed to receiving inadequate information from their friends.
2. Making rules and abiding by disciplinary codes so that parent(s) know where their children are and what they are doing. Also parents should have reward systems for encouraging positive behaviours.
3. Spending fair amount of quality time with the children.
4. Checking their homework and encouraging them to work hard and do better at school.
5. In addition schools should provide education on HIV/AIDS, moral, values, from primary school because the sex education of the child can be seen as much more important than that of the adolescent, as the second one is, to a great extent, part of the first (Kakavoulis, 2001)

6. Teaching children about those norms and values that protect them from sexual and material temptation

Parental involvement combined with the schools' efforts will not only alter children's sexual behaviour but also their behaviour towards alcohol and drug abuse, and violence as well. It is hoped that with such efforts, it will be possible to have a better future generation as well as a HIV- free society sooner than one can possibly imagine.

The research concludes that building a strong family bond between children and parent(s) is the solution to the crisis brought out by the sexual revolution of the late 20th century. Despite Namibia's enormous efforts to control STDs, HIV and teenage pregnancy through various channels and awareness programmes, the promotion of condom use by distributing free condoms to school age children, and other prevention campaigns over the years the infection rate has not decreased (Shinana, 2007). This research identifies the significance of relationship between parental guidance and children's sexuality, and puts the parents and child relationship at centre stage. Now is the time for a society to promote parental guidance, supervision, and control to instil discipline among children and prevent them from early-age sexual intercourse. This will also require educating parents by mobilizing politicians, society and church leaders to put emphasis on family values and relationships.

The research does have limitations. It has been realized that the data collection could have been balanced by collecting more observations from Windhoek and Hochland High Schools to match the sample size of that of Hage Geingob High School. The research could have included another strata of three schools in the neighbourhood of rich, middle income and poorer families which would have helped to indicate the effects of poverty on sexuality among children. Question could have been posed on the age of the children first experience of sexual intercourse, which would have shown the proportion of children who could have begun the journey at a young age. The questionnaire did not attempt to distinguish between whether sex was initiated by the children or upon them by some adults, whether it was done by consent or otherwise. One limitation of the questionnaire is that anybody who had experienced sexual intercourse is termed sexually active as there is no way to separate whether the responding individual “had sex” by consent or otherwise; with boy/girl friend or someone else.

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Appendix A

Questionnaire prepared for school children

Introduction and instruction

This questionnaire is about family background of secondary school children who are in grades 8, 9 and 10. Please do not write your name on it as your answer is confidential. Your answer to the question will not affect your grade in the class. There is no way of knowing what your answer is therefore you must answer the questions *honestly*. Your honesty is the most important part of this research.

Guardian = If you are living with anyone other than your parents.

Section A: General Information

1. How old are you? (Write your age)

2. Marital status. (Circle one)
1. Single 2. Married 3. divorced 4. widow.
3. Gender (circle one).
1. Male 2. Female
4. What grade are you in? (Circle one).
1. Grade 8 2. Grade 9 3. Grade 10

Section B: Parental education

5. Highest education of your parents/guardian has (circle the number and X mark on the right hand side.).

	Father	Mother	Guardian
1. University degree			
2. High school			

11. Here are several views of your religious faith please circle one

1. Religious faith is important to me
2. Religious faith is not very strong to me
3. Religious faith is fairly strong to me
4. Religious faith is very strong to me
5. I have no religious faith

12. Here are several religious views of your parents/guardian (please circle one)

1. My parents go to church everyday
2. 2-3 times a week.
3. Once a week.
4. Only sometimes
5. Never

Knowledge of HIV/AIDS

13. To protect myself from HIV/AIDS (Circle one).

1. I must not be close to HIV infected person.
2. I must take medicine ahead of time.
3. I must not have sex with HIV infected person.

14. Here are several views of condoms, please circle one.

1. Condom protects 100% from the disease (HIV/AIDS, STD, and pregnancy.)
2. Condom does not protect 100% from disease and pregnancy.

15. Have you ever had sex? Please circle one.

1. Yes
2. No

16. Only if you circle **No** to question 15 then answer the following , I am planning to have sex (circle one)

1. I would like to wait to have sex at least until I finish my grade 12.
2. I am ready to have sex now I don't want to wait
3. I would like to wait to have sex until I get married

17. If you are having sex with your partner, what would you do? (Circle one)

1. I never use condom when I have sex.
2. I always use condom when I have sex.
3. Sometimes I use condom and sometimes I don't.

18. Here are several views about opposite friendships sex please circle one

1. I have a boy/girl friend.
2. I don't have a boy/girl friend now but I had before.
3. I am not going to have a boy/girl friend until I finish my grade 12.
4. I don't have a boy/girl friend now but I am ready to have one.

19. Here are several views about sex please circle one

1. I believe that it is all right to have sex as long as two people love each other. Age does not matter even we are 13-14.
2. I believe that it is not right to have sex at least until we finish our grade 12, until then we are still too young.

Parental information

20. I live with my (circle one)

1. Father and mother.
2. Only father.
3. Only mother
4. Relatives (specify)-----
5. Mother and stepfather
6. Father and stepmother.
7. Other (Specify).-----
8. Alone

21. My parents fight/quarrel (Circle one).

1. Everyday
2. 3-4 times a week
3. Once a week
4. Only sometimes
5. Never
6. I don't live with my two parents.

22. When I come back from school (Circle one).

1. My mother is at home.
2. My father is at home.
3. My father and mother both are at home.
4. Both of my parents work until 4- 5 O'clock. None of them are home.
5. Other relatives are at home (specify the relative)-----
6. My maid is at home
7. None

23. Here are several views about parents/guardian please circle one

1. My parents/guardian are too busy to help me on my home works, tests, or exams.
2. My parents/guardian always prepare me for my home works, tests, or exams.
3. My parents/guardian don't care about my school works.

24 . My father is (circle one)

1. Living
2. Dead
3. I don't know my father

25. My mother is (circle one)

1. Living
2. Dead
3. I don't know my mother

26. How many people live in your house? Please write the number.

1.-----

Parents-child relationship

27. Here are several views about you and your parents/guardian please circle one

- a. I always listen to my parents/guardian.
- b. Sometimes I listen to my parents/guardian.
- c. I never listen to my parents/guardian

28. Here are several views about parents/guardian please circle one

1. I love my parents/guardian very much because they always help me whenever I am in trouble.
2. I don't love my parents/guardian because they are never there for me when I need them.
3. I don't love my parents because they always complain about me.
4. My parents/guardian are ok! Sometimes they are good and some times they are bad.

29. Here are several views about parents/guardian please circle one

1. My parents/guardian love me very much.
2. My parents/guardian don't care about me.
3. Sometimes my parents/guardian love me sometimes they don't

30. How much time do your parents spend with you, talking, teaching, playing etc. in a week (please circle one)

1. They spend a lot of time with me
2. They spend a little time with me.
3. They don't spend any time with me.

31. Give a “Yes” or “No” answer to the following questions: : (Mark with “X”)

	1.YES	2.No
1. Do you think your parents/guardian are an example of good parents/guardian?		
2 Do you believe that your parents/guardian always guide you to the right direction.		
3. Do your parents/guardian always tell you not to have sex before marriage?		
5. Do you think your parents/guardian are an example of faithful couple?		
7. Do your parents/guardian always teach you to say NO to something which you think is wrong?		
10. Do your parents/guardian always warn you about the danger of having sex in your early age, e.g. HIV and pregnancy ?		
11. Do you sometimes lie to your parents/guardian about your sexual relationship?		
12. Do you think your friends are more important than your parents/guardian?		
13. Most of the time my parents/guardian come back late at night.		
13. If a rich but much older person promises financial support to me and my family as long as I become his girl friend /her boy friend my parents/guardian will not have problem with it.		

32. What grade usually do you get in your class tests and exams? (please circle one)

1. 40 to 50%
2. 50 to 60%
3. 60 to 70%
4. 70 to 80%
5. Above 80%

33. Give a TRUE or FALSE answer to the following: (Mark with “X”)

	1.TRUE	2.FALSE
1. My parents/guardian don't interrupt on my sexual life.		
2. My parents/guardian are busy to listen my problem.		
3. My parents/guardian don't care about my tests marks.		
4. My parents/guardian (at least one of them) get drunk when they drink.		
5. My parents/guardian always encourage me to study hard.		
6. My parents/guardian encourage me not to hurt others.		
7. My parents/guardian always encourage me to be kind.		
8. My parents/guardian often talk to me about staying out of		

trouble		
9. My parents/guardian always allow me to sleep in my friend's house.		
10. My parents/guardian always allow me to go out at night on weekdays		
11. My parents/guardian don't care if I come back home late.		
12. My parents/guardian don't punish me if I go out at night on weekends without asking them.		

1. Who teaches you about sexual relationship ? Please write on the dotted line

Personal behaviour

34. How strongly do you agree or disagree with the following statements?
(Mark with "X")

	1. Agree	2. Disagree	3. Neutral
1. Sex is just for pleasure.			
2. When we reach 13 that means we are old enough to have sex, no one can stop us, it is our right.			
3. After having sex both people are free from each other. Nothing connects them.			
4. Sex is very normal and no one should make a big deal out of it, no matter who we sleep with.			
5. Before marriage it is ok to have as many sexual partner as we want, we are not committed to anyone.			

Peer pressure and self control

35. Here are several views about friends and sex please circle one

If all your close friends are sexually active and you are not. Your friends organized a sexual partner for you and say " you must have sex too, otherwise you are not in our group any more". What would you say?

1. All right I will do it for you, I don't want to loose your friendship.
2. I am not ready to have sex no matter what you say.
3. I will have sex only if you organize the person I like.

36. Here are several views about friends sex please circle one

You went to a party with your friends. All of your friends picked their sexual partner from the party. You are not forced to have one what would you do?

1. I also pick one and be just like my friends and have sex.
2. I rather come back home because I am too young to make big decision like that.

37. Here are several views about friends and sex please circle one

On the same circumstance of question 38, but this time you are forced by your friends to pick a sexual partner. What would you say?

1. I will also be cool and happily pick one and enjoy my friends understanding.
2. I will tell my friends “ don’t force me I am not ready to have sex yet no matter what”

38. Who is your role model and why? Please explain in the box.

Thank you for your help

Appendix B

QUALITATIVE DATA

Qualitative data were collected through interviews from seven children counsellors and social workers from different government department and NGOs (confidential). These counsellors have dealt with problems of children for a long period of time their ideas and suggestions have much value and weight in terms of real understanding of the problem. A variety of questions were asked as presented here.

1. Interview with a counsellor

- How long have you been on this profession?
- Approximately how many adolescents do you council per week ?
- Are these mostly male or female?
- What do you think about the education of their parents?
- Do these teenagers have adequate knowledge on HIV / STDs?
- What do you think about peer pressure?
- Since you are dealing with teenagers for such a long time, in your opinion what is causing children to be sexually active in their early age?
- In your opinion what would be the best way to control early sexual activity?
- What is the suggestion do you give to children?

2. Interview with a Social worker

- How long have you been on this profession?
- Approximately how many adolescents do you counsel per week ?
- Are these mostly male or female?
- What do you think about the education of their parents?
- Do these teenagers have adequate knowledge on HIV / STDs?
- What do you think about peer pressure?
- Since you are dealing with teenagers for such a long time, in your opinion what is causing children to be sexually active in their early age?
- In your opinion what would be the best way to control early sexual activity?
- What is the suggestion do you give to children?

3. Interview with a counsellor

- How long have you been on this profession?
- Approximately how many adolescents do you counsel per week ?
- Are these mostly male or female?
- Do these teenagers have adequate knowledge on HIV / STDs?
- What do you think about peer pressure?
- Since you are dealing with teenagers for such a long time, in your opinion what is causing children to be sexually active in their early age?
- In your opinion what would be the best way to control it?
- What is the suggestion do you give to children?

4. Interview with a counsellor

- How long have you been on this profession?
- Approximately how many adolescents do you counsel per week ?
- Are these mostly male or female?
- What do you think about the education of their parents?
- Do these teenagers have adequate knowledge on HIV / STDs?
- What do you think about peer pressure?
- Since you are dealing with teenagers for such a long time, in your opinion what is causing children to be sexually active in their early age ?
- In your opinion what would be the best way to control it?
- What is the suggestion do you give to children?

5. Interview with a counsellor

- How long have you been on this profession?
- Approximately how many adolescents do you counsel per week ?
- Are these mostly male or female?
- What do you think about the education of their parents?
- Do these teenagers have adequate knowledge on HIV / STDs?
- What do you think about peer pressure?
- Since you are dealing with teenagers for such a long time, in your opinion what is causing children to be sexually active in their early age?
- In your opinion what would be the best way to control it?
- What is the suggestion do you give to children?

6. Interview with social worker

- How long have you been on this profession?
- Approximately how many adolescents do you counsel per week ?
- Are these mostly male or female?
- What do you think about the education of their parents?
- Do these teenagers have adequate knowledge on HIV / STDs?
- What do you think about peer pressure?
- Since you are dealing with teenagers for such a long time, in your opinion what is causing children to be sexually active in their early age?
- In your opinion what would be the best way to control it?
- What is the suggestion do you give to children?

7. Interview with counsellor

- How long have you been on this profession?
- Approximately how many adolescents do you counsel per week ?
- Are these mostly male or female?
- What do you think about the education of their parents?
- Do these teenagers have adequate knowledge on HIV / STDs?
- What do you think about peer pressure?
- Since you are dealing with teenagers for such a long time, in your opinion what is causing children to be sexually active in their early age?
- In your opinion what would be the best way to control it?
- What is the suggestion do you give to children?

Appendix C

Chi-square

Chi-square test is a non-parametric test. It is used frequently in social sciences to measure relationship (dependency) between two variables (that could be quantitative or nominal). In this approach, a joint probability distribution (joint frequency) table is derived for both variables on the basis of observed sample data - which is also called observed frequency. If the variables are independent, then the product of individual probabilities of the two variables (also called expected frequency if independence expected) must match the observed frequency given in the joint distribution table. Chi-square, therefore, is a hypothesis test based on the difference between observed and expected values. When variables are independent (with null-hypothesis of independence), the difference between observed and expected values is close to zero and the following statistics, called Chi-square statistics, has chi-square distribution.

$$\chi^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

Here f_o and f_e represent the observed and expected frequencies respectively. Observed frequency is the cell frequencies actually observed in a bivariate table while expected frequency is the cell frequencies that would be expected in a bivariate table if the variables were independent (Healey 2002). Whether the above statistics follows Chi-square (and therefore null hypothesis is not rejected) is judged on the basis of alpha

levels of 0.05 or 0.01. If the computed Chi-square value exceeds the alpha value, then relationship between two variables is unlikely and the null hypothesis is rejected. Alpha value of 0.05 is usually fine for most research purposes and it means that there is a 95 percent probability that the sample reflects the population (Heiman 1996).

It is particularly important when analyzing a 2X2 table not to allow expected values to fall below 5. The possible values that can be taken in the sampling distribution of the Chi-square statistic are finite in number in any particular problem, because the observations from which Chi-square is calculated must be whole numbers. But we approximate this distribution, which is discrete, by Chi-square which is continuous. The approximation can be improved for 2X2 table by using a continuity correction due to Yates. This is done by reducing each difference (observed minus expected) by 0.5 in absolute value before squaring it (Clark and Cook 2004).

For descriptive purpose, Chi-square is useful as a test of association, but it is not directly useful as a measure of the magnitude or strength of association. There are other measures derived from Chi-square that are useful (Craft 1987).

Cramer's V or Phi

Cramer's V and Phi are two statistics that help measure the strength of association between two variables. They yield similar results in 2x2 table, but Cramer's V can be used to measure association in more than 2x2 table while phi is only appropriate for 2x2 table. Phi coefficient is obtained by taking square root of Chi-square divided by N

(N=total number of observations). Cramer's V is obtained by taking square root of Chi-square divided by N times minimum of (r-1) or (c-1) where r and c are number of rows and columns respectively of the joint frequency table (Craft 1987).

$$V = \sqrt{\frac{\chi^2}{N * \min(r-1, c-1)}}$$

$$Phi = \sqrt{\frac{\chi^2}{N}}$$

Both attain a value between 0 and 1.0. The value equals zero if there is no association at all, and one when there is perfect association. Only the magnitude of an association is indicated, but not the particular nature of an association. If it is less than 0.10 then there is said to be a weak relationship between variables. The values between 0.10 and 0.30 indicates a moderate relationship, and more than 0.30 indicates a strong relationship.

Regression Analysis

Regression analysis not only indicates association between a dependent variable (the effect variable) and a set of independent variables (the cause variables) but also the magnitude as well as the direction of association. This method of quantitative analysis is called parametric approach, where various parameters of relation between dependent and independent variables are estimated. For a two variable model, the regression equation looks like:

$$Y = B_1 + B_2X + U$$

Where B_1 , B_2 are parameters to be estimated; Y and X are the dependent and independent variables respectively and U is called residual (Part of Y not explained by X). If B_2 is positive, then X has a positive effect on Y. Similarly negative value indicates negative effect of X on Y. The estimation is based on the least square method which helps to find the estimates, B_1 , B_2 , by minimizing the sum of square of residuals.

The estimates are: for $B_2 = \frac{\Sigma XY - n\bar{X}\bar{Y}}{\Sigma X^2 - n\bar{X}^2}$, and for $B_1 = \bar{Y} - B_2\bar{X}$

Hypothesis is: $H_0: B_2 = 0$ vs $H_a: B_2 \neq 0$. Hypothesis is tested to see if B_2 is zero by using t-test:

$t = \text{estimated } (B_2) / \text{standard error of estimated } (B_2)$. If calculated t has absolute value greater than given by t-table, the H_0 is rejected in favour of H_a (which indicates X has a positive or negative effect on Y depending on the positive or negative sign of B_2).

In a multiple variable model, the list of independent variables is expanded to contain many independent variables, with each having its own parameter B_i . The model is estimated by using least square method. Hypothesis testing on estimated parameter is conducted by using t-statistics as mentioned above taking turn for each.

The model for multiple linear regression for this research is specified as follows. X_1 is dependent variable and the rest of the variables are independent variables. “ B_i ”s are parameters to be estimated. The definition of dependent and independent variables are given below.

$$X_1 = B_1 + B_2G_1 + B_3C_1 + B_4C_2 + B_5M_1 + B_6M_2 + B_7M_3 + B_8RF_1 + B_9P_1 + B_{10}LW_1 + B_{11}LW_2 + B_{12}LW_3 + B_{13}T_1 + B_{14}T_2 + B_{15}WINHI + B_{16}HAG + U$$

G1 = 1 (male)

= 0 (otherwise)

G2 = 1 (female)

= 0 (otherwise)

C1 = 1 (respondent is from grade 8)

= 0 (otherwise)

C2 = 1 (respondent is from grade 9)

= 0 (otherwise)

C3 = 1 (respondent is from grade 10)

= 0 (otherwise)

M1 = 1 (mother who has university qualification)

= 0 (otherwise)

M2 = 1 (mother who has high school degree)

= 0 (otherwise)

M3 = 1 (mother who had secondary school)
= 0 (otherwise)

M4 = 1 (mother who has below secondary school)
= 0 (otherwise)

RF1 = 1 (participant who has religious faith)
= 0 (otherwise)

RF2 = 1 (participant who has no religious faith)
= 0 (otherwise)

P1 = 1 (parents go to church regularly)
= 0 (otherwise)

P2 = 1 (only sometimes parents go to church)
= 0 (otherwise)

LW1 = 1 (respondent living with both parents)
= 0 (otherwise)

LW2 = 1 (respondent living with father)
= 0 (otherwise)

LW3 = 1 (respondent living with mother)
= 0 (otherwise)

LW4 = 1 (respondent living with relative/other)
= 0 (otherwise)

T1 = 1 (respondent whose parents spend a lot of time with them)

= 0 (otherwise)

T2 = 1 (respondent whose parents spend little time with them)

= 0 (otherwise)

T3 = 1 (respondent whose parents spend no time with them)

= 0 (otherwise)

WINHI = 1 (respondent from Windhoek High)

= 0 (otherwise)

HAG = 1 (respondent from Hagigangob)

= 0 (otherwise)

HOC = 1 (respondent from Hochland high)

= 0 (otherwise)

X1 = 1 (have had sex)

= 0 (otherwise)

X2 = 1 (have not had sex, abstinent)

= 0 (otherwise)

This equation has been used to identify the associating factors on children initiating sexual intercourse in their early age.

One purpose of linear regression analysis is to predict a dependent variables. Linear regression analysis produces estimates of the model parameters. This model is a mathematical equation for a line. The equation involves a parameter for the 'Y' –

intercept and a parameter for each independent variables in the model (Creech, 2006). The intercept represents the estimated average value of 'Y' when X equals zero. The slope represents the estimated average change in 'Y' when 'X' increases by one unit (Simon 2005).

Linear regression is a method of organizing data. Sometimes it is appropriate to show data as points on a graph, then try to draw a straight line through the data. Linear regression is an algorithm for drawing such a line. Linear regression typically uses the least squares method to determine which line best fits the data. R-Squared is a measure of how well the data points match the resulting line (Linear regression 2003).

The strength of the bivariate association can be judged by observing the spread of the dots around the regression line. In a perfect association, all dots would lie on the regression line. The more the dots are clustered around the regression line, the stronger the association (Healey 2002).

I have eight different independent variables and dependent variables used in this regression. Dependent variable is, whether children have initiated sexual intercourse, X1. For nine independent variables I have created dummy variables depending on their categories.

The statistical package for the social sciences, commonly known as SPSS, which is the most widely used software among academic sociologists (Rose & Sullivan 1996) was used for quantitative data analysis.