



Sexual Risk-taking Behaviours amongst Rural Adolescent Boys in a Province in South Africa: A Qualitative Study

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Abstract:

Background: Risky sexual behaviours amongst adolescents contribute to public health problems globally and can be linked to cultural norms and lifestyles. This study aimed to explore the influences that are related to sexual risk behaviours amongst adolescent boys in a rural setting in South Africa.

Methods: The research was guided by Bandura's social learning theory. The research used a qualitative approach with an exploratory phenomenological research design. Purposive sampling was used; 30 adolescent boys aged 13 to 18 years were recruited from 5 high schools in a province in South Africa. Focus groups were created, and data were analysed using thematic analysis (TA).

Results: Five themes emerged naturally out of the data, namely: 1) Lack of parental communication about sex; 2) Alcohol use; 3) Media influence; 4) Pregnancy and manhood; and 5) Government grants.

Conclusion: Findings revealed that the sample of male adolescents was involved in high-risk sex behaviours that were influenced by their sexual desires, consumption of alcohol, desire to prove their manhood, and receiving money from government grants. It was recommended that the Department of Education (DOE) in South Africa should implement and update sex education programmes at both primary and secondary schools.

Keywords: Adolescents, Alcohol, Communication, Fertility, Peers, Sexual-risk taking.

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Cite as: Mogotsi M, Govender S, Nel K, Govender I. Sexual Risk-taking Behaviours amongst Rural Adolescent Boys in a Province in South Africa: A Qualitative Study. Open Public Health J, 2024; 17: e18749445278672. <http://dx.doi.org/10.2174/0118749445278672240220114723>



Received: September 20, 2023

Revised: January 12, 2024

Accepted: January 17, 2024

Published: April 25, 2024



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1. INTRODUCTION

Risky sexual behaviour amongst adolescents is a major public health challenge; for instance, in America, around 38% of high school students have engaged in sexual intercourse, with +10% having multiple partners [1]. These behaviours include multiple sexual partners, sex at a young age [2], and sexual intercourse without the use of condoms which increases the probability of adverse sexual and reproductive health, including unwanted pregnancy,

sexually transmitted infections (STIs), and illegal abortions [3].

In Zimbabwe, it was reported that there is a high prevalence of HIV among adolescents, which is likely to impact their future health and, thus, their ability to have an economically productive future [4]. It has also been noted that risky sexual behaviour amongst HIV-positive adolescents remains high in the sub-Saharan landscape [5]. In South Africa, one-third of new immunodeficiency

individuals are found among the youth, and this number rises yearly [6, 7]. There are many factors that cause adolescents to engage in early sex, for instance, peer influence, alcohol use and drinking games [8], illicit use of substances, and poor parental communication about sex because of traditional and patriarchal taboos about the subject [9, 10]. High alcohol consumption results in adolescents using poor judgement in terms of sexual behaviours, such as having sex with multiple partners and not using any protection [11, 12]. Parental or elder communication about sex only occurs for girls on their wedding night and for boys when they attend initiation school [13]. Initiation school teaches young African boys about how to behave as men, which also includes sexual rites of passage. When they attend initiation, young African men are separated from their family and are taught about sexuality and cultural rituals by elders or *amakhankatha*, which guides their transition into manhood [14]. In South Africa, the influence of culture is important as manhood is enhanced by fathering a child, which places adolescent boys under pressure in order to conform to what they perceive as cultural norms and these exist in all African communities in the country [15, 16]. However, when children are conceived out of wedlock, the payment of *intlawulo* (damages) to the maternal family is common and is used to unite the families [17]. If damages are not paid, and the adolescent male does not accept that he is the father, then he is not allowed any contact with the child as he has disrespected the mother and her parents [18]. It is also true that in South Africa, some adolescent girls become pregnant so that they can receive governmental grants [19, 20]. Even though the amount is small, it is often the only money they receive and is used to help their entire family. Moreover, birth rates amongst teenage girls in South Africa continue to increase [21]. For instance, in the 15–19-year age group, it is 61 births per 1000 girls, and this increases yearly in most provinces [22].

Another factor in early sexuality amongst males in South Africa is access to pornographic material *via* electronic media [23]. This exposes them to a variety of sexual acts [24], which, in turn, promotes the objectification and fantasization [25] of women. There is also the sharing of ‘dick pics’ amongst the youth which encourages early sexual experimentation [26]. Current intervention strategies, such as the distribution of free condoms and encouraging safe sex or abstinence amongst the youth, have not worked in terms of promoting sexual responsibility [27].

Adolescent boys are unlikely to communicate responsibly with their significant others about sex because they lack self-esteem and their parents do not inform them about sexual and reproductive health, owing to their cultural and religious beliefs [13]. These boys rely on their peers for sexual advice [28]. In this regard, in the school environment, boys tend to copy the behaviour of ‘popular’ boys [29]. Moreover, they are likely to copy negative behaviours and use alcohol, or other substances, which often results in them dropping out of school [30, 31].

Research has also found that adolescent boys are more likely to consume alcohol, as compared to female adolescents, which impairs their reasoning skills and reduces their sense of personal responsibility [32].

Childhood sexual abuse is prevalent in the sub-Saharan context and is another factor in adolescent vulnerability to poor reproductive and sexual health [33]. Moreover, poor mental health is often seen in adolescents who engage in sexual activity, ranging from anxiety disorders and low self-esteem to depressive disorders [34].

The conceptual framework for this study was Bandura’s (1977) social learning theory [35] which postulates that individuals learn behaviours through observing others. Overall, the study aimed to understand the sexual risk-taking behaviours of adolescent high school boys in a province in South Africa. The rationale for choosing this province was that there are high levels of adolescent pregnancy [36], alcohol consumption [37], HIV/AIDS and other STIs in the area [38].

There is much research on adolescent girls and sexuality on the African continent [39–41]; however, it is sparse among teenage boys, hence it was the focus of this research.

2. RESEARCH METHODS

2.1. Study Design

The study used a qualitative approach with an exploratory phenomenological study design which provided a flexible and interpretive approach to the study.

2.2. Sampling

The sampling technique used in this research was purposive in nature. Firstly, schools in a rural district of the province were identified. There were 63 schools overall. Of these, there were 5 schools within a 40-kilometre radius of the University of Limpopo, where the researchers were based. It was necessary to recruit participants from high schools at a reasonable distance from the University as the researchers had no external funding. From each of these schools, a purposive sample of 6 adolescent boys was drawn in order to make up a focus group. The final sample was thus 30 adolescent boys, making up 5 focus groups. These participants met the inclusion criteria, that is, adolescent boys between 13 and 18 years of age who were willing to take part and who received parental consent.

2.3. Procedure

At each of the schools, the chief researcher met with a group of adolescents and explained the reason for the study before the research took place. She explained she was a senior lecturer undertaking research for a doctorate in different areas of sexuality. This was after appropriate permission was received *via* the Department of Education (DOE), the High School concerned and parental consent. The principal researcher asked those who were interested in taking part in the study to approach her in person or *via* her e-mail address. The researcher was able to form 5

focus groups (6 adolescent boys in each), who agreed to take part in the focus groups and who also signed informed consent forms.

The rationale for using focus groups is that they are comprised of a small group of individuals who have or share a mutual interest, which they are prepared to talk about in a collaborative discussion format [42]. They are used to try and understand and describe how participants feel about a specific issue; in this case, it was sexual risk-taking behaviour. The focus groups were evaluated in comfortable school rooms after hours on the school premises that were empty. The boys were provided with water but no other refreshments. Before each focus group began, the principal researcher explained the nature of the research and asked if the boys were comfortable with it. Chairs were placed in a circular fashion so that the principal researcher and boys could see each other without impediment. Each focus group began with 5 minutes of rapport building and ended with a 5-minute debriefing session. Overall, each focus group session took an hour and was audio-recorded with the permission of the boys.

The focus groups were conducted in Northern Sotho, commonly known as (Sepedi) as it was the language spoken by the learners. The principal researcher, Dr Mogotsi, is fluent in the language and arranged for the transcriptions to be translated into English and then back-translated into Sepedi to ensure that meaning was not lost. Field notes were taken to ensure that, for instance, body language was recorded. A brief 15-minute follow-up was also carried out, and the transcripts were verified to further ensure that the meaning was not lost.

The boys were also told that if they experienced any distress after the focus group, they could contact the researchers personally (phone numbers and email addresses were provided), and they would arrange counselling for them. No boys asked for counselling after the focus group or follow-up.

2.4. Data Collection Tool

A semi-structured interview guide was constructed out of a reading of literature on the subject. The questions were constructed in a manner that allowed the boys to answer questions freely and that enabled the researcher to re-focus the discussion if necessary. It also allowed probing of any responses that the researcher did not understand or that she felt needed a more in-depth explanation. The questions were piloted first using several adolescent boys from the designated schools. Any questions that were not understood or had potential double meanings were removed. The finalised questionnaire had questions such as: "Can you explain to me what you think sexual risk-taking behaviour is?" were asked first, then followed up by questions such as: "Do any of you practice sexual risk-taking behaviours?" If answers were affirmative, then questions such as: "Why would you practice sexual intercourse without using condoms?" and "Do you use alcohol before having sex?" were asked. The responses in each focus group were evenly distributed amongst the boys, that is, no participant was left.

2.5. Data Analysis

Thematic analysis (TA) [43] was used to analyse the data from the focus groups. The researchers familiarised themselves with the data and read and re-read it while at the same time writing down initial ideas. Initial codes were generated, using an inductive method, by the principal researcher and then discussed with the other researchers. They were then grouped together into potential themes. The themes were reviewed to check if they worked in relation with the codes extracted. Lastly, the themes were appropriately named and defined in Northern Sotho and then back-translated into English (and back-translated again) in order to ensure that no meaning was lost. These translations were verified by an expert in Northern Sotho and English to ensure the principal researcher had not made any errors of understanding. When the researchers all agreed that data saturation was reached and that no further or novel information could be found, coding was discontinued.

2.6. Quality Criteria

Trustworthiness in the research was followed using the following principles [44-46]. Credibility was safeguarded by adopting recognised research methods, and confirmability was ensured by the researchers by being aware of any beliefs they may have had about the topic under investigation. They discussed this amongst themselves to ensure that they were not judgemental in any way. They also looked at the research method and any limitations, which they minimised by discussion and reflection thereon. Dependability was assured by providing an accurate and step-by-step depiction of the research procedure so that it could be replicated if necessary. Administration bias was minimised as the principal researcher conducted all the focus groups, and participants were asked the same exploratory and probing questions. Reflection on the research process was carried out by the principal and other researchers at all stages of the research.

2.7. Ethical Considerations

Ethical clearance was given from the University of Limpopo's Research Ethics Committee (TREC) number TREC/319/2017/ PG. Letters of permission were obtained from the Department of Education (DOE) Limpopo Province, the High Schools involved, the parents of the learners and the learners themselves. All ethical guidelines were followed according to the Health Professions Council of South Africa (Psychology Division).

3. RESULTS

Several major themes emerged naturally out of the data regarding the sexual behaviours of the adolescent boys and what influenced these behaviours. These were: 1) Lack of parental communication about sex; 2) Alcohol use; 3) Media influence; 4) Pregnancy and manhood; and 5) Government grants.

3.1. Theme 1: Lack of Parental Communication about Sex

The following responses by participants suggest that families still practice conservative and patriarchal cultural values that do not support talking about sex with parents. This can be attributed to social learning theory [35], which relies on observation and imitation. In this case, decades of tribalism and patriarchy have resulted in poor communication about anything sexual in nature. Parents and caregivers have learned not to discuss sex as it is considered taboo and disrespectful [9]. Sex is not seen as a subject appropriate for discussion until boys are initiated and girls get married; it only takes place on their wedding night [13], which is commensurate with tribal and patriarchal norms

"I lost both parents when I still very young and the only person who took care of me was my grandfather and later, my uncle. They both supported me financially and were very supportive. But they did not talk about sex they have a remote mind, and if I tried, they told me I was disrespectful and told me to read bible verses."

"My parents never talked to me about sex or condoms. It is taboo for a child to talk about any matter related to sex with parents."

"I live with my Aunt, who spends most of her time working on the farm. She comes home on some weekends and some holidays. I am on my own, so there is no one to support me in telling me how I must behave. Anyway, my Aunt said that these things [sex] are not discussed in the family. I talk to my friends, and we work it out."

"I don't remember my father talking to me about condom use. I am close to my father, but issues related to sex are no-go areas. He just changes the subject if I want to talk to him about sex matters."

"My parents never talked to me about sex or condoms. It is taboo for a child to talk about any matter related to sex with parents."

3.2. Theme 2: Alcohol Use

The responses of participants indicated how they used alcohol when having sex. When the participants drank alcohol, they expected to have sex with the girls they were drinking with [8]. In this research, some participants played what could be called an exchange game, where they provided alcohol to girls in return for sex. In terms of social learning theory [35], this goes to reciprocity and modelling; the adolescent male provides the female with alcohol; thus, she must 'reciprocate' by giving him sex. This behaviour is then modelled by the peers of the boys. Research has found that adolescents often drink alcohol before they have sex [3, 31], which supports the findings of this research. Furthermore, drinking alcohol impairs the judgement of adolescents, and they are unable to think clearly and thus are likely to take part in high-risk sexual behaviours, such as not wearing condoms [3].

"I visit a shebeen during weekends so that I can hang around with other boys and drink alcohol. Sometimes, I take a girl for a walk and buy her a drink. I give her

enough alcohol to make her drunk, then expect her to have sex with me. It is okay because she usually cannot remember what she is doing while drinking."

"I see my friends drinking alcohol at the shebeen, and I join them, and we socialise. Real men drink alcohol, and because I am shy person, it also assists me in approaching girls. When a girl first accepts my invitation, I quickly offer her alcohol. I can tell you that she is not going to drink my cider without paying with her body. I make sure that I get sex from her."

"I mean drinking makes everything easier and, you know, those girls, they like to drink. I do not mind buying it for them as then they are ok to have sex."

3.3. Theme 3: Pregnancy and Manhood

A major reason given by participants for their involvement in risky sexual behaviour was to claim their 'manhood' [15, 16]. Furthermore, in relation to social learning theory [35], this is linked to reproducing what is expected of them in terms of their cultural norms. Adolescent boys want to 'prove' their manhood as it was made clear to them, during initiation, that getting a girl pregnant would prove their manhood [16]. Many of the participants noted that they did not wear condoms during sex so they could impregnate the girl to show they were fertile [17], which is in line with patriarchal norms [10]. Interestingly, although girls who get pregnant are seen as 'damaged goods,' they, too, are often pressurised into becoming pregnant to show they are fertile and/or to get social grants [47].

"My grandmother told me I must not have a child now because I cannot support it. But my grandfather said I should and not worry about supporting the child as the grandmother will look after it. He said the purpose of the African boy is to produce a child so he can be a man. So, I did that, and I have a child."

"My girlfriend and I agreed not to use protection she told me that she was getting pressure from her family to have a child so that they can see if is barren (khopa) or not. No man wants to marry a woman who has a problem with her womanhood"

"My girlfriend shared a child with her previous boyfriend thinking he will marry her, but he did not he just wanted to prove he was fertile. I also want to have a child with her as she is already 'damaged' [referring to the fact that she is damaged goods as she has a child and is not married and I would have to marry her.]"

"My girlfriend said her relatives advised her that she must have a baby so that she can be helped at an early stage if she cannot conceive because a complete and real women must have one child at least to prove that she is not khope (barren). They said no man wants a barren woman."

"When I had sex with my girlfriend, she told me she wanted to get pregnant to get a social grant."

3.4. Theme 4: Media Influence

The adolescent boys in this research reported watching pornographic films on social media and masturbating to them, as well as pictures in print media. In terms of social learning theory [35] adolescents model their peers. They do this by observing and copying their behaviours. Social media, such as YouTube, plays a role in reinforcing sexual risk-taking behaviours amongst adolescent boys as they tend to glamourise sexual acts [23]. These videos tend to portray women as sex objects and influence adolescent boys to objectify women [25]. This is a negative as it puts sexual acts into the world of 'fantasy', which cannot be replicated in real life [24]. This may lead to the boys having early sexual encounters [40] and/or always seeking something that is not real, which may continue into adulthood.

"As boys, we normally meet and watch the latest sexual activities on YouTube videos. One of our friends can download whatever he likes [his parents have money] about sex. We like to watch so we can show our girlfriends how much we know about sex."

"We always arrange to meet at one of our houses at the end of a month on a Saturday or Sunday when our parents or others are out - 'cos one of us usually has money for downloads. After we watch sex videos in the afternoon, we invite girls over in the night and practice what we watched [or masturbate] ...we sometimes swop partners and ask them to tell us who was best...so it becomes a competition....no we do not wear condoms. There is one video we like called the 'black hole.' It is all about having sex in different positions with all types and shapes of vaginas."

"I have two brothers who like to hire or buy sex videos. They put them in their bedroom. When they go out to watch football with their friends on Saturdays, I get into my brothers' bedroom. I take my favourite sex video where a young boy masturbates at school in a biology class. Every time when I see that boy, I get aroused. I like to watch it with my girlfriend and then take her to my bedroom to have sex. If she is not around, I masturbate. Afterwards I return the video to where I found it"

3.5. Theme 5: Government Grants

Participants generally felt that being able to access government support grants was an appropriate reason for having a child. According to social learning theory [35], this is an example of how erroneous thinking or cognitive representation renders adolescent boys unable to look at the situation objectively. They feel they are entitled to the money as they are the biological father. Adolescent girls often use the grants that were meant to support their babies on the father of the child in the hope that he will stay with her or continue to see her [19]. This is patriarchal in nature as the adolescent male feels a sense of entitlement to the child grant.

"My girlfriend was benefiting from the child support grants, and I told her she should give me some money or buy me something because I am the father of the child."

"There is a lack of opportunities in the village, grant money is a monthly stipend, and if I did not father the child, she would not have money. I think I should have some benefit from the grant as well."

"I really do not blame my girlfriend when she insisted that we make a second child to supplement the little we receive from the child grants. Benefit from the government grants helps us both as she gives me some of the money."

"Please do not judge me, the child support grants are not enough to care for a child the whole month anyway, so I do not see why I should not get at least R100."

"From the time the government introduced child grants, it encouraged both boys and girls to have a child so that we can get money. I do not see a problem; it helps us."

"Ya, it is good to get some money. Government grants help us a lot."

4. DISCUSSION OF FINDINGS

Our study explored the influences of risk-taking behaviour amongst high school adolescent boys in a rural setting in a province in South Africa. Our study findings revealed that the sample of 30 boys aged 13 to 18 years was sexually experienced and engaged in high-risk sexual behaviours for a variety of reasons. This is supported by previous research, which found that the sexual activities of adolescent boys start quite early, usually from the age of 14 years [2]. We speculate that the motivation behind this is that the participants had older friends who were sexually active and copied the 'observed' and/or discussed behaviours [35]. This finding is consistent with previous research, where adolescents were shown to be influenced by their peers, physiological changes and social and cultural norms, which move from one generation to the next [45]. Even though parent-adolescent sexual communication is important as the first means of conveying sexual values and knowledge between parents and children [9, 10], parental communication in this study was absent. In this regard, we postulate that psychological support from parents of participants in this research was lacking. Additionally, advice and communication from parents to adolescents is needed as it influences their psycho-social development in a positive manner [9]. For instance, high levels of communication lower the risk of adolescents engaging in high-risk sexual behaviour [46]. Alcohol use amongst the sample was also problematic as it likely led to high-risk sexual behaviours because of impaired judgement [11]. One such negative behaviour could be not wearing condoms, which can lead to STI infection and/or unwanted pregnancy [12]. We also found that participants felt that manhood was associated with fertility, which was linked to pregnancy, and that adolescent boys found this important in terms of what they perceived as their cultural norms [15, 16]. To an extent, we speculate, that this was guided by their experiences during initiation where they understood that 'manhood' is defined by fertility [13]. Child support grants were another

influence on early sexual debuts and pregnancy as it was seen as a source of income not only for the mother and child [20] but also for the father of the child. This, we assert, is problematic but seems increasingly the case [47]. Moreover, the use of social media was prevalent amongst the sample, which also adds to early sexual debuts and even promiscuity and thus STI infection [26, 40] which is supported by other research which found that adolescent boys watched videos that contain high sexual content [48].

It is apparent that although participants knew about the sexual act, they were not as knowledgeable about the prevalence of STIs that they could become infected with. This indicated that there was a knowledge gap [49]. These results are supported by research in Uganda, which reported that adolescents have many sexual and reproductive health requirements that are often not met, such as access to information about sex and sexuality [50]. It is, thus, apparent that sexual and reproductive health information should be made available through different channels to the youth (both boys and girls), at, for instance, recreational or youth centres as well as schools and clinics [51].

CONCLUSION

Adolescent boys are likely to experience both physical and psychological health risks because of early sexual debuts and high-risk sex behaviours. This could lead to infection with an STI or the responsibility of early fatherhood, which they are ill-equipped for. Further, influences on their sexual behaviours were lack of parental communication, peer influence, use of alcohol, acquiescence to cultural norms pertaining to fertility and manhood, and accessing social childcare grants. As a result, it is recommended that the Department of Education (DOE) in South Africa must update sex education in both primary and high schools.

LIMITATIONS OF THE STUDY

The research confined itself to male adolescents, as this group is under-researched; however, researching adult female perspectives would have given a more holistic account of the topic. Interviews were carried out in the vernacular in some instances. As a result, some meaning could have been lost in translation to English (translation and back translation reduced this as far as possible). The topic was extremely sensitive, and it might be possible that the adolescent boys exaggerated their sexual prowess. The use of probing and in-depth interviews mitigated this as far as possible. Additionally, only schools in one district were sampled. A wider research base may have provided different perspectives. Furthermore, it is also possible that individual interviews would have provided more in-depth and diverse data.

LIST OF ABBREVIATIONS

TA = Thematic Analysis
DOE = Department of Education

STIs = Sexually Transmitted Infections

DOE = Department of Education

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Ethical clearance was given by the University of Limpopo's Research Ethics Committee (TREC) number TREC/319/2017/ PG. All ethical guidelines were followed according to the Health Professions Council of South Africa (Psychology Division).

HUMAN AND ANIMAL RIGHTS

No animals were used in this research. All procedures performed in studies involving human participants were in accordance with the ethical standards of institutional and/or research committee and with the 1975 Declaration of Helsinki, as revised in 2013.

CONSENT FOR PUBLICATION

Letters of permission were obtained from the Department of Education (DOE) Limpopo Province, the High Schools involved, the parents of the learners and the learners themselves.

STANDARDS OF REPORTING

COREQ guidelines were followed.

AVAILABILITY OF DATA AND MATERIALS

The data and supportive information are available within the article.

FUNDING

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

ACKNOWLEDGEMENTS

Declared none.

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