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 JOURNAL OF
 ADOLESCENT
 HEALTH

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Original article

Associations Between Fathers' and Sons' Sexual Risk in Rural Kenya: The Potential for Intergenerational Transmission

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Article history: Received October 27, 2016; Accepted February 9, 2017

Keywords: Fathers; Adolescents; HIV; Sexual risk behavior; Parenting; Africa

 A B S T R A C T

Purpose: Despite high rates of HIV in areas of Sub-Saharan Africa and men's role in driving the epidemic, little is known about whether or how sexual risk—both behaviors and beliefs—may be passed down through generations of males. This study examined associations between sexual risk behaviors and sex-related beliefs of adolescent males and those of their male caregivers in Kenya, as well as the potential moderating effects of parenting characteristics and father-son relationship quality.

Methods: Cross-sectional linear regression analysis was applied to baseline data from a trial of a family- and church-based intervention for families in rural Kenya that followed a stepped-wedge cluster randomized design. Our subsample consisted of 79 male caregiver and son (aged 10–16 years) dyads.

Results: Results demonstrated a direct relationship between fathers' and sons' sex-related beliefs that was not moderated by parenting or quality of father-son relationship. Parenting/relationship characteristics did moderate the relationship between fathers' and sons' sexual behavior; if fathers did not engage in high-risk sex and exhibited more positive parenting/higher relationship quality, their sons were less likely to be sexually active. Among fathers having high-risk sex, parenting was unrelated to sons' behavior except at very high levels of positive parenting/relationship quality; at these levels, sons were actually more likely to have had sex.

Conclusions: Findings support recommendations to include male caregivers in youth HIV prevention efforts, potentially by targeting fathers' parenting strategies and their individual risk.

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 IMPLICATIONS AND
 CONTRIBUTION

This study examines the influence of fathers—an under-represented group in adolescent research—on male adolescents' sexual beliefs and behavior. Engaging fathers in parenting- and family-based HIV prevention programs is likely important. Targeting men's own HIV risk behaviors, before or in tandem with youth interventions, may represent a promising strategy in HIV risk prevention.

Sub-Saharan Africa bears the burden of the highest rates of HIV in the world, accounting for approximately 70% of new HIV infections worldwide [1]. Of these, approximately 30% occur among young people aged 15–24 years [1]. In Sub-Saharan Africa, men are considered important drivers of the HIV

epidemic, as heterosexual sex is the primary mode of HIV transmission [1], and patriarchal norms, present in many societies, increase men's power in sexual decision-making [2]. For young males, such cultural norms can place reputational value on sexual activity, contributing to early sexual debut [3,4]. The cultural and behavioral patterns that impact male youths' sexual risk are perpetuated in many ways, including parental influence. Parents may teach and shape beliefs and behaviors that promote sons' risky behavior. Fathers likely play an especially important role, as they are uniquely positioned to pass down masculine gender norms [5]. Despite the relevance of examining fathers'

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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influence on sons' sexual risk, little is known about this association, in part because fathers are generally under-represented in research on adolescent development [6]. Understanding how fathers' and sons' sexual beliefs and behaviors are related and how parenting might influence that relationship has the potential to inform strategies for decreasing adolescents' HIV risk.

Ecological systems surrounding youth impact risk and belief development with families and parents emerging as especially impactful [7,8]. Unsurprisingly, children often develop beliefs and behaviors similar to their primary caregivers. This phenomenon, termed intergenerational transmission, refers to the passing down of beliefs, norms, or behaviors from one generation to another [9]. Behaviors, such as parenting styles [10] and criminal behavior [11], as well as beliefs, such as religion [12] and gender roles [13], have been shown to be "transmitted" from parent to child. This transmission can be explained by processes ranging from genetics to cultural climate but is often understood through social cognitive theory that recognizes the potential for behaviors to be learned through observation without explicit instruction [14].

Characteristics of caregiver-child interactions, such as communication quality, warmth, and parental involvement, likely influence the occurrence and nature of transmission [9]. These interaction patterns can guide opportunities for belief-related conversations, observations, and learning of parental behavior [15]. Parenting behaviors may further impact the extent of transmission, with evidence suggesting that positive parenting characteristics—warmth, support—may be associated with increased dyad similarity [16].

In addition, gender, of both parents and children, should be considered given transmission strength can increase within same gender parent-child dyads [17]. The tendency for children to communicate more with their same-gendered parent [5], model same-gendered individuals, and identify most with their same-gendered parent [5,18], likely contribute to transmission. These patterns extend to fathers' and sons' behaviors and beliefs, including early fatherhood [19] and motivations for drinking [20].

Regarding sexual risk behaviors, less is known about which parenting behaviors are most impactful for sons. The extant studies show mixed results with fathers' communication, involvement, and support emerging as risk factors in some studies and as protective in others [21,22]. A study in four African countries found that male adolescents in Malawi who had more communication with either parent were actually more likely to have engaged in sexual risk behavior, although no associations were found for youth in Ghana, Burkina Faso, and Uganda [23].

Cultural and gender norms may help to explain why fathers' communication and involvement with adolescents may not be uniformly protective. For instance, qualitative work conducted in East Africa demonstrated the salience of sexual activity to masculine identity and reputation that the author proposes may become more emphasized in changing global climates that may economically disempower men [24]. This points to one possibility that when risky sexual behaviors are more culturally normative among men, fathers may endorse risky behaviors, either explicitly or implicitly, through their interactions with their sons. In one qualitative study in Tanzania, men were found to speak with boys about sex in a joking/sarcastic manner, perhaps inadvertently encouraging risky practices [17]. This was further emphasized in a separate qualitative study in Tanzania demonstrating that sexual norms, such as the acceptability of concurrent sexual partners, may be passed down through intergenerational communication between fathers and sons [25].

In this study, we aimed to build on previous qualitative findings to quantitatively explore the associations among sexual risk-related beliefs and behaviors from primary male caregivers to their sons in rural Kenya. We first examined whether relationships exist between fathers' and sons' endorsement of risky sexual beliefs and sexual behavior. We hypothesized that fathers' higher endorsement of risky sexual beliefs would be associated with sons' endorsement of those beliefs and that male caregivers' risky sexual activity would be associated with an increased likelihood of sexual activity among sons. We then tested whether father-son relationship quality (i.e., warmth) and parenting behaviors (i.e., involvement) moderated these relationships. We expected the strength of associations to vary by relationship quality and parenting such that higher quality/more involved parenting would increase similarities.

Methods

Setting

This study was conducted in Muhuru Bay, a rural division of Migori County, Kenya, located on Lake Victoria. Like other lake-shore communities in western Kenya, Muhuru is characterized by a high prevalence of HIV with the most recent estimate at 15.1% [26]. This translates into high levels of risk for youth in this area where 22% of boys and 11% of girls are likely to be sexually active before the age of 15 years [27].

Participants and procedures

Data for this study came from a trial of a family- and church-based intervention for families that aimed to strengthen family relationships and prevent HIV risk behavior [28]. The trial followed a stepped-wedge cluster randomized design. A total of 56 churches were identified from diverse denominations (e.g., Protestant, indigenous, and Catholic), and four were randomly selected to participate through lotteries conducted by community leaders. This resulted in the inclusion of three protestant and one indigenous church. Families were eligible if they had at least one adolescent (10–16 years) living at home. They were encouraged to include multiple caregivers and adolescents per household in the intervention and assessments. The subsample for the present study consisted of 79 dyads of male caregivers ($n = 61$) and male youths in their care ($n = 79$) from a larger sample of 211 female and male caregivers and 237 youths from 124 households. All male caregivers were primary caregivers of the target child in that they had direct caregiving involvement. They were not required to be biological fathers, as caregiving arrangements vary widely in this context.

This study used baseline survey data only, which was collected at the same time for all participants before the intervention. Trained Kenyan research volunteers verbally administered surveys to participants one-on-one using handheld computers in private locations near participants' homes. All procedures were approved by the institutional review boards at Duke University and the Kenya Medical Research Institute.

Measures

Surveys assessed sexual behaviors, endorsement of risky sex beliefs, parenting and relationship quality indicators, and

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