

## ***Sibling Influence on Adolescent Sexual and Reproductive Health in Ghana and Uganda***

### **Research Statement & Purpose**

Although a considerable body of research examines parental and peer influence on adolescent behaviors, comparable data on *sibling influence* remain scant. Existing studies show that adolescents use their siblings as comparative references and tend to model similar behaviors (Bandura, 1977) with regard to gender and sexual socialization (Konreich et al., 2003); timing of sexual debut (Widmer, 1997); risky/sexual behaviors (Rodgers, 1988); substance use (Pomery et al., 2005; Trim et al., 2005); and developing safe sex practices (Kowal et al., 2004). Through sibling interaction, adolescents learn social norms and develop risk cognitions (Pomery et al., 2005).

The majority of these studies, however, have been conducted in U.S., leaving a large gap in the literature about other world regions. Particularly in Africa, research on sibling influence is even more limited. Studies from Ghana (Karim et al., 2002) and Cote d'Ivoire (Diop-Sidibé, 2005) similarly concluded that adolescent girls were at an increased risk of having a premarital birth, if their older sibling experienced one. Kiragu et al. (1996) found that in Kenya, 15-19 year-old males and females felt most comfortable discussing sexual matters with a brother and a sister, respectively. Similarly, Rwenge (1999) found that in Cameroon, adolescents preferred talking with friends and older siblings about their first sexual experience.

The centrality of family and kinship in most African countries – coupled with rapid social, cultural and economic changes – calls for renewed focus on the role of siblings in individual development, family functioning, and caring for younger children. It also calls for paying specific attention to the role of siblings as socializing agents in developing attitudes and behaviors towards sexual and reproductive health. Equally important is the need to better understand the gender dimensions to these roles and whether/how same-gender or mixed-gender sibling interactions differ.

Accordingly, my research examines the nature of and extent to which African adolescents engage in both observational and verbal exchanges with their siblings and how these interactions help shape adolescent sexual and reproductive health cognitions, above and beyond what they learn from their parents and friends. Specifically, I analyze sibling characteristics, interactions, and influence in five domains: (1) delaying sexual activity; (2) delaying early childbearing; (3) using contraceptions; (4) getting tested for HIV; and (5) maintaining monogamous relationships.

I also examine how family type, birth order, age spacing, socioeconomic status and (non)-shared family experiences may affect these interactions, and thus the attitudes and behaviors that adolescents develop. Finally, I explore instances of sibling de-identification, where adolescents explicitly differentiate their attitudes and behaviors from those of their siblings (Whiteman et al., 2007).

## **Data & Hypotheses**

To analyze sibling characteristics, interactions and influence, I use data from the *Protect the Next Generation (PNG)* study, conducted by the Guttmacher Institute in Burkina Faso, Ghana, Malawi and Uganda, in 2004. The study comprised of nationally representative surveys among 12-19 year olds, a subset of whom participated in the in-depth interviews (IDIs). Both the surveys and interviews addressed adolescent sexual and reproductive health experiences, family and peer influences as well as sources of information for HIV/AIDS and pregnancy prevention. Both also reflected the diversity of adolescents: rural/urban; in- and out-of school; male/female and age (Awusabo-Asare, 2006). My research focuses on IDIs from Ghana and Uganda (n=102, respectively). Quantitative data from the PNG surveys suggest that less than 2% of Ghanaian and Ugandan youth identified siblings as primary sources of health-related information. I argue, however, that adolescent-sibling interactions are more likely characterized by non-verbal exchanges or verbal exchanges that occur in the form of conversations, rather than information-seeking.

As such, I hypothesize that the IDIs are more appropriate to reveal such interactions and indicate clear instances of sibling influence in the five aforementioned domains, above and beyond those of parents and friends. Regarding gender, I hypothesize that whereas younger sisters will be significantly influenced by both older sisters and older brothers, younger brothers will only be significantly influenced by an older brother (Karim et al., 2002; Diop- Sidibé, 2005).

*Of note:* In these analyses, I exclude families in which adolescents are orphaned and/or being taken care of solely by older siblings. Siblings in this case take on the role of parents such that any level of interaction cannot be entirely described as those between siblings.

## **Methods**

Using ATLAS.ti 6.0, I identified excerpts of the IDI transcripts containing references to ‘\*sister’; ‘\*brother’; ‘\*sibling’; ‘\*cousin’ and ‘\*relative’. I then read each interview in full to gain greater insight into the adolescent’s background and to contextualize sibling interactions. This process informed how I identified themes.

## **Preliminary Results**

Preliminary qualitative analyses suggest that of the 204 collective IDIs, 60 from Ghana and 78 from Uganda included at least one reference to sibling characteristic, interactions and influence. I identified the following themes (*please see appendix for selected quotes*):

- (1) siblings as primary sources for HIV/AIDS and pregnancy prevention information;
- (2) siblings applying sexual pressure, both to engage in and abstain from sexual activity;
- (3) personal experience and exposure to HIV/AIDS as a result of sibling illness
- (4) aspirations to emulate sibling behaviors, character and/or life experience;
- (5) siblings “in the know” about adolescent romantic relationships, rather than parents;
- (6) conversations with siblings about puberty and sexual & reproductive health
- (7) taking care of and/or giving care to younger siblings during the day
- (8) actively promoting younger siblings to participate in initiation ceremonies

### **Study Implications**

In this era of HIV/AIDS and rapidly changing contexts – particularly in Africa – it is imperative to broaden our scope and lens through which we study influences on adolescents. My research provides support that at the family level, adolescents receive both verbal and non-verbal cues from their (older) siblings, somewhat different from the level of interaction they engage in with their parents/guardians and their peers. Adolescents use their siblings as comparative references and interpret on their prior experience in sexual and reproductive health matters as concrete reality. This highlights the role of siblings in influencing both healthy and risky behaviors among younger adolescents.

Appendix

| <u>Selected Themes</u>                   | <u>Selected IDI Quotes: Ghana</u>   | <u>Selected IDI Quotes: Uganda</u>  |
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| <i>Observational and Social Learning</i> | <p>Interviewer: Has anyone ever talked to you about these body changes?<br/>                     Respondent: <b>Nobody told me, I observed it from my elder sibling before I also experienced it.</b><br/> <i>Male009, 18 years, urban, in-school</i></p>   | <p>I: Has anyone ever talked with you about preventing pregnancy?<br/>                     R: <b>Not as such but my sister was telling my elder brother about a certain girl he wanted to have a baby with. She was against him having unprotected sex with that girl because she knew her as a very loose girl but my brother really liked her. So that is how I got to know about matters relating to pregnancy but nobody has ever talked to me about it.</b><br/> <i>Male001, 19 years, urban, out-of-school,</i></p>   |
| <i>Aspirations</i>                       | <p>M: <b>Who do you most want to be like?</b><br/>                     R: My sister<br/>                     M: <b>Why do you want to be like your sister?</b><br/>                     R: <b>Her way of life is good and she has been able to keep herself away from risky behaviors that other girls engage in.</b><br/> <i>Female007, 14 years, rural, out-of-school</i></p>   | n/a   |
| <i>Pregnancy Prevention</i>              | <p>Q: Has anyone ever talked with you about preventing pregnancy?<br/>                     R: Yes, my brother told us about it. In fact, there are many teenage pregnancies in this town.<br/>                     Q: Did you find these talks useful?<br/>                     R: Yes, I'm still under the care of my uncle and it would not augur well if I happen to impregnate someone.<br/> <i>Male007, 14 years, rural, out-of-school</i></p> | <p>I. Are there people you feel you can go to for talks about preventing pregnancy?<br/>                     R. Yes there are some people.<br/>                     I. Like who?<br/>                     R. My elder brother and my friends.<br/>                     I. Whose information do you trust about preventing pregnancy?<br/>                     R. That of my brother is the one I trust.<br/>                     I. Why?<br/>                     R. I know he cannot tell me what is wrong. He always has to tell me the right thing to do.<br/>                     I. Have you talked with your brother?<br/>                     R. Yes I have.<br/>                     I. What did you talk about?<br/>                     R. He told me not to have sex with girls in order to avoid pregnancies.<br/> <i>Male001, 16 years, urban, out-of-school</i></p> |

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| <p><b>Sexual Pressure</b></p>                              | <p>I: Has anyone pressured you not to have sexual intercourse?<br/> R: Yes<br/> I: Who<br/> R: My sister<br/> I: What did she say?<br/> R: She said that I should be careful not to get pregnant because she's done that and she's not happy.<br/> I: Have you had sex before?<br/> R: No.<br/> <i>Female004, 16 years, urban, in-school</i></p>   | <p>I: Is it possible to refuse having sex?<br/> R: You cannot refuse because my sisters have told me that whatever you say, he will find a way of getting you to accept. He might romance you until you get the feeling as well.<br/> <i>Female001, 17 years, urban, in-school</i></p>  |
| <p><b>Personal experience and exposure to HIV/AIDS</b></p> | <p>R: Have you ever seen a person with AIDS before?<br/> R: Yes. My mother's first born, died of AIDS.<br/> I: What do you think about people who have AIDS?<br/> R: I feel sad for them because they can die at any time.<br/> I: What do you think you can do to prevent HIAIDS?<br/> R: To be very careful with men or use condom.<br/> <i>Female001, 17 years, urban, in-school</i></p>  | <p>I: Do you personally know someone who has AIDS?<br/> R: Yes, our cousin sister had it and died.<br/> I: How did you know it was AIDS?<br/> R: She had pimples all over her body even in her private parts. She could not sit you would have to put a pillow. Her whole body was yellow. Her eyes were white and you could not see any black spot. Her lips were very red that is how I knew.<br/> <i>Female001, 17 years, rural, out-of-school</i></p>   |
| <p><b>Perception of premarital births</b></p>              | <p>I: Do you see young people who give birth before marriage?<br/> R: Yes. My sister is an example.<br/> I: What comes to your mind when you hear about someone having a baby before marriage<br/> R: I've always hoped not to do that, and I know I won't do that<br/> R: I think that way because it's not nice and as such I will destroy my life<br/> I: What do you think a person can do to prevent having a baby before marriage?<br/> R: The person should always use condoms.<br/> <i>Female008, 14 years, urban, out-of-school</i></p> | <p>I: What comes to your mind when you hear about someone having a baby before marriage?<br/> R: Premarital pregnancy? Ha! That is the worst thing that can ever happen to a girl. It brings bad luck to the family. Every girl in the family will get a child while still at home.<br/> I: Is just superstition or not?<br/> R: My mother got pregnant and had a child when she was still under the care of our grandmother and all her sisters gave birth from home. It is very bad at least you would rather get pregnant then go away but not to give birth from there.<br/> <i>Female001, 15 years, urban, out-of-school</i></p> |

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