

RESEARCH TITLE: FAMILY FORMATION AMONG SOUTH AFRICAN YOUTH: THE ROLE OF HIV AND OTHER CONTEXTUAL FACTORS

Mataboge, P.¹ and Frade S,¹

Background

Family formation is a central demographic process in the family and household life-cycle (Meekers & Calves, 1997). The impact of HIV has been anticipated on union formation, union dissolution and fertility (Hosegood, 2009). However, understanding the relationship between HIV and these demographic processes has been difficult in sub-Saharan Africa, whereby fertility and marriage rates had already begun to decline before the emergence of the HIV epidemic (Locoh, 1998 as cited by Hosegood, 2009). In sub-Saharan Africa, fertility began to decline from the late 1980's (Bongaarts & Casterline, 2013), and this was accompanied by an increase in cohabitation and premarital childbearing in Southern Africa (Clark et.al., 2017).

Sub-Saharan Africa is one of the regions in the world where the HIV epidemic remains a public health issue, and the countries with the highest HIV prevalence are in this region. In Eswatini 27.20% of the population is living with HIV, 21.90% in Botswana, 25% in Lesotho and 19% of the South African population are living with HIV (UNAIDS, 2018). However in absolute numbers, South Africa has the highest HIV epidemic in the world, accounting for 7.06 million people living with HIV globally (Statistics South Africa, 2017). When narrowing down the focus to youth in South Africa, The National Strategic Plan of 2017-2022 identifies this group as being at risk of HIV transmission. In 2016, young women aged 15-24 years contributed to 37% of all new HIV infections in South Africa (SANAC, 2017). Factors that have led to increased infections among this group include; transactional sex and sexual partnerships between young girls/women and older men (Kilburn et.al., 2018; Maughan-Brown et.al., 2018), and low condom use (UNAIDS, 2016) among others. Furthermore, infected youth usually face social stigma, discrimination, isolation, depression and low self-esteem (Swendeman et.al., 2006; Eller et.al., 2014; UNAIDS, 2017), and therefore preventing them from having healthy transitions into adulthood.

In recent years, there have been advancements in HIV prevention treatment, which was seen with the introduction of the Pre-Exposure Prophylaxis (PrEP) (Bekker, Gill & Wallace, 2015). This treatment has decreased the risk of HIV transmission and, has allowed individuals to get into healthy serodiscordant relationships (Mashaphu & Burns, 2017). However, little is known about the ability of HIV positive individuals to form families' amidst these advancements in HIV prevention treatment.

Research Objective: To examine the levels and relationship between HIV status, contextual factors and family formation among youth in South Africa in 2016.

Sub-objectives

1. To describe the types and levels of family forms among youth in South Africa, by HIV status.
2. To examine the probability that women aged 15-35 will die before getting married, by HIV status.
3. To examine the relationship between HIV status, contextual factors and family formation among youth in South Africa.

Methodology

Study design

Cross-sectional study design

Data source

SADHS 2016

Study population and sample size

South African young women aged 15-35 years in 2016. The weighted sample size consists of 4 373 females aged 15-35 years, whom had tested for HIV during the survey.

Study variables

Dependent variable

Family Formation: Defined as;
Single without children (1)
Single with children (2)
Married without children (3)
Married with children (4)
Cohabiting without children (5)
Cohabiting with children (6)

Independent variable

HIV status

Individual level variable

- (1) Current age of respondent, (2) Population group, (3) Level of education, (4) Wealth index, (5) Employment status, (6) Contraceptive use and (7) Access to healthcare

Community level variables

- (1) Region of residence, (2) Place of residence (3) Community wealth index, (4) Proportion of women with secondary or higher education and (5) Access to healthcare.

Ethical issues

Secondary survey data will be employed in this study. The surveys were conducted anonymously, therefore the identity, names and other personal information of the respondents were not revealed in the datasets. For this reason, no ethical clearance will be needed to conduct this study.

Data Analysis

Examination of the data from the 2016 SADHS was addressed as follows:

- **Objective 1:** To answer objective 1, descriptive statistics will be used. This will include a table with the demographic characteristics of the sample. This will also include cross-

tabulations and graphs that will look at the percentage distributions of the outcome variable by all the independent variables

- **Objective 2:** Net nuptiality tables will be used to answer objective 2. These tables will look at the probability that females aged between 15-35 years will die before getting married.
- **Objective 3:** To answer this objective, the mixed effects multinomial regression model will be performed using the multilevel mixed-effects model which is implementable on Stata 15. This model will be performed in order to assess the relationship between HIV status, contextual factors and family formation among youth.

Limitations

This study used cross-sectional data therefore causality cannot be inferred. Furthermore, due to its quantitative nature, this study will not be able to measure subjective attitudes of youth towards family formation. Lastly, it will not be able to assess the experiences of HIV positive youth in relation to family formation.

Preliminary Results

Table 1: Percentage distribution of childbearing by HIV status

Childbearing	HIV negative	HIV positive
	n=3 524	n=849
	%	%
No children	39.65	40.85
Has children	60.35	59.14
Total	100.00	100.00

Table 2: Percentage distribution of family forms by HIV status.

Family formation	HIV negative	HIV positive
	n=3 524	n=849
	%	%
single without children	36.14	37.21
single with children	36.06	36.95
married without children	1.46	2.90
married with children	13.71	14.03
cohabiting without children	2.05	0.74
cohabiting with children	10.57	8.16
Total	100.00	100.00

Table 1 is a cross-tabulation which features the percentage distribution of childbearing by HIV status. Among the HIV negative youth, 39.65% had no children, while 60.35% had a child/children. Among the HIV positive youth, 40.85% had children, while 59.14% had a child/children.

Table 2 is a cross tabulation which features the percentage distribution of the different family forms by HIV status. When looking at family formation among HIV negative youth, 36.14% were single without children which means, most of them have not formed families yet. These were followed by those who are single with children at 36.06%. 13.71% were married with children; these were followed by those cohabiting with children, while those who were married without children had the lowest distribution, accounting for 1.46% of the HIV negative youth. When looking at HIV positive youth, 37.21% had not formed families yet. 36.95% were single with children, 14.03% were married with children, 8.16% cohabiting with children, 2.90 were married without children, and those cohabiting without children had the lowest percentage distribution at 0.74%.

From the above results there are no significant differences in the childbearing and family formation patterns of HIV negative and HIV positive youth in South Africa, however further analysis needs to be done, in order to assess whether there is an association between family formation ,HIV status, and selected contextual factors.

Moving Forward

- (1) Community level factors will be created
- (2) More descriptive statistic will be added to answer sub-objective 1
- (3) Sub-objective 2 will be answered
- (4) Sub-objective 3 will be answered in order to assess whether there is an association between family formation, HIV status, and selected contextual factors among youth in South Africa, n 2016.

Reference List

- Meekers, D., & Calvès, A.-E. (1997). 'Main 'girlfriends, girlfriends, marriage, and money: the social context of HIV risk behaviour in sub-Saharan Africa.
- Hosegood, V. (2009). The demographic impact of HIV and AIDS across the family and household life-cycle: implications for efforts to strengthen families in sub-Saharan Africa. *AIDS Care*, 21(sup1), 13–21.
- Bongaarts, J., & Casterline, J. (2013). Fertility transition: is sub-Saharan Africa different? *Population and Development Review*, 38, 153–168.
- Clark, S., Koski, A., & Smith-Greenaway, E. (2017). Recent trends in premarital fertility across sub-Saharan Africa. *Studies in Family Planning*, 48(1), 3–22.
- UNAIDS, 2018. Global HIV & AIDS statistics: 2018 fact sheet
- Bekker, L., Gill, K., & Wallace, M. (2015). Pre-exposure prophylaxis for South African adolescents: What evidence? *South African Medical Journal*, 105(11), 907–911.
- Mashaphu, S., & Burns, J. K. (2017). Couples-based interventions in the context of HIV discordance. *South African Journal of Psychiatry*, 23(1).
- South African National AIDS Council, 2017. National Strategic Plan 2017-2022
- UNAIDS, 2016. Prevention Gap Report
- Kilburn, K., Ranganathan, M., Stoner, M. C., Hughes, J. P., MacPhail, C., Agyei, Y., ... & Pettifor, A. (2018). Transactional sex and incident HIV infection in a cohort of young women from rural South Africa. *AIDS (London, England)*, 32(12), 1669.
- Maughan-Brown, B., George, G., Beckett, S., Evans, M., Lewis, L., Cawood, C., ... & Kharsany, A. B. (2018). HIV risk among adolescent girls and young women in age-disparate partnerships: evidence From KwaZulu-Natal, South Africa. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 78(2), 155-162.