

FAMILIES, YOUNG PEOPLE AND THE RISK OF SEXUALLY TRANSMITTED DISEASES

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reports on a
new joint research project.

Overseas demographic studies of sexual behaviour have noted that young people from families where parents have divorced tend to become sexually active at a younger age than those from intact two-parent families. This observation has not yet been systematically checked in Australia, and even if the same trend were found among young Australians, the reasons why family change might affect sexual behaviour are not well understood.

Age at first intercourse is linked with other behaviours all of which carry certain risks in relation to sexually transmitted diseases. A chain of events may include early sexual experience, more regular sexual partners, more likelihood of casual partners, and thus in all more opportunities for unprotected sex with the risk of disease. Youth itself is associated with less knowledge and power in relationships and thus a vulnerability to unprotected sex. Among diseases transmitted through unprotected sex is the life-threatening HIV/AIDS. If family factors are associated in a chain of events leading to the risk of acquiring diseases including HIV/AIDS, it is important to understand how the risk is conferred on young people and what can be done to reduce that risk through interventions targeted within families and at young people with different family experiences.

With the goal of identifying family factors associated with these risks, a collaborative research project is being carried out at the La Trobe Centre for the Study of Sexually Transmitted Diseases in Melbourne. This research, funded by a Commonwealth AIDS Research Grants Committee Traineeship awarded to the author, is being conducted under the supervision of Professor Doreen Rosenthal, Director of the Centre. Links between families and young people's extra-familial intimate relationships are not immediately obvious or accessible, however, and a number of alternative explanations are being explored. Certainly it is insufficient to observe an association without seeking an understanding of how families can protect their young people from the risks mentioned above.

Since one of the ways young people learn about intimate relationships is through observing family members conduct themselves in intimacy (though not necessarily explicit sexuality), and hearing talk about real and ideal relationships, it may be that what they observe in intact and changing families is different. For instance, young people from divorced homes are more likely to see parents in dating behaviour and may seek to



Picture: Andrew Chapman

emulate this at an earlier age. In other words, young people learn by watching relationship styles and attitudes and listening to parents and others close to them discuss intimacy and sexuality. Children and young people may either learn different lessons from parents in different family circumstances, or they may draw different conclusions for their own behaviour from what they observe.

Earlier sexual experience among young people from divorced homes may reflect particular needs for emotional attachment with sexual expression to complement or supplement intimacy with parents. Some touching examples of a process of substitution in extreme form are found among homeless young people whose early family attachments have been entirely severed after abuse or neglect. Among these young homeless, one hears of passionate attachments which seem to fulfil much of what families do for other young people in providing love, identity and security.

Another possible route by which risk of disease increases in young people is via the practical difficulties divorced families have in providing adequate monitoring of young people's time. Lack of appropriate supervision may create more opportunities for earlier sexual behaviour than are available to children in two-parent families. In one study, for example, hours of unmonitored time correlated with sexual experience in teenagers as well as with poorer academic achievement. It is thus possible that family type may affect the capacity of parents to monitor their children, and if that were so, then monitoring is a target to be considered in reducing risk, for example, ensuring that young people are supervised out of school hours and that someone is 'on hand'.

There are, of course, many other ways in which families can provide protection for their young people from risk of sexually transmitted diseases. For example, they can be a source of accurate information about safe sex and how to negotiate safe sex in a relationship.

As part of this research we are surveying a large group of young people in tertiary education throughout Victoria. In addition we will interview some of them with different family histories so that we can explore family relationships and how these link with the intimate relationships of the young people themselves. (The survey is complete and interviews will follow soon.) From this we hope to have more precise indications of how the compositions of families form part of a chain in which the risk of sexually transmitted diseases can be reduced.