

## Experiences of Foster Parents and Fostered Adolescent Females' Sexual Behavior in Eastern Cape, South Africa

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**ABSTRACT** The purpose of the study was to investigate the experiences of four foster parents and sexual behavior of four fostered adolescent females (aged 15-18), who were purposively sampled from the Department of Social Development, Alice, Eastern Cape, South Africa. This paper is underpinned by social exchange theory pioneered by Emmerson, which posits that adolescent females may be linked to risky sexual behavior and exchange sex for money with older men owing to poverty and poor parent-child communication. This study followed qualitative approach in collecting data by means of focus group interviews. Findings from this study indicate that foster parents are financially and emotionally abusive and contributing towards adolescent females' alcohol abuse and sexual promiscuity. The recommendations are that the government should ensure that foster parents do not to contravene the South African Children's Act 38 of 2005 section 181, which advocates for nurturance of every child living in foster care.

### INTRODUCTION

Literature documented that inadequacies in the domains of health, economy and education may have negative impact on the emotional well-being of, and deplete resiliency in adolescent females living with foster parents (Caserta et al. 2016; Cluver et al. 2012; Nabunya and Ssewamala 2014). In this regard, engagement in transactional sex by adolescent females becomes inevitable due to a range of needs from financial vulnerabilities, survival sex to material desires, counting higher social status, jewellery and/or mobile phones (Hartinger-Saunders et al. 2017; Kidman and Palermo 2016; Onyango et al. 2015; UNAIDS 2014). It is important, therefore, that the foster parents form secure attachment with such vulnerable subgroup of teens for the attainment of greater well-being because they need special attention and care, non-judgmental and accepting attitudes from foster parents as well as supportive and trusting relationships (Kim et al. 2017; Lesch et al. 2013). The importance of secure attachment for foster adolescent females is widely acknowledged (Asikhia and Mohangi 2014; Machenjedze 2014) and it contributes towards youth's self-esteem, social support and resilience against high risk behavior (Titelman 2013).

In many instances, foster parents are grandparents or unemployed aunties (biological kin) who face financial challenges to raise the fostered children because the government cancels social grants after the death of their parents and they must reapply (Phetlhu and Watson 2014). However, Phetlhu and Watson (2014) found that foster parents' lack of skill to deal with adolescents' deviant behavior which could be emanating from the influence of negative peers, contributes to their poor general health and functioning (Albertson et al. 2017; Whitbeck 2017) because when they reprimand the youth from the dangers of sexual risk behavior they pose threats to commit suicides.

Poor communication with foster adolescent females about sexuality has been found to leave many youth with impaired psychological well-being because they are unable to take initiatives to access the clinics for birth control methods (Allison 2012; Mnisi and Botha 2016; Shannon and Broussard 2011; Sherr et al. 2014) owing to cultural and religious beliefs that to talk about contraceptives with youth will encourage immorality (that is, sexual promiscuity). In contrast, positive health outcomes can occur, should foster parents engage youth in sex-education to be able to negotiate safe sex with their sexual partners when they are mentally, emotionally and

physically ready (Geiger et al. 2017). In line with the socialization perspective, foster parents may in that way directly or indirectly convey sexual attitudes and behaviors to such youth, to protect them from being targets of sexual exploitation (Fegert and Stotzel 2016).

Literature documented that some of the foster parents have limited time to monitor children's progress at school to ensure that they achieve academically (US Department of Health and Human Services 2015). Because of lower levels of academic engagement and success than those living with biological parents or supportive family members, adolescents in foster care may experience grade retention, expulsions, suspensions, and absenteeism (Cheung et al. 2011). Furthermore, when the fostered adolescent females' sleeping arrangements are left unsupervised and with the opportunity to sneak out at night to attend nightclubs (Juma et al. 2014) or the house is small and there is no privacy for the foster parents, chances to engage in risk-taking behavior are higher (Juma et al. 2012). Vis et al. (2014) noted that foster parents at times do not report sexual abuse when it occurs within the family for fear of stigmatization, and very often the adolescent females plunge into a state of hopelessness, post-traumatic stress disorder, impaired sense of the self (Comer 2013) and increased rates of alexithymia (Pecukonis 2009). Alexithymia refers to emotional dysregulation and it is characterized difficulties in controlling the cognitive, affective, physiological and interpersonal functioning as well as pessimism (Sharma 2014).

Because culturally, boys are valued over girls, Juma et al. (2014) found that in Kenya, being raised in poor households and feeling less valued due to discrimination forced adolescent females in foster care to enter into early marriage, to get cattle for dowry, resulting in school dropout, pregnancy and/or HIV/AIDS because they are obliged to replace the widow who was married. Data from a study conducted in Nigeria by Aboki et al. (2014) owing to poverty, fostered female adolescents, aged between the ages of 15 to 19 years, were reported to have engaged in sexual risk behaviours and a staggering 61.6 percent claiming to have experienced intercourse without a condom with multiple partners. Even in developed countries such as United States, Canada, France and Germany, fostered adolescent females have been reported to be sexually

active at an early age and become mothers before completion of high schools (United Nations Statistics Division 2010). It is a fact that they are at risk for sexually transmitted infections (STIs) and HIV (Tlapek et al. 2017) because of exposure to violence and substance abuse as compared to youth whose parents or caregivers meet their physiological needs as stipulated in Maslow's hierarchical theory of motivation (Swartz et al. 2011).

Although prior studies have explored the challenges of foster parents caring for AIDS orphans (Ngonyama 2013; Petlhu and Watson 2014) and sexual abuse of adolescent females in foster care (Robertson 2013; Zapata et al. 2013), none have been conducted in rural setting of the Eastern Cape in South Africa, where both the foster parents and fostered adolescent females express the reasons leading to adolescent females' sexual behavior. It is against this background this research study attempted to answer the following questions: (i) What are the challenges faced by the foster parents and foster adolescent females? (ii) Why adolescent females living with foster parents are sexually promiscuous? This paper first explored literature to shed light on causal factors leading foster parents to experience difficulties pertaining to the sexual behaviour of their fostered adolescent females and also to examine what studies have emerged to address this phenomenon. The methodology is then presented prior moving onto results and discussion and conclusion.

### **Theoretical Framework**

According to Moos and Schaefer's (1993) integrated stress and coping process model, adolescent females reared in foster care may perceive their personal and environmental circumstances as thwarted when there is inadequate emotional, psychological and financial support to redirect their resiliency effects towards setting of realistic goals especially after experiencing stigma and discrimination associated with the death of their parents due to AIDS-related illnesses.

### **METHODOLOGY**

In this study, a descriptive, an exploratory contextual qualitative research design was employed and the focus group interviews conduct-

ed to the sample consisted of 4 foster parents and 4 fostered female adolescents (aged 12 to 18 years). They were recruited from the Department of Social Development Alice, Nkonkobe Municipality after the Ethical and Research Committee from the University of Fort Hare, granted the researcher with the ethical clearance to conduct the study. The Department of Social Development was chosen as a reliable site to conduct this research because its focus is on ensuring foster children receives proper care. Participants gave their informed consent to participate voluntarily and to be tape recorded. The following principles were adhered during data collection; anonymity of participants, confidentiality, and protection from harm, as suggested by Creswell (2013). For trustworthiness or the "truth value" of the research study, four alternative constructs by Lincoln and Guba (1985) were followed, namely; credibility, transferability, dependability and confirmability to formulate the themes.

## RESULTS

### Financial Constraints

With respect to the question that determine whether or not the foster parents meet all the physiological needs of children, one of the respondents expressed that the foster care grant does not meet all the basic needs because she also relies on it since she is unemployed and her grand-daughter has a child. The extract below demonstrates the financial challenge faced by the foster parent:

*"My foster child has now a baby and the foster care grant now has to take care of them both, such that I end up taking care of my foster child and her baby, we now have an extra mouth to feed, this impacts on my financial aspects a lot"* [Female, aged 58].

On the other hand, fostered adolescent females complained of being neglected when they are supposed to be given money even to buy food at school.

*"My grandmother likes to shout a lot, more especially when I am asking her to buy me clothes and to give me money for lunch, so I ended up having a relationship with an older man, gives me everything that my grandmother doesn't"* [Aged 18].

*"My grandmother does not want to give me money for anything, even for school staff, and*

*this is stressful to me because, some of my friends make fun of me"* [Aged 17].

### Alcohol Abuse

The theme relates to adolescent females' alcohol abuse as a result of dysfunctional family. When asked to explain any support that they receive from their foster parents, their responses confirmed that owing to the frustrations and treatment they experience, they end up drinking alcohol as a form of coping against stress.

*"I end up drinking alcohol with my friends so as to cool down my nerves, because of the treatment I get from my foster parent and her son"* [Aged 15].

*"When my foster parents are under the influence of alcohol, they fight in front of us, in fact, the father beats my mother"* [Aged 16].

On the other hand, foster parents emphasized that the development of alcohol abuse in their daughters resulted in teenage motherhood because they started by leaving home late at night under the pretense of attending rehearsal at church or pre-funeral services. For example;

*"This child started to drink alcohol, come very late at home, showing disobedient behavior and then she was pregnant, and did not know the father of her baby"* [Female, Aged 64].

### Sexual Abuse

One of the respondents reported that sexual abuse is common when living with foster parents when you are not their biological daughter.

*"My aunt's boyfriend (whom I regard as my foster father) usually comes to my room and touches me at night, but when I report this to my foster mother, she does not believe me and tells me not to tell anyone about the matter"* [Aged 17].

### Discrimination

Female adolescents living in foster care are very often subject to abuse by extended family members, as well as other people in the community. One foster parent expressed that at times it is the community that leads their children to risk-taking behavior because of discrimination. She expressed herself as follows:

*"My child came home crying the other day saying that the neighbors are saying that, she*

*is not my child and that my child does not have parents, also that she is getting money from the government why does her hair look so untidy”* [Female, Aged 47].

### **Financial Support from Sexual Partners**

Respondents highlighted that their sexual partners help them financially and if it had not been for them, they would have dropped school since their foster parents ill-treat them.

*“Ever since I reported to my aunt that her boyfriend is making sexual advances on me, she stopped buying things for me and giving me money. My boyfriends are the one who buy me clothes and ensure that I have lunch at school”* [Aged 17].

*“Treatment with me is not the same as their children. They do not do any chores in the house, I am the only one who get to do the chores every day. So, during the school holidays I lie to them and ask to visit my other aunt in another village in order to be with my boyfriend who gives me money”* [Aged 16].

### **Early Marriage Wishes**

Owing to discrimination, emotional abuse and financial difficulties the foster adolescent females encounter, they wished if they could be or have been married in order to be taken care of. Two of the respondents, aged 16 and 18 stated the following, respectively;

*“I wish I could be pregnant so that my boyfriend could marry me and by that I shall have saved myself from the emotional abuse I get from my aunt, her boyfriend and children.”*

*“Because I am always reminded that I have brought an illegitimate child while I am also a burden, I wish I could get a man irrespective of his marital status to marry me and love my child.”*

## **DISCUSSION**

Results indicated that the foster parents’ favoritism towards the children under their care is left unchecked and that could have long lasting detrimental effects on those children’s psychological well-being. In this regard, adolescent females experienced weakened self-esteem or a chronic need to feel special (Bluethmann 2015) hence, they were involved in risky sexual be-

havior such as alcohol, early sexual debut, transactional sex and/or teenage pregnancy to mask their emotional inadequacies. Their stress- level is likely to prevail due to family feuds owing to poor problem-solving skills, poor communication and lack of affective responsiveness as advocated by McMaster Model of Family Functioning (Epstein et al. 1983). Perhaps due to poverty or avoiding physical assaults and/or imprisonment of the breadwinner for child abuse, foster parents did not report sexual abuse or incest to the police. This finding corresponds with the study by Vis et al. (2014) where foster parents underreported sexual harassment to avoid stigmatization of the family. In South Africa, the threats, force or intimidation to make sexual advances to a minor (a person below age 18) is regarded as a criminal offence and violation of human rights. From legal point of view, the social workers must intervene because the foster parents contravened the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, which is against compelling a minor to witness pornography or to be involved in physical contact with another person performing oral sex or in sexual act which entails masturbation, vaginal or anal penetration (South Africa 2014). Such adolescent females are prone to feel depressed, experience insomnia (lack of sleep), suicidal ideation and likely to be promiscuous. The Children’s Act 38 of 2005 section 181 also states that the purpose of foster care is to protect and nurture children by providing a safe, healthy environment with positive support (South Africa 2014). However, the foster parents in this study seemed to be lacking in monitoring the whereabouts of the adolescent females because they do not make follow-up to ascertain whether these girls reach home safely when they have asked to visit their relatives.

It is evident that when the family environment is characterized by violence and poor socio-economic status, there is a likelihood that children reared in such settings may be deviant and lack in internalization according to Sigmund Freud’s psychoanalytic theory and Bowlby’s attachment theory (Bernstein 2016; Swartz et al. 2011). According to Milazzo (2014), adolescent females seemed not to know that to get married prematurely could be linked to sexual abuse and exploitation, especially in societies which embrace cultural practices such as polygamy and wife-replacement. It is a fact that teenage preg-

nancy disrupts education and increases future unemployment, sexual transmitted infections, HIV/AIDS and poor mental health (Cyr et al. 2010; Van der Walt 2013). Notably, Kheswa and Pitso (2014) found that majority of black teenage mothers in South Africa lack skills in turning personal mistakes into a life learned experience which might delay the prognosis of intergenerational vicious-cycle of teenage motherhood. Furthermore, because the adolescent females neglect their babies and go out to the pubs and come home drunk, Pastarino and Doyle-Portillo (2011) found that their offspring are more susceptible to mental retardation and suffer conditions such as cerebral epilepsy, poor eye-hand coordination, deafness and autism due to contaminated milk which lacks nutrients that they breastfeed them.

### CONCLUSION

This study examined potential challenges contributing to fostered adolescent females' risky sexual behavior due to their foster parents' lack of parenting skills. From the empirical findings, neglect by foster parents contributes towards adolescent females experience weakened self-esteem. To mask their emotional inadequacies, they resort to alcohol abuse and multiple sexual partners. From the findings, it is clear that there are foster parents, who regard fostered adolescent females as their biological children despite experiences challenges in upbringing the fostered youth owing to negative influence from the neighbors. On the other hand, when the adolescent females do not get emotional support from the foster parents, they develop unhealthy values and permissive attitudes towards sex and wish if they could be married so that they may be protected from child labor and discrimination.

### RECOMMENDATIONS

To curb the unwanted pregnancy, early sexual debut and alcohol abuse among fostered adolescent females, this study recommends secure attachment be harnessed by foster parents and empower adolescent females with skills necessary for optimal psychological well-being as opposed to contravening the Acts which protect fostered children. Also, since there is no effective model to address the escalating exploitation of fostered adolescent females by their

families, there should be collaboration amongst different stakeholders (that is, Departments of Social Development, Health and Education) to ensure that the adolescent females who experienced any form of abuse are placed in shelters with professional caretakers for enhancing their psychosocial well-being.

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