

An Assessment of Parents-Adolescents Communication on Sexual and Reproductive Health Matters between Evelyn Hone College Lecturers and their Adolescent Children, Lusaka, Zambia

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Abstract: Background: One of the neglected issues in our society today, is effective communication between parents and adolescents on matters of Sex and Reproductive Health. This problem has saliently exposed the adolescents to the risk of contracting Sexually Transmitted Infections (STIs) and teenage pregnancies as well as engaging in drug and substance abuse. As such, this study aimed at assessing the extent of parent-adolescents communication on Sexual and Reproductive Health (SRH) matters among the Lecturers at Evelyn Hone College and their children. Methods: A cross-sectional descriptive survey study design was used in which 85 respondents were conveniently recruited into the study. Data collection was through pre-tested semi structured questionnaires. Analysis of data was done using SPSS version 18 and graphs were generated using Microsoft Excel. Results: The study revealed that parents were not very much willing to offer SRH education to their adolescent children. They preferred having their children being taught SRH education by non-family members rather than themselves. Additionally, it was further shown that parents were initiators of SRH discussions in a home and not children. Further, it was also revealed that adolescents who had ever received SRH education from their parents were less likely to be promiscuous as compared to those who lacked such education. It was however noted that most female lecturers spent much of their time educating their children in SRH than their male counterparts. Conclusion: The findings suggested that parenthood and gender play key roles in the communication of SRH matters between parents and adolescent children. As it was seen that female Lecturers spent much time communicating with their adolescent children on SRH issues than the male Lecturers. However, there is need to create avenues other than a home where adolescents will be able to openly discuss and share experiences about SRH especially with the guidance of a parent.

Keywords: Parents, Adolescents, Communication, Sexual and Reproductive Health.

1. Introduction

While parent-adolescent Sexual and Reproductive Health (SRH) communication is one potential source of SRH information for adolescents [1], it appears to be inadequately practiced in Zambia. This inadequacy in preparing young people for safe sexual life and good reproductive health, is part of the blame for the lack of skills on sexual decision making among adolescents. Adolescence is one of life's fascinating and perhaps most complex stages, a time when young people take on new responsibilities and experiment with independence [2]. They search for identity, learn to apply values acquired in early childhood and develop skills that will help them become caring and responsible adults [3]. For the adolescents to make better decisions later in life they need to receive adequate information mainly from the parents. Failure of effective Parents-adolescents' communication on Sexual and Reproductive Health can be closely linked to many social and economic challenges such as teenage unplanned pregnancies, an increase in maternal mortality and infant mortality rates, increase in school drop-out rate and increase the HIV/AIDS prevalence rates [2,4].

In Zambia, by the year 2014, 42% and 47% of women and men aged between 15 to 24 years had comprehensive knowledge of HIV/ AIDS. Despite, this fact, less than 20% of young women and men of ages ranging from 15-24 years had their first sexual intercourse before the age of 15. More than half of women and half of men from 18-24 years have had sex before 18 years old. This increase in early sexual engagement can be contributed to lack of parent-adolescent's communication on Sexual and Reproductive Health matters. Additionally, this increase can be considered to have contributed to high levels of teenage and unwanted pregnancies. These state of events can be prevented if communication on matters concerning Sex and Reproductive Health are prioritized between parents and their children [5].

Melgosa (2007) in his book "Developing a Healthy Mind", explained that adolescence is one of life's fascinating and perhaps most complex stage, a time when young people take on new responsibilities and experiment with independence [5].

They search for identity, learn to apply values acquired in early childhood and develop skills that will help them become caring and responsible adults. However, these skills can only be developed if a healthy environment is created when the adolescents and their parents can discuss these issues freely [6,7]. The only way by which these skills can be developed through effective and consistent communication between parents and their adolescent children.

The issue of Sexual and Reproductive Health (SRH) education and communication has been single out to be one of the health package components that has been neglected for so long. This came to light in 2006 during the Southern Africa Development Community (SADC) Summit on Sexual and Reproductive Health in 2010 when member states Health Ministers met in Maputo, Mozambique. During this event they came up with the SADC SRH business plan whose aim was to 'Accelerate the attainment of healthy sexual and reproductive life for all SADC Citizens [8].

In line with the above mentioned negative effects of poor parent-adolescent communication on SRH, this study aimed at assessing the extent to which Evelyn Hone College Lecturers in Lusaka, Zambia communicate with their adolescent children about SRH matters.

2. Methods

A Cross-sectional descriptive design was used in the study. The study was conducted at Evelyn Hone College in Lusaka District of Zambia.

The study population was composed of full time Lecturers who had children with ages ranging from 12 to 24 years old. 85 Lecturers were conveniently sampled from a pool of 129 Lecturers. Only lecturers who had, and were staying with their biological adolescent children with ages ranging from 12 to 24 years were include in the study. Lecturers who were excluded from the study were those with children below 12 years and above 24 years as well as those who were not staying with their adolescent children.

Data collection tools that were used were anonymous, structured and self-administered questionnaires. As soon as a questionnaire was collected, accuracy checks were done and then the responses for each question were entered in an excel spread sheet. Data from the Excel spread sheet were then transferred to SPSS Version 18 which was used for data analysis. To ensure reliability of the responses, some questions in the questionnaire were followed with questions whose answers depended on the responses of the previous questions.

Clearance to interview the lecturers was obtained from The Evelyn Hone College Management Board which gave a permission to interview its lecturers. Total confidentiality was affirmed to all the participants and they were informed that the study would not expose them to harm or injury and that their participation was voluntarily with a leeway to stop filling in the questionnaire at any time.

3. Results

Eighty-five questionnaires were administered and all of them were filled in by the respondents representing a 100% response rate.

3.1. Socio-demographic Profiles of the Respondents

The majority (60%) of the respondents were males. The oldest respondent was born in 1950 while the youngest in 1963. The modal year of birth was 1977. All the respondents had the same occupation as Lecturers and all had biological adolescent children at their homes (Table 1).

Table 1.
Socio-demographic background of the respondents.

Respondents' personal data	Male lecturers (%)	Female lecturers (%)
Gender	50	35
Marital Status	(%)	(%)
Married	40	28
Divorced	5	2
Widowed	5	5
Religion	(%)	(%)
Catholic	10	15
Protestant	0	15
Pentecostal	30	5
other	10	15

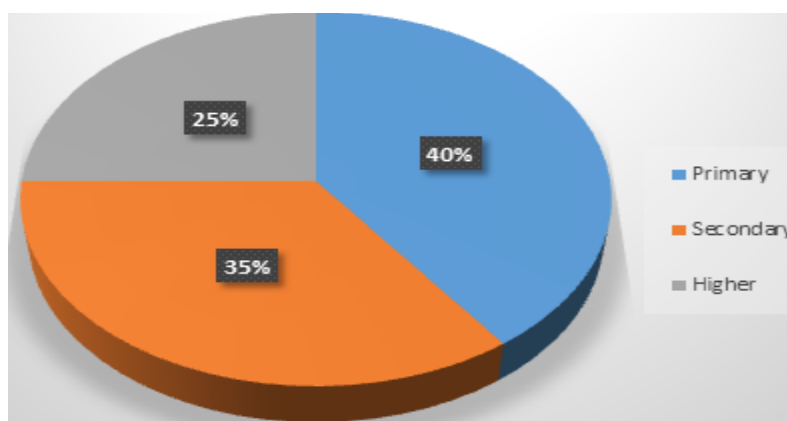


Figure 1.
Highest level of education of youngest adolescents.

The majority (75%) of the respondents' adolescent children had attained a primary education with the least (25%) still pursuing college and university education (**Figure 1**).

3.2. Communication between Parents and Children on SRH Matters

All (100%) the respondents in the study were of the opinion that SRH education is very important. Despite giving this opinion, some (10%) of the adolescents did not receive SRH education from their parents. Additionally, about 10% of the parents who offered SRH education to their adolescents were not satisfied with quality of SRH education which they were offering. The study further revealed that the more than half (60%) of the adolescents received SRH education from their female parents and relatives. The medium that was highly used in offering this education was one-to-one discussion (45%) and the least (5%) used medium was offering the adolescent a book to read (**Table 2**).

Table 2.

Parent-Child sex education.

Question asked to parents on sex education	Parents responses	
	Yes (%)	No (%)
Sex education necessary for young people	100	0
Child had sex education	90	10
Satisfied with the sex education	85	10
Educator of the child	(%)	
Mother	30	
Father	25	
Uncle	5	
Grand Mother	30	
Grand Father	10	
Method of communication	Representation from the responses (%)	
One to one discussion	45	
Offered him/her book to read	5	
Discussion after a TV programme	10	
When helping with a homework on HIV/AIDS	40	

3.3. Drivers of SRH Discussions between Parents and Children

The study revealed that the main (80%) initiators of SRH discussions were parents. In rare cases adolescents were initiators of the discussions too. The majority (60%) of the respondents revealed that they talked to their adolescents about SRH with the main purpose of offering them routine parental guidance. Only about 10% of the respondents pointed out that what triggered them to offer SRH education to their children was because of some sort of undesirable behaviour which they started noticing developing in their adolescent children. Topics such as puberty and HIV/AIDS equally contributed to the triggering of the discussions (**Table 3**).

3.4. Parents' Need for External Help to Educate their Adolescent About SRH

Most (90) of the respondents indicated that they needed someone who was not a member of their families to educate their adolescents. Among reasons which they cited for favouring this, were that an external educator created a favourable environment for offering SRH education because each one is free to discussing on any topic such as sexual intercourse. More

than three quarters (75%) of the respondents were indicated that they could prefer referring their children for training of SRH to their close and trusted friends. Additionally, about 85% of them signalled that they would be more comfortable with their adolescents joining groups or clubs that encourages open discussion on SRH behaviours.

Table 3.
SRH discussion between parents and children.

Initiator of the discussion	Respondents' response (%)
Parent	80
Child	15
Don't Know	5
Trigger of the discussion	(%)
Puberty	15
Parental guidance	60
HIV/AIDS	15
Undesirable Sexual Behaviour	10
Need for External Help on Discussing SRH	Responses Yes (%)
Extra Help to Discuss SRH Matters with the child	90
Encourage a friend to discuss SRH Issues with their children	75
Aware of groups advocating open discussion of SRH	70
Involved in a group that encourage open discussion on SRH behaviours	85

3.5. Opinions on SRH Education and Communication between parents and Adolescents

When respondents were asked about their opinion SRH education and communication with their adolescents, all (100%) the respondents were of the opinion that discussion on SRH issues protected young people from contracting and spreading STIs and HIV/AIDS. However, among them, about three quarters (70%) disputed that SRH discussions between parents and adolescents were likely to promote promiscuity among them. Additionally, they were of further opinions that it was false to justify that young people were unlikely to cooperate with parental advice on SRH (Table 4).

4. Discussion

The study assessed the level of Parents-Adolescents Communication on Sexual and Reproductive Health Matters between Evelyn Hone College Lecturers and their Adolescent Children, Lusaka, Zambia.

4.1. Sociodemographic Characteristics of Respondents

In this study, all the respondents were lecturers. This implies that all the respondents were educated up to the tertiary level of education. Additionally, they were all in full time employment. As a result of this, the study did not consider the influence of employment and education levels on parents-adolescents' communication on Sexual and Reproductive Health matters.

Table 4.
Lecturer's Opinion on SRH education between parents and adolescents.

True or false questions asked to participants	TRUE (%)	FALSE (%)
Conversation on SRH practices help to promote education of children	85	15
Discussions on SRH issues help to avoid embracement from teenage pregnancies	85	15
Discussions on SRH help to protect young people from STIs/HIV/AIDS	100	0
Discussion on SRH could save young people from death complications of teenage pregnancies	90	10
Discussion Sexual Health could help avoid children from teenage pregnancies	90	10
SRH discussion will promote promiscuity among young people	30	70
Young people are unlikely to cooperate with SRH parental advice	30	70
Discuss of SRH issues with Children will cause conflict with extended family members.	10	90

Unlike the findings of the study by Yadeta and his colleague, on factors affecting parent-adolescent discussion on reproductive health issues in Harar, Eastern Ethiopia, where it was revealed that parents who were in full time employment were less likely to educate their adolescents on SRH matter than those who were not in employment [8,9]. In this study, the findings were otherwise. This study revealed that employment status of parents had less impact on SRH education between parents and their adolescents. What affected the level of communication between parents and adolescents was the gender of the parent regardless of the gender of the adolescent as it was observed that the majority (60%) of the female parents found time to have discussions with their adolescents.

Additionally, it was further noted that parents who belonged to Pentecostal (35%) denominations were too open to discuss with their adolescents on SRH matters as compared to those who belong to Catholic (25%) [10]. These findings were in

agreement with the findings of the study that was done on SRH communication between mothers and their adolescent daughters in Northern Nigeria, where it was as well noted that above 85% of Pentecostal parents were willing to discuss SRH issues with their adolescent daughters. This can in no doubt make one conclude that religion has influence on openness during discussions between parents and adolescents.

Additionally, this study further showed that parents reduce the level of communication on SRH issues when children progress in their academic ladder. This is true as it was seen that 40% of the respondents discussed SRH issues with adolescents in primary school, 35% with adolescents in Secondary school and only 25% of the respondents with their adolescents in tertiary institutions of learning. These findings were centrally to those of the study done by Motsomi and his colleagues where it was revealed that in Zandspruit informal settlement in Johannesburg, South Africa, Parents were more willing to discuss SRH issues with adolescents in Tertiary learning institutions [11]. There are many reasons linked to this disparity. One of the reasons is that in Zambia culture plays a role in that parents take it that children in Tertiary institutions will learn more on SRH from their teachers and friends. As such they mostly pay attention in educating primary school going adolescents while their counterparts in South African take it that when children grow up, SRH education has more meaning to them as they are at the level of making independent decisions.

4.2. Communication between Parents and Children on SRH Matters

All the parents in this study were in agreement of the fact that it is important to educate adolescents about SRH. However, SRH education was mostly offered by female parents (60%) than male parents (40%). Soon and others in their study stated that the reason for such a disparity of having more female parents playing a role as Sexual and Relationship Educators than their male counterparts was attributed to the fact that in most of the African Societies most males are engaged in looking for food for their families while women remain home with their children [12]. This gives women an advantage of providing sexual education to children by virtue of spending more time with them at home.

This study further revealed that even when women were in full time employment, they remained more dedicated to educate their children in SRH issues. This means that children who spend more time with their male relatives are more likely to remain less educated in SRH education. Even, Wamoyi and her colleagues made similar conclusions on this issue in their study in titled 'Parent-Child Sexual and Reproductive Health Communication in Rural Tanzania' where they discovered that male adolescents knew less about SRH [13].

During discussions, topics which most (70%) parents discussed with their children were HIV/AIDS, STIs, Voluntary Counselling and Testing, and abstinence. On the contrarily, most parents never discussed topics on condom use and family planning. This lack of balancing the topics of discussion by the parents to their children was not a good signal. For instance, lack of lessons on family planning could increase the risk of contracting HIV/AIDS, STIs and unwanted pregnancies. So is the lack of lessons on condom use too [7].

The method which majority of the lecturers surveyed, used to communicate SRH issues with their children was through a one-to-one discussion and through helping their children with Home Work and Assignments on HIV/AIDS topics. Very few gave their children books which talk about SRH education. This means that teachers and lecturers contribute to the provision of SRH to the adolescents and the role they play in this exercise should be appreciated [8]. However, the reading culture is also bad in that only 5% of the parents gave their children to read about SRH

4.3. Drivers of SRH Discussions between Parents and Children

This study revealed that discussions involving SRH were mostly initiated by parents than the adolescents. This was because 80% of the respondents were responsible for initiating such discussions. Among these (80%) respondents, 60% of them indicated that they did that because it was a form of parental guidance as it was a way of instilling good manners and discipline in their children. This notion is however disputed by the findings of Hall, *et al* (2012) who stated that most parents only realise the importance of SRH discussions when they notice undesirable Sexual Behaviour being portrayed by their children. However, in this study, this factor was the least of the major initiators of SRH discussions because only 15% of the parents affirmed to this as the cause for the initiation of the discussions [14].

4.4. Parents' Need for External Help to Educate their Adolescent About SRH

Most of the participants indicated the need of having other people helping them to discuss SRH matters with their children. This could have been due to cultural traditions which makes them hide some of the details of the sexual education lessons. The reason for soliciting for external help could be that communicators not related to the adolescents were usually more open to the adolescents unlike the parents. This was somehow in line with what findings in the study on Parent-child communication about sexual and reproductive health conducted in the Brong Ahafo region in Ghana where it was revealed that parents favoured hiring someone unrelated to their child to offer SRH lessons on marriage, sexual tactics and other relationship details [15].

4.5. Lecturers Opinions on SRH Education and Communication between Parents and Adolescents

When the respondents were inquired of their opinions on SRH communication, most of the respondents were in disagreement that with the opinion that SRH discussions promoted promiscuity among young people. Additionally, nearly all (90%) of the respondents disagree to the opinion that young people were unlikely to cooperate with SRH parental advice and that discussions of SRH issues with adolescents were likely to caused conflicts with extended family members.

However, Bushaija *et al* (2013), discovered that many Foreigners in refugee camps especially with Democratic Republic of Congo's descent often had conflict with relatives who discuss SRH issues with their children [16,17]. They have thought such discussions promoted promiscuity among adolescents because they develop curiosity to attempt what they have been taught so that they prove on their own [18]. This strongly contradicts with the findings of this study just as explained above.

5. Conclusions

The study revealed that parenthood and gender play key roles in the communication of SRH matters between parents and adolescent children. As it was seen that female Lecturers spent much time communicating with their adolescent children on SRH issues than the male Lecturers. It was further found that parents are not too comfortable to communicate SRH topics with their biological adolescent children and as such preferred their colleagues to talk to their children. Furthermore, it can be concluded that all respondents were of the opinion that SRH education reduces promiscuity among the adolescents. However, there is need to create avenues other than a home where adolescents will be able to openly discuss and share experiences about SRH especially with the guidance of a parent.

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