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PARENT ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH AMONG SECONDARY SCHOOL STUDENTS IN SIRISIA SUB-COUNTY, KENYA

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ABSTRACT

A cross sectional study was conducted to evaluate parent- adolescent communication on sexual and reproductive health among secondary school students in Sirisia Sub-County, Bungoma County, Kenya. Specifically the study was to determine the level of knowledge of parents and adolescents towards sexual and reproductive health, determine the sources of information for adolescent communication on sexual and reproductive health and identify the factors affecting parent-adolescent communication. The study population was made up of 697 secondary school students, 29 teachers and 48 parents. Data was collected using structured questionnaire, Key informant interview guide and focused group discussion. The findings indicated that parent-adolescent communication on sexual and reproductive health in Sirisia Sub County was influenced by Level of education of parents. Those whose fathers had no education or had attained primary education were 2.5 less likely to be knowledgeable than those whose parents had secondary or tertiary education (OR: 0.4; 95% CI: 0.3 – 0.6; p < 0.0001), the main source of adolescent SRH information was from peers (OR: 6.6; 95% CI: 3.1 – 13.9; p <0.0001) and cultural norms (OR: 0.2; 95% CI: 0.01 – 0.82; p =0.009). Fear of discussion (OR: 0.2; 95% CI: 0.1 – 08; p =0.01) was one of the major factors that affected communication. The study recommended the need for deliberate by parents and adolescents to bridge the cultural and generational communication barriers as identified in the study. There should also be proper and flexible channels of communication between parents and adolescents that guarantees the credibility of information shared.

KEYWORDS: Reproductive health, sexuality, Sexually Transmitted Diseases, Adolescent parent communication.

INTRODUCTION

Background of the Study

There are more than one billion Adolescents worldwide. Of these more than three quarters, are found in developing countries where they frequently engage in risky sexual behavior, which result in unprotected sex, unwanted pregnancy, sexually transmitted infections including HIV and AIDS, unsafe abortions and other reproductive health problems that are the greatest risk to their well-being (Ayalew, *et al.*, 2014; Gebreysus, & Fantahun, M.(2010):)[1,2]. A number of studies have shown that increased parent-child communication leads to a raised awareness and reduction in risky taking behaviors (Yadeta, *et al.*, 2010).[3] Moreover, most information that the adolescents have, comes from peers of the same sex who may themselves lack adequate information or are incorrectly informed, mass media and sexual education from school (Shiferaw, *et al.*, 2014).[4]

Several studies done on Parent-adolescent communication on SRH in Accra, Ghana, Tanzania and Ethiopia suggest that adolescents have limited knowledge about sexual and reproductive health which may have grave consequences in their future life (Schuster *et al.*, 2008; Yadeta *et al.*, 2015)[5,12]. Hence investing in the health of young people is essential for the economic and social development of any nation (Schuster, *et al.*, 2008)[5]. Moreover, Parents as agents of socialization are in a position to help socialize the adolescents into healthy sexual adults by providing accurate information about sexuality and reproductive health. (Guilamo-Ramos *et al.*, 2012)[6]. However most parents do not feel comfortable to talk with their adolescents about sexual and reproductive health issues and they tend to limit the conversation to safe topics or warnings when a problem has happened (Ayalew *et al.*, 2014)[1]. This study was carried out to determine the level of communication between parents and their adolescent children and the barriers that hinder this communication.

MATERIALS AND METHODS

Study area and population

The study was conducted in Sirisia sub-county; one of the nine sub- counties in Bungoma County, Western

Kenya. This was a cross sectional that sought to establish whether there exists communication on sexual and reproductive health issues between parents and among adolescents in secondary School in the Sub- County. The study population consisted of secondary school students and parents in Sirisia sub-county.

Data Collection.

Data was collected using questionnaires, key informant interviews and focus group discussions. The questionnaire sought information on the social-demographic characteristics and sexual behaviour of students. The questions included in the questionnaire were adapted from Global school-based student Health survey (GSHS), Core Expanded Questions for the module on sexual behaviours (World Health Organization, 2010)[7]. Questions for focused group discussion for parents were adopted from similar previous studies done in Uganda to assess perceptions of parent and students to communication between Parents and adolescents on SRH issues and then modified. The FGD was to try to explore parent and student perceptions on adolescent communication on sexual and reproductive issues

Ethical Clearance

Scientific and ethical approvals were obtained from Masinde Muliro University Ethical Review Committee. Permission was sought from Bungoma County Commissioner and Bungoma County Director of Education and sub-county education officer of Sirisia and Secondary school administration.

Consent and Confidentiality

Informed consent was obtained from the participants before administration of the questionnaire.. Participation was voluntary and participants were assured of their right to withdraw at any point without any negative consequences. The study didn't infringe on the privacy of the participants.

RESULTS AND DISCUSSION

Perceived Knowledge about Components of Sexual and Reproductive Health (SRH)

Knowledge on sexual and reproductive health (SRH) was subjectively tested by asking adolescents about their perceived level of knowledge on specific components of SRH. A comparison between males and females was done. Evidently perceived knowledge level was high among males and females on the following components: FP methods, STI/HIV&AIDS, unwanted pregnancy, menstruation, early marriage, physical change and sexual violence. Over 90% in each gender category confirmed that they were knowledgeable. (Table I)

Table I: Perceived Knowledge about Components of Sexual and Reproductive Health (SRH)

Components of SRH	Level of knowledge	Male N=335		Female N=265	
		n	%	n	%
FP methods	Knowledgeable	327	97.6	257	97.0
	Not knowledgeable	8	2.4	8	3.0
STI/HIV&AIDS	Knowledgeable	318	94.9	254	95.8
	Not knowledgeable	17	5.1	11	4.2
Unwanted pregnancy	Knowledgeable	332	99.1	262	98.9
	Not knowledgeable	3	0.9	3	1.1
Menstruation	Knowledgeable	329	98.2	262	98.9
	Not knowledgeable	6	1.8	3	1.1
Sexual violence	Knowledgeable	313	93.4	258	97.4
	Not knowledgeable	22	6.6	7	2.6

Sources of Parent-adolescent Communication

The most common sources of parent-adolescent communication on SRH were peers and friends (males was 93.7% and 95.1% for females). This was followed by self-decision as expressed by 93.1% of males and 94% females. There was limited communication among male (16.7%) and female adolescents (5.5%) and their parents. Such communication was also low between the male adolescents (19.7%), females (18.9%) and teachers. Among family members, siblings were more important sources of SRH communication (92.4%) for females than males (80.9%).however the difference was not significant. (Table II)

Table II: Sources of Parent-adolescent Communication.

Sources of communication	Level of knowledge	Male (N=335)		Female(N=265)	
		n	%	n	%
VCT	Agree	152	45.4	124	46.8
	Disagree	183	54.6	141	53.2
Self-decision	Agree	312	93.1	249	94.0
	Disagree	23	6.9	16	6.0
Peers and friends	Agree	314	93.7	252	95.1
	Disagree	21	6.3	13	4.9
Siblings	Agree	271	80.9	245	92.4
	Disagree	64	19.1	20	7.6
Parents	Agree	56	16.7	15	5.7
	Disagree	279	83.3	250	94.3
Teachers	Agree	66	19.7	50	18.9
	Disagree	269	80.3	215	81.1

Factors Affecting parent-adolescent Communication

Responses to the question on factors affecting parent-adolescent communication on SRH issues were explored using Likert Scale responses of strongly agree, agree, neutral, disagree and strongly disagree. The leading factors among males were cultural norms (95.5%) and fear of discussing such issues (93.1%). The same was mentioned by female counterparts, majority of whom mentioned cultural norms (96.2%) and fear of discussing the matter (95.1%). Whereas more females (94%) cited belief that it would initiate sex, a comparatively smaller proportion of males (82.7%) shared the same view. Parents' case was cited as being too busy by 88.7% of the male and 92.4% of female adolescents. (Table III)

Table III: Factors Affecting Parent-adolescent Communication.

Components of SRH	Level of knowledge	Male (N=335)		Female (N=265)	
		n	%	n	%
Parents not aware	Agree	267	79.7	219	82.6
	Disagree	68	20.3	46	17.4
Fear of discussing	Agree	312	93.1	252	95.1
	Disagree	23	6.9	13	4.9
Cultural norms	Agree	320	95.5	255	96.2
	Disagree	15	4.5	10	3.8
Religious beliefs	Agree	294	87.8	237	89.4
	Disagree	41	12.2	28	10.6
Belief that it would initiate sex	Agree	277	82.7	249	94.0
	Disagree	58	17.3	16	6.0
Parents too busy	Agree	297	88.7	245	92.4
	Disagree	38	11.3	20	7.6

Socio-demographic Factors Associated with Perceived Knowledge on Sexual and Reproductive Health among Adolescents

There was a statistically significant association between males and females and level of knowledge with males being 1.7 times likely to be knowledgeable (OR: 0.6; 95% CI: 0.4 – 0.9; p=0.02). Another factor of significant association was ethnic group. Adolescents from *Teso* ethnic group were twice less likely to be knowledgeable compared with the other ethnic groups (OR: 0.5; 95% CI: 0.3 – 0.8; p=0.003). Parents' level of education also influenced adolescent's perceived knowledge level. Those whose parents had no education or had attained primary education were 2.5 less likely to be knowledgeable than those whose parents had secondary or tertiary education (OR: 0.4; 95% CI: 0.3 – 0.6; p < 0.0001). Living with both parents compared with the rest of the living arrangements resulted in marginal association (OR: 1.5; 95% CI: 1.0 – 2.2; p=0.06) suggesting that those living with both parents were one-and-a half more likely state that they were more knowledgeable than their counterparts. (Table IV)

Table IV: Socio-demographic Factors Associated with Perceived Knowledge on Sexual and Reproductive Health among Adolescents.

Risk factor	Perceived Knowledge about SRH		Overall OR	95% CI	*P* value
	Knowledgeable N=441	Not knowledgeable N=159			
Age group:					
>= 18 years	65.5	34.5	0.5	0.4 – 0.8	**0.002**
< 18 years	77.6	22.4			
Gender:					
Male	69.6	30.4	0.6	0.4 – 0.9	**0.02**
Female	78.5	21.5			
Religion:					
Christian	72.4	27.6	0.8	0.5 – 1.2	0.3
Muslim and others	76.7	23.3			
Ethnicity:					
Teso	60.6	39.4	0.5	0.3 – 0.8	**0.003**
Sabaot	72.6	27.4	0.9	0.6 – 1.5	0.8
Bukusu	74.4	25.6	1.1	0.8 – 1.6	0.6
Residence:					
Rural	64.2	35.8	0.5	0.3 – 0.7	**0.0005**
Urban	77.7	22.3			
Living arrangement:					
Lives with both parents	75.6	24.4	1.5	1.0 – 2.2	**0.06**
Others	67.7	32.7			
Parents' education level:					
None/primary	62.9	37.1	0.4	0.3 – 0.6	< **0.0001**
Secondary/tertiary	80.4	19.6			
parents' occupation:					
Unemployed	69.5	30.5	0.7	0.5 – 1.1	0.1
Employed	75.6	24.4			

DISCUSSION

With respect to knowledge of parents and adolescents towards sexual and reproductive health is that there were disparities in knowledge between the genders. For instance, males (42.7%) were more knowledgeable about condoms as opposed to females (27.2%) and abstinence (27.9%). The two categories of gender were equally not knowledgeable about IUCD with only 0.6% males and 1.1% of females mentioning this. This is contrary to the study done in Eastern Ethiopia by Ayalew et al., (2014)[1] which established that eight out of ten students knew contraceptive methods to prevent unwanted pregnancy. Regarding knowledge of sexually transmitted infection it was evident that majority of the respondents (53.1% of male and 61.9% of female) were aware of HIV and AIDS while female were less aware of syphilis (8.3%) and Candidiasis (1.9%). These findings are comparable to those of a similar study done by Melaku et al., (2014)[8] among high school students in Northern Ethiopia.

With regard to the sources of parent-adolescent communication on SRH, peers and friends were found to be the main source of information. It is significant to note that, the reliability of information greatly depends on the sources of such information, and in the event that the peers, friends and self-decision predominate such information sources, their reliability comes into question. This can be compounded by the fact that, there is limited communication among male (16.7%) and female adolescents (5.5%) and between the male adolescents (19.7%), females (18.9%) and their teachers. Even among family members, siblings were more important sources of SRH communication (92.4%) for females than males (80.9%). One of the more disturbing findings was that the adolescents interviewed were mostly more comfortable discussing SRH matters with their friends as mentioned by males (45.4%) and females (46.8%), followed by peers of the same sex for males (39.7%) and for females (25.3%).

95% of males and 93.1% of females felt that cultural norms tend to impede their communication. Similar findings were obtained by Mbugua N (2014)[7] and Mureku (2003)[10] in studies on factors inhibiting communication between family members. One explanation for this phenomenon could be that adolescents are inhibited from communication by their beliefs, which is similar to systematic review of studies from Sub- Saharan Africa on parent- child communication, an in-depth interview with parents which revealed that parent-child discussions about sexuality are not common in rural Nigeria where it remains a taboo to do so (Bastein *et al.*, 2011)[13] and in Uganda (Muhwezi, *et al.*, 2015)[9]

CONCLUSION

One conclusion that can easily be drawn from these findings is that parent-adolescent communication on SRH is still deeply influenced by peers, friends, siblings and the belief systems of the communities interviewed, irrespective of their gender and circumstances, with the possibility that information on SRH may be compromised.

From the findings it is also concluded that parent adolescent communication on sexual reproductive health is still very low. This has serious implications on the adolescent sexuality and growth. The school going adolescents in particular are at a great risk of suffering the consequences of poor parental communication on sexual reproductive health issues such as sexually transmitted infections, HIV, AIDS, unwanted pregnancies and abortions and high levels of school dropout rate especially among females, the very problems which the adolescent Health Policy seeks to reverse. There is therefore need to to have SRH information made accessible is vital to enhance communication. The low level of awareness of SRH issues of parents and adolescents means that there is a big gap between educational policy makers and the community which needs to be bridged by improving on the structures of SRH information dissemination to the adolescent in the study area and possibly the whole nation.

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REFERENCES

1. Ayelew, M., Mengistie, B., and Semahegn, A. (Adolescent- parent communication on sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia: a cross sectional study). Reproductive Health, 2014; 11: 77-80.
2. Gebreysus, D., and Fantahun, M. (Assessing communication on sexual andreproductive health issues among high school students with theirparents in,BullenWoreda, BenishangulGumuz Region, North West Ethiopia). Ethiop J Health Dev, 2010; 24(2): 89–95.
3. Yadeta, T.A., Bedane, H.K., and Tura, A.K. (Factors affecting parent-adolescent discussion on reproductive health issues in Harar, Eastern Ethiopia: A cross-sectional study). Journal of Environmental and Public Health, 2014; 45: 123-126.
4. Shiferaw,K.,Getahun,F., andAsres, G.(Assessment of adolescents' communication on sexual and reproductive health matters with parents and associated factors among secondary and preparatory schools' students in Debremarkos town, North Ethiopia. Reproductive Health, 2014; 11(2): 123-26.
5. Schuster, M.A.,Corona,R., Marc, N.,Elliott,K., Kanouse, D.E.,Karen, L.,Eastman,K.,David,J.,and Klein,M. (Evaluation of talking parents, healthy teens, a new worksite based parenting programme to promote parent-adolescent communication about sexual health: randomized controlled trial) BMJ, 2008; 337: (a) 306.
6. Guilamo-Ramos, V., Bouris, A., Lee, J., McCarthy, K., Shannon, L., Seraphine, P., and Dittus,P. (Paternal influences on adolescent sexual risk behaviors: A structured literature review.) Pediatrics, 2012; 130(5): 46-48.
7. Mbugua, N. (Factors inhibiting educated mothers in Kenya from giving Meaningful sex-education to their daughters); Social Science Med, 2007; 64(5): 1079-89.
8. Melaku, Y.A., Berhane, Y., Kinsman, J., and Reda, H.L (Sexual and reproductive health communication and awareness of contraceptive methods among secondary school students, Northern Ethiopia: a cross-sectional study). BMC., 2014; 14: 252.
9. Muhwezi, W., Katahoire, R., Banura, C., Mugooda, H., Kwesiga, D., Bastien, S., Klep, K (Perception and experience of adolescents, parent and school administrators regarding adolescent-parent communication on sexual and reproductive issues in urban and rural Uganda) Social Science Med, 2015; 4: 91-93.
10. Mureku, S.A. (Family communication about HIV/AIDS and sexual behavior among seniour secondary school students in Accra, Ghana*)*. African Health Science, 2003; 3(1): 7-14.
11. Nundwe, C.S. (Barriers to communication between parents and adolescents concerning sexual and reproductive health issues: A case of Kindoni municipality) Muhimbili University of health and allied sciences., 2012; 123-128:
12. Yadeta, D., Berhane, Y., and Worku, A (Parent-adolescent sexual and reproductive health communication is very limited and associated with adolescent poor behavioral beliefs and subjective norms: Evidence from a community based cross-sectional study in Eastern Ethiopia). Reproductive Health, 2015; 13(1): 17-19
13. Bastein, S., Kajulu, L.J., Muhwezi, W.W. (A review of studies of parent-child communication about sexuality and HIV/AIDS IN Sub-Saharan Africa.) BMC Reproductive Health, 2011; 8(25): 1-17.