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Parent-Adolescent Communication on Sexual Issues as Predictor of Sexual-Risk Reduction behaviour among in-School Adolescents in Selected Secondary Schools in Yei River State-South Sudan

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Abstract

The study investigated the parent-adolescent communication on sexual issues as predictors of sexual-risk reduction among in-school adolescents in secondary school. Teenage pregnancy and adolescent birth rates are high at 300/1000 and 158/1000 live births respectively in 2018. Frequent discussion on sexual behaviour is more likely to reduce adolescent risk-taking sexual behaviors. However, there is a paucity of evidence about adolescent parent communication in Yei River State. A cross-sectional study using both quantitative and qualitative approaches involving 156 participants to explore the parent-adolescent communication frequency and topics discussed among secondary school adolescents was carried out. Respondents were recruited from the ten functional secondary schools in Yei River state from secondary school class 1 to 4. The inclusion criteria consider secondary school adolescent aged 15 to 19, parental consent and adolescent acceptance to participate in the study. Adolescent below the age 15 and young men above 19 years of age were excluded from the study. Data was collected using semi-structured questionnaire, the date collected were coded first and analyzed suing SPSS version 21. The percentage of adolescents who had more than three sessions of communication with their parents about sexual behaviour was nearly 43% in which, majority 67% reported to have frequent discussions with their mothers and the commonly discussed topics were biological and physical development. The study concluded that a few adolescents have frequent communication with their parents on sexual behaviours. This study recommends, repeat of the current study in some states for comparison, as well as a study focusing on both out of school and school adolescent to explore more.

Keywords: *parent-adolescent communication, Sexual behaviour, Teenager pregnancy, Risk-taking.*

Introduction

Adolescence is a transitional period from childhood to adulthood, characterized by significant Physiological, psychological and social changes in the age group of 10-19 years (UNFPA, 2018; Bourke et al, 2014). Globally 1.2 billion adolescents need proper education, health and other life skills to ensure a better future for themselves and their countries (Blum, 2017). Adolescents often lack basic sexual and reproductive health information, knowledge, and access to affordable confidential health services. However, the “sex talk” is often one of the most challenging conversation for parents and children during adolescence. Research has established that frequent parent-adolescent communication about sex can greatly reduce adolescents’ sexual risk (Guilamo-Ramos et al., 2012; Gillian et al, 2011).

In South Sudan 53.47 % of the population are children below 18 years of age and 40% of girls are married by age 18, while teenage pregnancy and adolescent birth rates are high at 300/1000 and 158/1000 live births respectively (Health Sector Strategic Plan, 2017-2021). The South Sudan Reproductive health policy (2016-2026) stated, “Sexual activity places adolescents at an increased risk of infection with Human Immunodeficiency syndrome virus (HIV), other sexually transmitted infections (STIs), as well as the potential for unplanned pregnancy, Abortion”. The United Nations Children Education Fund [UNICEP] (2018) urged that parents play a critical role in the growth, development and sexual socialization of their children. This research was to explore the frequency of communication on sexual behaviour and identification of factors, which will help those who are working on adolescent sexual and

reproductive health programs to focus on parent-adolescent communication on sexual and reproductive health to suggest possible ways of improving the challenges in family communication.

The problem statements

Secondary sexual characteristics appear in adolescence period, which is a period of pubescence (Papathanasiou and Lahana, 2019). The initiation of sexual behaviors is a risk factor for sexually transmitted infections, reproductive tract infection, unintended pregnancy, criminal abortion and school dropout among adolescents (Reajul and Kevin, 2014). Frequent parent-Adolescent communication on multi-sexual and health topics delay initiation of sexual behavior, thus prevention of sexually transmitted infections, unintended pregnancy, criminal abortion and school dropout.

Generally, the adolescents' physical, psychological, sociological and sexual needs are not properly guided. This result to adolescent lacking informed decision and practicing behaviors that put them at high risk of STIs, unintended pregnancy and school dropout. This gap is compounded by the existence of very few published studies that explore frequent parent-adolescents communication on sexual and reproductive health.

Research questions

1. How frequent do parent and adolescents discuss on sexual behaviour?
2. What sexual and reproductive health topics do parents and adolescents discuss?

Rationale and justification of the study

Closer ties and frequent communication on sexual behaviour between parents and adolescents are positively associated with reduced levels of risk taking among adolescents. Adolescents frequently engage in risky sexual behaviors that adverse health outcome including unintended pregnancy and sexually transmitted diseases. 18,000 adolescents under the age of 14 are living with HIV and the school dropout rate range between 16 to 30% in South Sudan (UNAIDS, 2015). Kaiser Family Foundation (2005), noted that adolescents engage into sexual activity in younger age in which one third had sexual intercourse before reaching secondary school. Parent-adolescent communication is important because sexual activities begin at early age for many adolescents (Jaccard, Dodge and Dittus, 2017). Thus, today's youth are sexually active, becoming young parents, at risk for STDs and HIV, and yet are not fully informed about sexuality issues. In politically unstable country with economic crisis like South Sudan, adolescents are subject to rape and sexual assault as they may be lured to and having no information and negotiation power will put them at high risks.

Sexual communication is crucial aspect of sexual socialization and fundamental process of parents convey ideas, values, beliefs, expectations, information and knowledge to their children (South Sudan Reproductive Health Strategy, 2013-2016) However, parents do not often communicate frequently about particular topics with their children because they feel embarrassed and experience discomfort when doing so. Family members are the primary source of information, guidance and regulators of adolescent sexual behaviour through open discussions and sharing of positive cultural norms related to sexual behaviour. The rationale of this study was to find out ways of enhancing free communication between parents and adolescents on sexual behaviour to reduce sexuality risky behaviour and the outcomes.

Broad objective

To explore the frequency of discussion between parents and adolescents on sexual and reproductive health topics in Yei River State to enable policy makers and those working on adolescent sexual and reproductive health programs to design interventions that focus on parent-adolescent communication on sexual and reproductive health for improving the challenges in family communication.

Specific objectives

The specific objectives of the study are:

1. To explore the frequency of communication between parents and adolescents on sexual behaviour
2. To explore sexual and reproductive health topics discussed between parents and adolescents.

Literature review

Adolescence is a transitional period from childhood to adulthood when most individuals become aware of sexuality and start to have

sexual thoughts and engage in sexual activity (Beckett et al., 2010). During this period adolescents frequently engage in risky sexual behaviors that adverse health outcome including unintended pregnancy and sexually transmitted diseases (UNAIDS, 2015). Kaiser Family Foundation (2005) noted that one third of adolescents who are not frequently guided on sexual and reproductive health issues engage into sexual activity in younger age before reaching secondary school level.

In Sub-Saharan Africa, poor communication among parents and adolescents on sexual behaviour due to cultural beliefs and illiteracy hinder sharing and acceptance of information on sexual behaviors that result in to unwanted early teenage pregnancy, sexual transmitted infection, school dropout (Meda and Alina, 2019). Fanta et al (2015) in their research in Southern Ethiopia noted that "Frequent communication between parents and adolescents on sexual behaviours plays a great role in preventing morbidity and mortality associated with negative sexual behaviours". The adolescents need timely, regular, clear, accurate, and developmentally appropriate information about the sexual behaviours expected from them to keep them safe. The parents play a primary role in disseminating sexual information-through words, behaviours, and values they convey (Pamela and Amei, 2016).

Many studies have shown that, parents can influence their adolescents' sexual health behaviors, attitudes, and intentions through parenting practices such as frequent discussions on sexual behaviour, life values, and monitor their life style (Akers, Holland, and Bost, 2011; Campero et al., 2010; Gillmore, et al, 2011; Guilamo-Ramos et al., 2008; Malcom, et al., 2012; Nappi et al., 2009; Robert and Sonenstein, 2010).

Gillmore, et al (2011) in their study found that adolescents that report low parental monitoring are more likely to engage in sexual activity at a younger age, and female adolescents are more likely to have more sexual partners and less likely to use a condom. Moreover, numerous studies have shown that when parents monitor their adolescent's activities (i.e., supervise them), adolescents were less likely to engage in sexual risk behaviors (Lescano et al., 2009; Nappi et al., 2009).

Methodology

Study Design: A descriptive cross-sectional design was adopted in this study

Study Setting: The study was be carried out in Yei River State. The state is located in the southern part of South Sudan.

Study Population: The study population adolescents both boys and girls aged 15-19 years, who were studying in secondary school level.

Sample Size and Sampling Procedure

Purposive sampling was used to enroll the ten functional secondary schools in Yei River State. Simple random sampling was used to determine the respondents aged 15 to 19 years in each functional secondary school using the student registers as sample frame. All Adolescents aged 15 to 18 years were provided with parents/legal guardians consent forms, those with signed consent from their parents/legal guardians were allowed to participate in the study as well as the adolescents aged 19 years who voluntarily signed the consent form after class-to-class explanation of the purpose, the importance, the eligibility criteria and the process to all the students.

Category of students from the ten secondary schools with signed consent by education grade;

Secondary School class 1= 38 students

Secondary School class 2= 52 students

Secondary School class 3= 45 students

Secondary School class 4= 30 students

Each category of the class as estimated above was 50% of each secondary school class for proportional representation.

A sample of 165 adolescents participated in the study, among whom 156 filled the questionnaire correctly, a response rate of 94.5% and nine questionnaires contained incomplete data rejected. The choice of Yei River is because; the state is a home to the most tribes in South Sudan.

Ethical Consideration

Ethical clearance was obtained from the Ethics Committee of the Texila American University Georgetown, Guyana, South America and the Research Ethical Committee of the Ministry of Health in the Republic of South Sudan. Written permission was also obtained from the Ministry of Health and Ministry of Education in Yei River State and the Administration of secondary schools involved in the study. In addition, issues

related to anonymity and confidentiality was maintained.

Data Collection Process

Trained data collectors were involved in this research work and semi-structured questionnaires written in English language was used for the data collection.

Data Collection Instruments

Semi-structured self-administered questionnaires were used for data collection.

Data Analysis

The quantitative data collected using semi-structured questionnaires was post-code prior to entering into the software for analysis, and analyzed using SPSS version 21. The significance of associations among variables was tested using Chi-square. For the qualitative information was grouped in to themes. In order to do this, templates were generated in Microsoft word for each group where the results were generated. Results was presented using frequencies tables, graphs, and bar charts, where applicable. Alpha level was set at 0.05.

Findings

Socio demographic characteristics of the adolescents

72% (112) of the respondents were males and 28% (44) females; the mean age (±SD) of the respondents was 17.3± 0.3 years. Most of the respondents 33% were in secondary school class two followed by 29% in class three. Majority 77% of the males were in class two compared to 37% of females in class four. A considerable proportion of respondents 36.5% belonged to the Kakwa ethnicity of who 75% were males and 25% females. 84% of the respondents were Christian by religion and 79.5% were from Yei River state by origin. Majority 97percentage of participants' mothers did not attend to any school while 77% of the participants' fathers attended secondary school education.

Frequency of communication

A total of 156 adolescents (44 female and 112 males) participated in the study. 43% of the respondents reported having more than six sessions of discussions on sexual behaviours with their parents. 67% of the adolescents reported to have more than six discussion sessions with their mothers in which, 34 (77%) of female adolescents reported having more than six sessions of discussions with their parents as compared to 15 (23%) of male adolescents. 93% of the female's adolescents feel comfortable discussing sexual behavior with their mothers as compared to 14% of male adolescents. Seven percent of the male adolescents compared to 3% of female adolescents were comfortable discussing sexual behavior with both parents. Almost all of the adolescents reported to have several sessions of discussions with their friends.

The mean age for parent-adolescent to discuss on sexual behaviour with both boys and girls was 15.6 years. The mean age for female adolescents to discuss with their mothers was 11.4 years, with fathers was 15.6 years and with friends was 7.9 years. While the mean age for male adolescents to have discussions with their mothers was 15.1 years, with fathers was 15.6 years and with friends was 8.3 years.

Topics discussed

Parental discussions with adolescents on specific topics ranged from 15% - 85%. Majority of adolescents reported to have discussed with mothers on biological and physical development, mentsratarion/wet dream, reproduction/having babies, when to start sexual activity, prevention of STDs and AIDs, how to handle sexual pressure and abstaining from sex until marriage. However, the topics discussed between adolescents and their fathers ranged from 15% to 71%. More than half of the adolescents reported to have discussed with their fathers on masturbation and 50% discussed on condom use. This implies that mothers have more topics discussed with adolescents as compared to the fathers.

Evidence from the qualitative interviews supports the above results. Topics that were frequently discussed included abstinence STDs, HIV/AIDS and premarital sex. The following statements illustrate the findings:

"My parents repeatedly told me to abstain from pre-marital sex to avoid STDs and AIDS; because AIDS is deadly, ...that it is better to abstain to avoid diseases, because AIDS and other STD's are not written on the faces of infected persons" (Form 4 girl, aged 17 years).

"Among the topics my mother taught me were how to protect myself from STDs like HIV/AIDS and Gonorrhea. She also advised me to abstain

from sex to avoid unwanted pregnancy and abortion" (Form 2 boy, aged 16 years).

"My mother talked to me about menstruation when I was about 13 years. She has also advised me to protect myself from HIV/AIDS by abstaining from sex or use condom during sex" (Form3 girl, aged 17 years).

"In the olden days, young people were able to abstain from sex until marriage, but these days, no! So, my mother advised me to stay away from girls until marriage time" (Form 1boy, aged 15 years).

"my mother told me that the only way to continue with education in order to grow up and help my family in future is to distance myself from sexual activities that will end up to pregnancy and eventually dropping out from school" (Form 2 girl aged 16 years).

"My father told me to be responsible and control my sexual desire if I need to be alive" Form 1 boy aged 17).

"Aids is real as I witnessed my uncle who died from AIDs and indeed my mother use to tell us to be very careful" (Form 4 boy aged 19).

"To become a teacher as I usually tell my parents after my education is to abstain from sex said mother" (Form 3 girl aged 18).

"Musturbation caused nothing other than time and shame before God, my father tells us" (form 1 boy aged 16).

"Abstaining from sex before marriage is form of budgeting for bright future my mother told me" (Form 2 girl aged 16).

"Only way to be known and thrown away from the community is by engaging sexual activities with boys and sugar daddies my father told me" (Form 3 girl aged 17).

"Having sex before marriage is like harvesting unripen fruits said my farther" (Form 2 boy aged 16).

"Multiple lovers are multiple problem my father told me" (Form 4 boy aged 19).

"Involvement in substance abuse is a choice to block the way to success my mother told me" (Form 1 boy aged 15).

"Sexual feelings are natural, but needs control as we control our eating habits said my mother" (Form 2 girl aged 16).

"To become pregnant and cause abortion is robbing God with his essential goods and will end with deadly punishment, my mother told me" (Form 1 girl aged 15).

"Use of condom is good to protect one from diseases and impregnating ladies said father" (Form 2 boy aged 18).

Discussions

Topics discussed between parents and adolescents on sexual behaviour

Adolescent sexual risk behavior is influenced by several developmental transitions. These transitions are viewed best within a biopsychosocial framework that includes biological, psychological, and social development (Ayelu, Kassaw and Hailu, 2016). Many researches document that parent-adolescents discussion on multiple sexual topics is associated with adolescents' cognitive abilities, such as the ability to think abstractly, recognize long-term consequences of risk behavior, and make decisions regarding sexual situations (Downing et al, 2011). In this study, majority of adolescents reported to have discussed topics on biological and physical development with their mothers and more than half of the male adolescents reported to have discussed with their fathers on masturbation. This implies that parents and adolescents did not discuss more on prevention of sexual transmitted diseases, HIV/AIDS, pregnancy prevention and consequences of risk sexual behavior.

Biological deference between parents and adolescents influence adolescents' sexual behaviour differently (Martino et al, 2008). The study shows that majority 93% of the female adolescents feel comfortable discussing sexual behavior with their mothers as compared to 14% of male adolescents. Muhwezi et al (2015), noted that "adolescent girls preferred to disclose to mothers when it came to talking about body changes during puberty and sexuality as they believed that mothers were better suited for this task because they had had similar life experiences". Whereas, Martino et al (2008), noted that majority of female adolescents had discussion with their maternal guardians compared to fraternal guardians. The current study attempts to replicate previous findings, while looking at parent-adolescents biological influence in discussing sexual issues.

Adolescence is also associated with changes in cognitive and emotional domains, as well as developing interpersonal skills. Changes in these domains have implications for sexual risk-taking and reducing risk. For example, there is evidence

that adolescents may not have developed the cognitive maturity required to understand and implement some risk reduction strategies (Kusheta et al, 2019). Adolescents' ability to reason, consider probabilities, and envision multiple behavior alternatives is essential to make decisions about sexual relationships (Downing et al, 2011). Cognitive functioning affects adolescents' ability to appraise their risk for sexual transmitted infection, HIV/AIDS, pregnancy and to enact protective behaviors. The development of abstract reasoning allows adolescents to consider hypothetical situations and future consequences of their actions (Sabstien, Kajula and Muhwezi, 2011).

Cognitive immaturity, then, may limit adolescents' ability to apply their knowledge to their own behavior, to appraise their risk for HIV/STDs, and to execute the skills necessary for safer sex. In this sense, adolescents' thinking processes may impede their ability to learn risk reduction skills unless skills are presented in ways that adolescents can easily understand. Therefore, adolescents may require extensive instruction in order to protect themselves. They may also benefit from additional training in risk appraisal, decision-making, problem solving, and considering immediate and long-term consequences of risky sex.

Frequency of parent-adolescent communication on sexual behavior

Frequent discussions between parents and adolescents on multiple sexual issues is associated with reduction in sexual risk behaviour. (Miller, 2002). This study found low frequency of parent-adolescents' communication on sexual behaviour. Poulsen et al (2010) noted that parents are afraid to discuss culturally and religiously sensitive sexual issues in Africa as iguiding adolescents in multi sexual behavior issues for them to be aware and build resistance when faced with challenging sexual situation.

Low frequency in discussing sexual issues between parents and adolescents creates an avenue for peer influence that impact sexual risk behavior. Evidence shows that peers influence adolescents' attitudes, values, and sexual risk behavior. Having peers who engage in risk behaviors is associated with initiating sexual intercourse and other risk behaviors, such as alcohol and substance use (Martino et al., 2008). Similar rates of sexual activity, as well as feelings associated with sexual intercourse and intentions to engage in sex, are found among peer friendship groups (Miller, 2002). Younger adolescents appear to be susceptible to peer pressure for risk behaviors (Adu,2003), and perceptions of peer norms impact sexual behavior.

Ayelu, Kassaw and Hailu (2016) noted that frequent parent-adolescent discussions about sex were associated with less risky behavior and less influence of peers for sex. Adolescents who talked with their parents about sex were also more likely to discuss sexual risk with their partners (Downing et al, 2011). Parental monitoring is associated with less involvement in sexual and other risk behaviors for minority youth (Adu, 2003). The perceived absence of parental monitoring has also been associated with STD diagnosis, decreased condom use, risky sexual partners, and increased substance use (Miller, 2002). The timing of communication appears to be critical. Ideally, communication should occur

Conclusion

The study concluded that a few adolescents have frequent communication with their parents on sexual behaviours and the commonly topics discussed were related biological and physical development.

Recommendation

This study recommends, repeat of the current study in some states for comparison, as well as a study focusing on both out of school and school adolescent to explore more.

Tables

Table 1. Parents-adolescents' communication about Sexual behaviour (n=156)

Questions	Yes	No	Total
Have you ever talked with your mom/maternal guardian about sex	58 (37%)	98 (73%)	156
Have you ever talked with your dad/paternal guardian about sex	15 (9.6%)	141 (90.4%)	156
Have you ever talked with your friend about sex	156 (100%)	0 (0%)	156

Table 2. Parents -adolescents' communication about Sex by gender (n=156)

Gender	Yes	No	Total
Female adolescent who had discussion with mom/maternal guardian about sex	43 (97.7%)	1 (2.3%)	44
Male adolescent who had discussion with mom/maternal guardian about sex	5 (4.5%)	107 (93.5%)	112
Female adolescent who had discussion with dad /paternal guardian about sex	5 (11%)	39 (89%)	44
Male adolescent who had discussion with dad /paternal guardian about sex	10 (8.9%)	102 (91.9%)	112

Table 3. Age in years when adolescents talk to parents and friend about sex (n=156)

Persons category	Female	Male	Total
Age in years of an adolescent talking with mom/maternal guardian about sex (mean)	11.4	15.1	13.8
Age in years of an adolescent talking with dad /parental guardian about sex (mean)	15.6	15.6	15.6
Age in years of an adolescent talking with friend about sex (mean)	7.9	8.3	8

Table 4. Adolescents discussions on specific sexual topics with parents

Topics	Mother discussion	Father discussion	Total
1. Biological development	N= 58 (79%)	N= 15 (21%)	73
2. Physical development	N= 58 (79%)	N= 15 (21%)	73
3. Puberty	N= 58 (79%)	N= 15 (21%)	73
4. Menstruation/wet dream	N= 58 (83%)	N= 12 (17%)	70
5. Reproduction/having babies	N= 41(82%)	N= 9 (18%)	50
6. Masturbation	N=2 (29%)	N= 5 (71%)	7
7. Prevention of pregnancy	N= 28 (85%)	N= 5 (15%)	33
8. Prevention of STDs and AIDs	N=55 (81%)	N= 13(19%)	68
9. Abstaining from sex until marriage	N= 41 (79%)	N= 11 (21%)	52
10. Use of condoms	N=5 (50%)	N=5 (50%)	10
11. Contraceptives use	N= 5 (62.5%)	N= 3(37.5%)	8
12. Abortion and its consequences	N=10 (59%)	N=7 (41%)	17
13. Substance use	N= 20 (57%)	N=15 (43%)	35
14. Experiencing sex	N= 28 (72%)	N= 11(28%)	39
15. Sexual feelings	N= 27(75%)	N= 9 (25%)	36
16. Choosing sexual partner	N= 28 (78%)	N= 8(22%)	36
17. When to start sexual activity	N= 13(81%)	N= 3 (19%)	16
18. How to handle sexual pressure	N= 41(79%)	N= 11 (21%)	52
19. Safer sex	N= 38 (75%)	N=13 (25%)	51
20. Homosexuality	N=10 (77%)	N= 3 (23%)	13

Figures

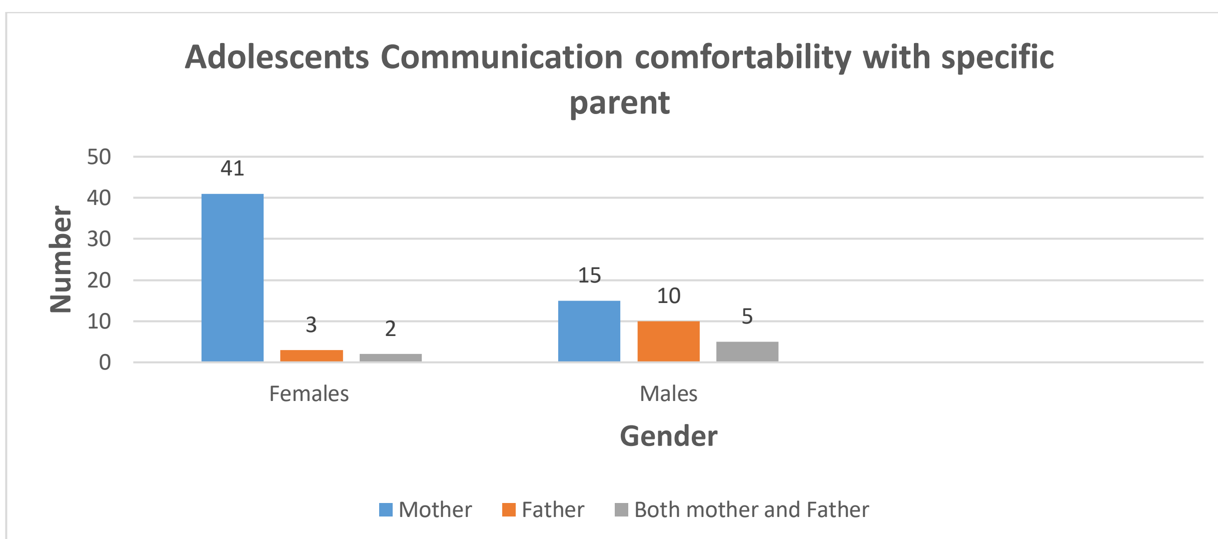

Figure 1. Adolescents comfortability in discussing sexual behaviour with specific parent

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