BARRIERS TO COMMUNICATION BETWEEN PARENTS AND ADOLESCENTS CONCERNING SEXUAL AND REPRODUCTIVE HEALTH ISSUES:

A CASE STUDY OF KINONDONI MUNICIPALITY, TANZANIA

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Master in Public Health Dissertation

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By

Catherine S. Nundwe

A dissertation Submitted in (Partial) Fulfillment of the Requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.

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CERTIFICATION

The undersigned certify that he has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: ***Barriers To Communication Between Parents And Adolescents Concerning Sexual and Reproductive Health Issues: A Case Study Of Kinondoni Municipality, Tanzania,*** in (partial) fulfillment of the requirements for the degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.

…….

Prof. E.P.Y Muhondwa

(Supervisor)

Date: …….

DECLARATION

AND

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I, **Catherine S. Nundwe**, declare that this **dissertation** is my own original work and that it has not been presented and will not be presented to any other University for similar or any other degree award.

Signature…….. Date……..

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DEDICATION

This dissertation is dedicated to my beloved husband and my family for their encouragement and support.

ABSTRACT

Background: Parent-adolescent communication regarding reproductive health issues is more likely to reduce adolescent risk-taking sexual behaviors although some communication takes place on particular reproductive health issues but not others. In particular parents fail to communicate with their adolescent children on sensitive issues of sexuality like condom use, puberty, STIs, and physical development, but do so on less sensitive ones such as the effects of HIV. . Communication between parents and adolescents about reproductive health issues, however, is difficult for parents.

Objective: To describe the barriers to communication between parents and adolescents concerning sexual and reproductive health issues.

Material and Methods: A descriptive exploratory qualitative study was conducted among parents with adolescent (children) in July-August 2012. A total of fourteen interviews were done with parents of both sexes in Kinondoni Municipality, Dar es Salaam. The study used the in-depth interview tool, and focused on social, cultural and economic barriers to communication. Qualitative data analysis was done to answer the research questions.

Results: The study found that communication between parents and their adolescent children concerning reproductive health issues take place on some issues and not others. Specifically issues of sexuality and condom use tend to be avoided. When communication takes place it is on topics which are not very sensitive, and tends to be perfunctory and the study identified the following barriers to communication:

Gender differences between parents and their children, Parents felt that it was a shameful thing to communicate with children of the opposite sex, fearing that this could be misconstrued by the children to mean that the parent wants to have sex with them. Low education status of parents, parents expressed the feeling that if they communicate with their children about reproductive health issues they might be directing them to engage in sexual experimentation. They also thought that their children were still too young to know about reproductive health issues. Being

married, married couples tended to divide responsibilities as to which one of them was responsible for communicating with their children on reproductive health issues. Traditional norms, these were alleged to prohibit parents from discussing some issues of reproductive health, especially issues of sexuality with their children. Religious beliefs, these were alleged to prohibit talking to their adolescent children especially about STIs, HIV/AIDS, early pregnancy prevention and condom use. Occupation, the economic activities in which parents were engaged were blamed for keeping the parents too busy to take time to talk with their adolescent (children), this is the barrier to communication as parents have little time to be with their children.

Conclusion and Recommendations: Communication between a parent and his or her child is one of the most important part of parenting, though not an easy one. It requires ongoing attention and time although it is difficult to both parents. There is need to develop appropriate interventions for empowering parents to communicate with their adolescent (children) about the full range of sexual and reproductive health issues.

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List of abbreviations

AIDS – Acquired Immune Deficiency Syndrome

CDC – Centre for Disease Control and Prevention

HIV – Human immunodeficiency virus

STIs / STDs – Sexual Transmitted Infections / Sexual Transmitted Diseases.

SATZ - South Africa-Tanzania

Definition of Terms

Adolescent- a person between 10-19 years of age (WHO).

Communication- is the act of transferring information through speech, the written word, or more subtle, non-verbal ways from one place to another or from one person to another. In other words it is the sharing of ideas and information.

Reproductive health- Is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore implies that people are able to have responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (WHO).

Sexuality- Sexuality is complex and spans a vast array of human experiences including family relationships, dating, sexual behavior, physical development, sensuality, reproduction, gender, body image and more. (Schalet, A, 2004)

Chapter One

Introduction

1.1 Background of the Study

Communication within the family appears to be particularly important during the adolescent years especially concerning reproductive health issues. Family communication affects adolescent identity formation and role-taking ability (Cooper et al., 1982). Cooper et al. suggest that adolescents who experience the support of their families may feel freer to explore identity issues. Holstein (1972) and Stanley (1978) found that discussions between parents and children significantly facilitated the development of higher levels of moral reasoning in adolescents. Grotevant and Cooper (1983) studied the role of communication in the process of adolescent individuation from the family, where data shows that 42 percent of Latino adolescents reported learning "a lot" about sexual health issues from their parents compared to white adolescents and African American adolescents.

Risky sexual behaviors such as inconsistent condom use and sexual intercourse with multiple partners are relatively common among adolescents and youth in Sub-Saharan Africa. This behavior increases the risk of unplanned pregnancies and the infection of sexually transmitted diseases and particularly HIV/AIDS (Brook, et al, 2006). Many of the typical changes that occur during adolescence tend to interfere with the effectiveness and amount of interaction between parent and child. Although adults have much more experience in life than the adolescent, the adolescents are usually not aware of this fact or do not believe it; therefore, the advice, wisdom, and directions of parents are often not valued.

A major study by Resnick et al, (1997) showed that adolescents who reported feeling connected to parents and their families were more likely than other teens to delay initiating sexual intercourse. Adolescents who said their families were warm and caring also reported less marijuana use and less emotional distress than their

peers. Also in a recent study by Weinman et al, (2008), teens who benefited from parental guidance and who reportedly had a "good talk" with parents in the last year about sex, birth control, and the dangers of STDs were two times more likely to use condoms at the last time they had sex than teens who did not talk to their parents as often. Adolescents, who have repeated communications about sex, sexuality, and development with their parents, are more likely to have an open and closer relationship with them, in addition to being more likely to talk with their parents in the future about sex issues than adolescents whose sexual communication with their parents included less repetition. Two studies by Jemmott LS and Jemmott JB, (1992) and Rodgers, (1999), show that when parents make consistent efforts to know their teen's friends and whereabouts, the young people report fewer sexual partners, fewer coital acts, and more use of condoms and other forms of contraception. (www.advocateforyouth.org,)

In Tanzania, in terms of preferences, findings from four studies reviewed which investigated this topic found that young people prefer sexuality communication to take place with the parent of the same sex. The South Africa-Tanzania (SATZ) study conducted among young people aged 11-17 years reported that overall, 44% of participants preferred to communicate with mothers about sexuality, while 15% preferred fathers (Kaaya et al, 2009). In Cape Town, 31% preferred discussing with mothers, and 22% stated a preference for fathers, while in the other two sites, a greater proportion of males preferred discussing with fathers in comparison to mothers (47% and 27% in Dar es Salaam and Mankweng, respectively). Another study in Tanzania found that among in- and out-of-school males, 11% and 10% respectively selected fathers as a preferred partner for communicating about sexuality (Leshabari et al, 2009).

Parent-adolescent communication is an appealing source for influencing adolescents' knowledge, attitudes and behavior, because parents are an accessible and often willing source of information for their children. Conversations between parents and adolescents about their sexuality in particular are often difficult for both parents and adolescents (Botchway, 2004).

In developed countries, a study by Burgess et al, (2005) , show that the increasing communication between parents and their teenagers about sex is helpful in reducing adolescent risk-taking sexual behaviors and practices although there are other barriers which tend to make the process to be not effective.

The negative consequences of sexually transmitted diseases and unplanned teen pregnancies on adolescents have been well documented (Wang, 2000). The prevalence of problems like HIV/AIDS and unplanned or unwanted pregnancies among South African female adolescents warrants urgent attention (Lesch & Kruger, 2005). Identifying the determinants of STD/HIV-preventive behaviors in adolescents has become a public health priority (Sales et al, 2008). If parents can be effective in reducing the sexual risk behaviors of their sons and daughters, family-based approaches to the prevention of unplanned pregnancies can complement existing strategies such as sex education in schools and access to family planning clinics aimed at alleviating this significant social problem (Jaccard et al, 1998).

1.2 Statement of the Problem

Effective communication regarding sexuality or reproductive health is more likely to reduce adolescent risk-taking sexual behaviors when combined with effective parent–adolescent communication about adolescent sexuality issues (Burgess et al, 2005). Sexual and reproductive health is at the core of people's lives and well being. The ability to develop in a supportive environment and grow into sexually responsive and responsible adults; the ability to enjoy one's sexuality without harming or infecting oneself or one's partner, are among the unique attributes that define us as human (G/Yesus, 2006).

Namisi et al, (2009), reported that in terms of communication, 44% of adolescents preferred to communicate with mothers about sexuality, while 15% preferred fathers. Mothers were the preferred communication partner by the majority of female adolescents in both Tanzania and South Africa. In Cape Town, 31% preferred

discussing with mothers, and 22% stated a preference for fathers, while in the other two sites, a greater proportion of males preferred discussing with fathers in comparison to mothers (47% and 27% in Dar es Salaam and Mankweng, respectively). Another study in Tanzania found that among in- and out-of-school males, 11% and 10% respectively selected fathers as a preferred partner for communicating about sexuality (Leshabari et al, 2009).

Adolescents often engage in various risks sexual behaviors that can result in adverse health, social and economic consequences. Discomfort experienced by parents and their adolescents in speaking about adolescent reproductive health can prevent effective reproductive health communication from occurring. Focus group data from Ghana also show that young people are reluctant to discuss sexuality with their parents since they tend prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality (Kajula et al, 2011).

Previous research has indicated that sexual health problems like HIV/AIDS and unplanned or unwanted pregnancies are prevalent among South African adolescents, and this warrants urgent attention (Lesch & Kruger, 2005). To improve the effectiveness of preventative programmes for adolescents, it is important that adolescents acquire adequate knowledge and well-informed perceptions about sex, aspects in which the parent-adolescent relationship and the family context play indispensable roles. However, the impact of parental communication on adolescents' sexual behavior is unclear (Wang, 2009). In some studies it was found that early parent-child communication about sex was associated with the delay of sexual activity and less risky behavior. (Burgess et al, 2005).

Although there are several factors that contribute to these problems, effective sex communication between parents and their adolescents has been identified as a key strategy for reducing teen risk-taking sexual behaviors (Barnes, and Olson, 1985). Furthermore, parents need accurate information and support to feel more comfortable

and confident that they possess the necessary communication skills to be effective in discussing risk-taking sexual behaviors with their adolescents as effective familial sex communication can lead to decreased adolescent risk-taking sexual behaviors, discomfort experienced by parents and their adolescents in speaking about adolescent sexuality can prevent effective sex education from occurring (Burgess et al, 2005).

While there has been some research done on the relationship of parent-adolescent communication to the social and cognitive development of children and reproductive health issues, (Cooper, Grotevant, Moore, & Condon, 1982; Grotevant & Cooper, 1983; Steinberg, 1981; Steinberg & Hill, 1978),still results tend to indicate that the process is facing a number of barriers and nothing has been done to focus on what barriers tend to hinder parent-adolescent communication and its relationship to family functioning regarding reproductive health issues.

As parents do not talk to their children about reproductive health issues, they do not want their children to do anything about sexual, and they avoid confronting their children on what they are doing concerning sexuality and this is mostly common among African countries. Hence this study attempted to describe the barriers to communication between parent and adolescents concerning reproductive health issues.

1.3. Research Questions

1. What social barriers hinder parents to communicate with their adolescents concerning sexual and reproductive health issues?

2. What cultural barriers hinder parents to communicate with their adolescents concerning sexual and reproductive health issues?

3. What economic factors hinder adolescent to communicate with their parents on sexual and reproductive health issues?

1.4. Objective of the Study

1.4.1. General Aim

To describe the barriers to communication between parents and adolescents concerning sexual and reproductive health issues.

1.4.2 Specific objectives of the study

1. To identify social barriers to parent-adolescent communication concerning sexual and reproductive health issues.

2. To explore cultural barriers to parents to communicate with their adolescents regarding sexual and reproductive health issues.

3. To describe the economic factors that hinder adolescent to communicate with their parents on sexual and reproductive health issues.

1.5 Significance of the Study

Many studies have been done especially in developed countries on communication between parents and adolescents concerning reproductive health issues and prove that there is communication between them but it end to be not effective, this is because many parents of adolescents have problems talking to their children, giving them advice, knowing their true feelings, or explaining things to them, And also children may have difficulty talking to their parents, expressing opinions, discussing things that bother them, or relating their experiences, having difficulty in communicating with both parents **(**Barnes and Olson, 1985). Then effective familial sex communication can lead to decreased adolescent risk-taking sexual behaviors (Wang, 2000).

The study is significant in the sense that it will put into perspective the barriers to communication between parents and their adolescents on issues concerning

reproductive health. It is expected that this will help different organizations to come up with different alternatives of helping how reproductive health problems that tend to face adolescents like Sexual Transmitted Infections, early pregnancy and HIV/AIDS can be prevented. The study is of particular significance for parents, and researchers, as parents will particularly know how to communicate effectively with their adolescents. To planners and programmers the study is significant as it will help in planning different interventions on how to reduce reproductive health problems among adolescents. In a nutshell this study will contribute to knowledge on what are the barriers to communication between parents and adolescents or children regarding sexual and reproductive health issues.

Chapter Two

Literature Review

2.1. Introduction.

Parent-adolescent communication regarding sexual and reproductive health issues is more likely to reduce adolescent risk-taking sexual behaviors. Communication between parents and adolescents about sexual and reproductive health issues, however, is difficult for parents. A review of Literature was done on the barriers that prevent communication between parents and adolescents regarding sexual and reproductive health issues. The barriers that stood out can be grouped into three categories: Social barriers, Cultural barriers, and Economic barriers.

Adolescents have been identified as being at elevated risk for HIV infection, (Aggleton, 1995). Since the AIDS epidemic has had a disproportionate impact on minorities, black and Hispanic adolescents may be at an even higher risk than nonminority teenagers, (CDC, 1997). Similarly, rates of sexually transmitted diseases (STDs) and unintended pregnancy are especially high among minority adolescents, (Bluestein and Starling, 1994). In other studies it was found that good and early parent-child communication concerning reproductive health issues led to the delay of sexual activity and less risky sexual behavior.

Parents and other family members are in a unique position to help socialize adolescents into healthy sexual behaviors, both by providing accurate information about sex and by fostering responsible sexual decision- making skills. Discussions about reproductive health issues in the family are related to higher levels of knowledge about sexuality and AIDS among adolescents, as well as a lower incidence of sexual risk-taking behavior. Furthermore, adolescents and children often cite their parents as their preferred source of education about sex, and organized prevention and education efforts continue to advocate active parental involvement in children’s sexual socialization (Burgess et al, 2005).

Miller et al, (1998), examined how adolescents' and parents' reports of conversation agreed found a modest level of correspondence, and indicated that mothers believed they were more communicative about sex than their daughters perceived them to be. The research has focused on whether any discussion about sexuality has taken place and how sexual information is transmitted. More communication about sex occurs if adolescents view talking about sex with parents as easy. Furthermore, the process of sexual communication such as the mutuality of the interchange and support for each other's comments differs by who is holding the discussion (example, parent-daughter pairs have more mutuality and support than do parent-son pairs).

2.2 Barriers to sexuality communication.

An article based on data collected in 1996 and 2003 in Kenya investigated the reason why educated mothers do not give 'meaningful' sex education to their daughters and identified a host of socio-cultural and religious barriers to sexuality communication . In particular, four factors hindering meaningful communication are discussed, including: 1) residual traditional barriers, 2) inhibitions due to European Christianity, 3) reliance on sex education books, and 4) reliance on school teachers. The majority of mothers interviewed for the study indicated that they themselves had not received pubertal or sex education from their own mothers and were thus inhibited to providing it to their own daughters due to residual barriers which fostered a sense of unease and avoidance concerning parent-child sexuality communication (Mbugua, 2007)

A study conducted in Nigeria by Adeyemo and Brieger, (1994), found that low levels of communication were related to parental perceptions of their child's readiness or maturity, the assumption that their child would have heard about these issues elsewhere, that discussions of contraception for instance should be restricted to

married people, and the often cited concern that such discussions may 'corrupt' young people or encourage early experimentation.

In a study by Poulsen et al, (2010), found that 38% of parents thought that talking about sexuality encourages sex; however the study's hypothesis that parental attitudes in this regard would influence communication was not supported. The belief that discussing sexuality with children will lead to early sexual experimentation is documented by several other studies .Finally, 61% of parents of 10-12 year old children in Kenya thought that they were too young to learn about sex. These findings highlight a range of barriers perceived both by adults and young people to communicating about sex-related topics

Focus group data from Ghana by Kumi-Kyereme et al, (2000), show that young people are reluctant to discuss sexuality with their parents since they tend to prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality . The fear of physical punishment or blame was even said to deter reporting to parents that unconsensual or unwanted sex had occurred.

2.2.1 Gender differences in parent-adolescent communication.

There is a significant difference between genders in the pattern of reproductive health communication. A research by Muller and Bags (1985) revealed that both male and female adolescents were more likely to discuss sexual topics with their mothers than with their fathers. Studies found that male adolescents were more likely to talk with fathers and female adolescents with mothers. At the same time, the gender of the adolescent also affects the gender of the parent with whom discussions take place that is mothers are more likely to communicate with their daughters about sex than with their sons, whereas fathers are more likely to discuss sex with their sons than with their daughters.

Also it was found that mothers were reluctant to talk about sex education with their daughters, as they found it embarrassing to discuss these issues. Although these gender differences exist in parent-adolescent communication, both parents may influence adolescents' sexual risk-taking behaviors, (Wang, 2000). Also adolescents tend to discuss different topics with their parents as the content of the conversations of male adolescents with mothers and fathers was fairly consistent on sexually transmitted disease, acquired immune deficiency syndrome and condom use were popular topics of discussion. Female adolescents tended to talk about the menstrual cycle with their mothers, sexual abstinence with their fathers and sexual intercourse with their friends. (Kelley et al, 1999)

Eisenberg et al, (2006), reported that young women discussed relationships, facts and values with their mothers more often than did young men, who in turn discussed protection like birth control, and prevention of sexually transmitted infections with their fathers more often than did young women. Also G/Yesus, (2006), showed that males were most uncomfortable talking to their mothers, aunts, fathers, sisters, uncles and members of the clergy. They were comfortable talking to their brothers, friends and health care workers. Females were most uncomfortable with fathers, uncles, brothers and members of the clergy but they were most comfortable talking to sisters, friends, with boyfriends their same sex siblings and health workers.

Research on parent-adolescent communication about sex typically has focused on who communicates with whom. Such research is important, as it explains how parents provide information to adolescents. In general, the mother has been found to discuss sexuality with adolescents more often than the father. However, this parental gender difference is often affected by the gender of the adolescent: Mothers communicate more often with their daughters than with their sons, while fathers rarely communicate with their daughters about sex; however, mothers and fathers discuss sex with their sons at approximately equal rates (Miller et al, 1998).

2.2.2 General communication between parents and adolescents.

There is good communication between parents and adolescents on other issues related to life for example in issues concerning politics where by fathers tend to communicate more with their adolescents compared to issues related to sexuality or reproductive health. The findings from Burgess et al, (2005) indicated that the underestimations of the sexual behaviors of adolescents were based on erroneous assumptions made by the mothers and also positive parental perceptions of the parent–adolescent relationship increased the underestimation by the parents of their adolescent's sexual behaviors. For example, mothers (72%) were more likely than their adolescents (45%) to report that they had familial discussion about sex, and parental satisfaction with the parent–adolescent relationship was not predictive of teen satisfaction.

Much of the information that children get from their parents is observational and indirect. Quite often, adolescents do not get comprehensive information from parental conversations about sex. Those who seek guidance from parents are not satisfied because the latter try to evade discussion or are not able to give satisfactory answers because parents do not talk to their children about sex, but they also do not want their children to do anything sexual, Wang, (2000). Parents seem afraid to confront their children about what they are or are not doing sexually, mothers do not want to admit that their daughters are growing up, feel threatened by a sexually developing teenager, and thus find it difficult to discuss sexual issues with their daughters.

2.2.3 Parent Marital Status and parent-adolescents communication.

Wang,(2000), conducted a study to determine the relationship between parent-adolescent communication and sexual risk-taking behaviors of adolescents by analyzing the type and nature of the parent marital status and the level of parent-

adolescence communication among the married, divorced, mother remarried, father remarried, mother deceased, father deceased and parents who did not marry. This study found that adolescents whose father was deceased reported more parent-adolescent communication about sexual issues than those whose parents were married, divorced but both still single, or mothers who had remarried. Also it appears that the main differences in communication about sex in the family were found between adolescents whose father was deceased and those whose parents were divorced (both parents single). And it is reported that adolescents whose mothers were remarried reported more sexual risk-taking behaviors than those whose parents were married, divorced but both still single, or where the fathers were deceased.

2.2.4 Nature of the family and parent-adolescents communication.

Nature of the family tends to facilitate easy communication about reproductive health issues. Wang (2000), shows that adolescents who live with their grandparent(s) reported less communication about sexual issues, while those who do not live with their grandparent(s) reported more parent-adolescent sexual communication. Also adolescents who lived with sibling(s) reported a higher degree of openness of their communication with their parent(s), while those who did not live with sibling(s) reported a lower degree of openness of parent-adolescent communication.

Sexuality, communication about sexual matters, perhaps now more than any other time in the history the issue of sexual health is important for virtually every one. This is because adolescents are affected with the burden of unwanted pregnancy and its complication, HIV/AIDS/STI, and other sexual and reproductive ill-health. Since family can exert a strong influence on adolescents' sexual behavior, it is important to understand the role of family influence on sexual behavior. Thus, parent-adolescent communication regarding sexuality often is viewed as desirable and perceived by many to be effective means of encouraging adolescents to adopt responsible sexual behaviors (G/Yesus, 2006).

Barnes and Olson (1985) conducted a study on the relationship between parent-adolescent communication and the Circumplex Model of Marital and Family Systems and the analysis of the Parent-Adolescent Communication Scale data revealed substantial generational differences. As a group, mothers reported better communication with their children than did fathers. Adolescents expressed having difficulty communicating with both parents. At the aggregate level, the perceptions varied considerably between fathers, mothers, and adolescents hence recall on the problems that indicates a lack of communication problems. And the findings clearly demonstrated no sex differences between adolescent males and adolescent females in how they perceived their communication with their mothers and fathers, or how parents of either sex perceived their communication with male or female adolescents.

Also in their study, Barnes and Olson (1985), showed that mothers consistently reported more positive communication with their adolescents than fathers did. This difference was attributable to higher levels of openness reported by mothers in their parent- child interactions. The adolescent responses also indicated more positive interactions with their mothers than with their fathers in terms of a greater degree of openness in the mother- child relationship. The teens reported about equal levels of problems in trying to communicate with each of their parents. Compared to the adolescent reports, both parents reported significantly more openness and fewer problems in communicating with their children. Clearly adolescents viewed their intra-family communication with greater negativism.

Many parents don’t discuss with their child until they discover their adolescents has already made difficult sexually related decision. By this time an adolescent has probably already engaged in sexual activity, Communication is ineffective. The child was not encouraged to discuss sexually related issues from an early age; the teen will feel uncomfortable with the subject matter at this point in time. As a result the teen might lie or tell the parents what they want to hear in order to avoid an awkward

situation. The parents may also feel uncomfortable discussing the subject matter with their child and will have difficult initiating such a conversation (G/yesus, 2006).

Burgess et al. (2005) reported that parents and adolescents are often uncomfortable when discussing issues of sexuality as sex appears to be linked to responsible sexual behavior among adolescents. Despite support for increased parental communication with their adolescents about sex, many parents remain uncomfortable approaching this subject.

In terms of preferences, findings from four studies reviewed which investigated this topic found that young people prefer sexuality communication to take place with the parent of the same sex. The South Africa-Tanzania (SATZ) study conducted among young people aged 11-17 years reported that overall, 44% of participants preferred to communicate with mothers about sexuality, while 15% preferred fathers (Kaaya et al, 2009). In Cape Town, 31% preferred discussing with mothers, and 22% stated a preference for fathers, while in the other two sites, a greater proportion of males preferred discussing with fathers in comparison to mothers (47% and 27% in Dar es Salaam and Mankweng, respectively). Another study in Tanzania found that among in- and out-of-school males, 11% and 10% respectively selected fathers as a preferred partner for communicating about sexuality (Leshabari et al, 2009).

Among in- and out-of-school females, the study found that mothers were the first choice by both groups, with 44% and 37% of in- and out-of-school females reporting mothers as the preferred sexuality communicator, respectively. From a parental perspective, a study of Nigerian mothers and fathers parents found that they also preferred same sex discussions with their children (Izugbara et al, 2008).

2.2.5 Frequency and content of discussion.

A study in Nigeria by Musa et al. (2008), in which 98% of students reported discussion about condoms with a 'family member'. This study also found that 34% of respondents reported discussion about premarital sex with a family member.

Although the study specified that the member of the family most often involved in sexuality discussions was the mother (44%), compared to the father (29%), the study did not make clear which family member was involved in discussions for each topic investigated.

Another study by Kumi-Kyereme et al, (2000), found that the mother (with 33% of female adolescents and 16% of males) was the most frequently reported person with whom adolescents discussed sex-related matters, in contrast to the father (13% of females and 12% of males).

Study in Ghana by Karim et al, (2003), assessed whether or not communication about avoiding or delaying sex took place and found that communication about these topics is low.

A study conducted in Burkina Faso, Ghana, Malawi and Uganda found that the proportion of adolescents reporting having discussed sex-related matters and contraceptives was low with no more than 10% reporting such communication (with the exception of females in Uganda) (Biddlecom et al,2009) .

Finally, a cross-sectional study from Nigeria found that 30% of adolescents reported seeking information about 'sexual matters' from their parents. This study also found that there was a significant relationship between source of information and sexual experience, for instance, a greater proportion of adolescents (55%) who received sexuality information from peers were sexually experienced compared with 34% who sought information from parents and other sources (Amoran et al, 2005).

2.2.6 Triggers for parent-child sexuality communication

A study reviewed on parent- adolescence communication, investigated triggers for discussions about HIV/AIDS, and it was reported that parents frequently used examples of relatives who had died of AIDS to initiate a discussion and to reiterate the severity of the disease. Other triggers for discussion reported by parents in this study were radio programs, flyers, parental perceptions of risky sexual behavior, or

seeing someone they believed was HIV positive, for instance due to thinness. (Kajula et al, 2011).

2.2.7 Factors associated with sexuality communication

Another study found that young people living in rural areas reported more frequent communication about HIV/AIDS with both mothers and fathers than those living in urban areas. In addition, attending school and having a higher socioeconomic status were found to be associated with more frequent communication with parents (Leshabari et al, 2009). In a multi-site study conducted in South Africa and Tanzania, higher socio-economic status was similarly found to be significantly associated with more frequent communication with parents in both of the South African sites, but not in Tanzania (Namisi et al, 2009)

A study of barriers to communication between parents and adolescents concerning reproductive health issues is done as a review of 44 articles, 40 published and 4 unpublished. All of them were of 1982 and 2011. Of these, 14 articles were from Sub-Saharan, 1 from North Africa, and 29 articles were from USA. Among them 30 articles use both quantitative and qualitative methods, 9 articles use pure quantitative and 5 articles use pure qualitative. The contextual environment of parent-adolescent communication and its barriers is different in each country as other countries are developed and others are not developed in terms of parent-adolescent communication.

The study reported in this dissertation attempted to describe barriers to communication between parents and their adolescents concerning issues of sexual and reproductive health in Kinondoni Municipality. It used qualitative method and sought to get parents to reveal their experiences through in-depth interviews.

Chapter Three

Methodology

3.1 Study design

The research design that was used in this study was a descriptive exploratory design that aimed at collecting information from respondents on their ideas and opinions relating to barriers to communication between parents and their adolescents concerning sexual and reproductive health issues. Qualitative research method was used to explore the barriers to communication between parents and their adolescents.

As qualitative method seeks in-depth understanding of human behavior and the reasons behind the behavior then it enabled to describe the barriers to communication among parents and adolescents.

Kombo and Tromp (2006) points out that "descriptive studies are not only restricted to fact findings, but may often result in the formulation of the important principles of knowledge and solution to significant problems. They are more than just a collection of data."

3.2 Data Collection techniques and tools

Data collection was by the in-depth interview with parents through note taking and a recorder. This method was used to collect primary data because it gives freedom to respondents to express their ideas about the topic. Respondents also feel that they can give more deep and detailed information. Data were collected by the researcher with the help of a research assistant and the exercise lasted for three weeks.

3.3 Study area and study Population

The study population in this study comprised parents from Kinondoni Municipality.

The decision to interview parents only was based on the premise that parents are the one who always tend to initiate the discussion concerning sexuality and reproductive health issues to their adolescents. Furthermore the logistics of involving adolescents in the study involve to be matching them with their parents, and this can cause problems in data analysis. Matching information from both parents and their adolescents could make the study to lose its qualitative nature. Therefore the study involves 14 parents who had adolescents. Kinondoni Municipality was chosen just because it is the leading Municipal with highest population number in Dar-es-Salaam region (Population census 2002). Also Kinondoni district has one of the highest HIV prevalence rates among youth and adolescents in Tanzania. Besides the usual challenges that adolescents face, youth in Kinondoni are exposed to risky behavior such as drug abuse, prostitution, alcohol abuse, and hooliganism. All problems that is prevalent in the district. YN/T recognizes the vulnerability of youth, but also recognizes their central role in preventing HIV infections among themselves and their peers. (Family Health International/ Youth Net, 2005)

3.4 Sampling techniques and Sample size procedure

Qualitative studies aim to provide illumination and understanding of complex psychosocial issues and are most useful for answering humanistic 'why?' and 'how?' questions. An appropriate sample size for a qualitative study is one that adequately answers the research question (Marshall, 1996).

It is important to recognize that the essence of the qualitative approach is that it is naturalistic, studying real people in natural settings rather than in artificial isolation. Sampling therefore has to take account not only of the individual's characteristics but also temporal, spatial and situational influences, that is, the context of the study. Therefore the sample size for this study was 14 parents of both sexes and those who have adolescents and they were chosen randomly from their respective wards. Saturation of information gathered was when no new information is obtained as

information continues to be gathered or when the information gathered tend to be the same.

In this study, the researcher used purposive sampling to obtain information from the parents with the understanding that parents are the ones who always tend to initiate the discussion with their children on issues concerning reproductive health. The researcher selected the respondents who best met the purpose of the study.

3.5 Plan for data collection

Data were collected within two weeks through in-depth interview by the researcher with the help of three (3) researcher attendants who had the desirable qualifications. In addition the research assistants were trained by the researcher for two days to help in the task. Swahili language was used in collecting information from respondents. Before data collection pre-testing was done so as to ensure that a collection tool valid.

3.6 Plan for data processing and analysis

Collected data were processed and analyzed through reviewing all the comments and notes made and grouped them into emerging themes. Once data were organized into themes, key findings were written in English with the direct quotes being translated from Swahili to English.

3.7 Ethical considerations

Ethical clearance was obtained from MUHAS ethics committee so as to allow data collection. Confidentiality was observed to both the information provided and to

respondents as respondents were not required to write their names on the questionnaires sheets, and the questionnaires after taking information will be destroyed. Written consent was obtained from respondents to tape the interview. Participants were at any point free to withdraw from the study even though none did. Language used during the interview was Swahili.

Chapter Four

Results

This study explored the barriers to communication between parents and adolescents concerning sexual and reproductive health issues in Kinondoni Municipality. It covered 14 parents of both sexes who had adolescents. They were chosen randomly. The study reveals that there is communication between adolescents and their parents though it is very minimal. Reasons for this include shame, traditional norms, religious beliefs, marital status, fear of directing their children to engage into sexual activities, feelings that their children are young , that children already know the facts, and nature of the work parents do, tend to be the barriers that make communication difficult.

4.1 Results presented according to Objectives:

The results have been presented per each of the objective themes. Within each of the themes, results have been categorized into key topics.

4.2 Social barriers

4.2.1 Gender differences

Gender is one of the barriers to effective communication between parents and adolescents concerning reproductive health issues as it revealed in this study. Parents fail to communicate with their children of the opposite sex on issues based on sexuality like physical development, STIs, Puberty and condom use. This is a problem for all parents of both sexes as gender roles tend to be the barrier that tends to face parent-adolescent communication concerning issues of reproductive health. In most cases it has observed that this kind of communication tends to be gender based as parents prefer to speak or discuss with children of the same gender. Mothers prefer to talk with their daughters and fathers prefer to talk with their sons. If communication between parents and children of the opposite sex, then this communication take place in the context of:

4.2.1.1 Shame

Both men and women interviewed explained that it was shameful for them to discuss with their children of the opposite sex issues of STIs, condom use, HIV/AIDS and physical development.

"I can't communicate with my child of any sex, about sexually transmitted Infections because it is shame for me. My child will not understand me as she or he will feel shame too. If she is a girl she might feel something different like I need to have an affair with her, and for the boy, he will not understand me". **(P4- Man)**

"….it is difficult to tell my child that your voice has changed, I feel shy, but since I see physical changes, I started emphasizing on directing him to act responsibly as an adult like cleanliness". **(P10- Woman)**

"I have never discussed with my children issues of puberty because it is shame for me as a parent to talk about those issues and traditionally it is abomination for a parent to talk with his children about these issues. These are the responsibilities of elders like grandfathers and grandmothers and not of a parent as they teach a child how to act and behave as an adult". **(P13- Man)**

4.2.1.2 Fear that their children will feel they want to have an affair with them.

Gender also is a barrier to parent-adolescent communication as other parents both male and female explained that it is difficult for them to communicate with their children on some issues of reproductive health as their children are of opposite sex. Parents feared that their children will feel that their parents want to have an affair with them especially when the discussion is about sexuality.

"I can't communicate with my child of any sex, about Sexually Transmitted Infections because it is shame for me. My child will not understand me. She or he will feel shame too. If she is a girl she might feel that I want to have an affair with her, and for the boy, he will not understand me". **(P4 – Man)**

"I couldn't talk with my child about physical development. How can I start to tell my child that "siku hizi umeota ndevu" and you have big voice. I can't anymore it is shame for me even my child will say mother want to have an affair with me. **(P8 – Woman)**

4.2.3 Education

The education levels of parents tend to be a barrier to parent- adolescents communication concerning reproductive health issues especially concerning sexuality topics.

Parents with a high level of education, although they fail to communicate with their children orally or face to face, they decide to use other means of communication, like giving them learning materials to ensure that their children understand and get to know all the information about reproductive health issues compared to others with low education who have not seen other option to communicate with their children.

"*I have never tried to discuss directly with my child issues of STIs although I see feature of physical development. But I used to bring him materials like books and brochures that explain about those diseases, and this started when I saw that my child was changing physically. I know that my child understands because the materials are written in a language he knows. Everything about prevention and transmission, are explained in those books and brochures".* **(P10- Woman)**

"I have never tried to talk with my child about STIs because I know that he knows everything as there are many things to give information including mass Medias of which I think for my child knows everything. I did not have to tell him ways of preventing transmission because I thought in so doing I would get him to have sex". **(P14- Man)**

4.2.4 Fear that they will direct their children to engage into sexual experimentation

Some parents explained that it is difficult to discuss with their children issues of reproductive health as they fear that they can direct them into engaging sexual activities. For parents to discuss with their children issues of puberty, condom use,

STIs and HIV prevention and early pregnancy prevention is like they are directing their children to engage in or to practice sexual activities.

"I can't talk with my child issues of puberty and physical development because it will be like I'm directing him or her to engage into sexual activities" **(P1- Woman).**

"*If I need to talk with my child on issues of how to prevent STIs, HIV and early pregnancy I will tell her to abstain only and not about other ways because if I tell her about other ways, it will be like I will be directing and encouraging her to engage into sex activities"* **(P2- Woman).**

"It is very difficult for me as a parent to tell my child about consistent condom use, STIs and HIV prevention and early pregnancy prevention because when I teach him ways to prevent it is like I will be directing him to practice sex" **(P7- Man).**

4.2.5 Feelings that their children are still young to know about reproductive health issues.

Among the reasons why parents communicate less or not at all with their children on issues of reproductive health is that many parents have a feeling that the children are still too young. They think it is not yet a time for them to know about these things because they are too young.

"My child is still too young to talk with him about STIs. These are the diseases of adults, hence it is shame to talk about them with her, especially about how they are transmitted and of ways to prevent them" **(P2- Woman).**

"…….You as a parent you should feel shame to talk with your child about STIs, Condom use, and pregnancy prevention methods because these children are still too young to know all of these" **(P5- Woman)**.

4.2.6 Feelings that their children know the facts.

Other parents interviewed explained that they don't discuss issues of HIV and AIDS, early pregnancy, condom use and STIs with their children because they think that they know everything due to advanced science and technology as there are televisions, internets and different radio stations that talk about those issues, then it is easy for their children to learn much from other sources.

"Do you think that our children they don't know about how pregnancy, STIs and HIV/AIDS is obtained and how to prevent it? I know they know because of science and technology that is why I can't talk with them although I feel shame too" **(P5- Woman)**

"I know my child knows everything concerning condom use, early pregnancy STIs, HIV and AIDS because of the nature of the living we are which is advanced in terms of science and technology where a child can get information from brochures, televisions, internets and journals, that is why I can't talk with child anymore" **(P7- Man).**

"…I know that even my child know ways of preventing pregnancies because the life that we had our children knows everything" **(P14- Man)**

4.2.7 Marital Status

Being married tends to be a barrier to communication between parents and their adolescents concerning reproductive health issues as parents within the marriage tend to have different perception about who has the responsibility to communicate with the child concerning reproductive health issues like STIs and HIV/AIDS. Parents who are divorced assume that they have all the responsibilities in ensuring that their children, regardless their sex, have all the information about different issues of reproductive health. They do not communicate in a direct way with so as their children. They give them reading materials.

"Mmhhh! I can't talk with my child of opposite sex issues of STIs, firstly I don't know even how to start, even if I want to talk with him I will direct him to ask his father" **(P1- Woman).**

"It will depend with the sex of the child, if the child is a girl then I will talk with her, and if it is a boy then his father has to talk with, because it is easy for each parent to talk with the child of his or her sex. It is shame for me to talk with a child of the opposite sex issue relating to reproductive organs" **(P2- Woman).**

Parents who are divorced and remain as single parents, communication with their children regardless their sex tends to be more direct compared to those in marriage as they tend to have different way of ensuring that their children get the right information.

"I prefer to use brochures and periodicals which explain how STIs are transmitted. I started soon after I saw my child changing physically. He was at the age of having sexual desires which would force him into sexual experimentation" **(P3- Man).**

4.3 Cultural Barriers

4.3.1 Traditional norms.

All the interviewed participants explained that traditional norms of their culture were not friendly for them to discuss issues of puberty with their children as it was not allowed because it is based on sexuality discussion. They believe that they are not the right people to talk with their children about those issues as their cultural norms allow this activity to be handled by senior or elders like grandfathers, grandmothers, aunts and uncles. Hence this is the barrier that makes them fail to talk with their children about issues of puberty.

"My traditional norms do not allow me to direct my child on issues of puberty because it is shame for parent to talk about puberty to his or her child. This needs to be done by grandfathers and grandmothers" **(P2- Woman)**

"I can't talk with my child of any sex issues about puberty because my traditional norms do not allow me to do so. This activity is done by other guardians" **(P7-Man).**

"No, I can't talk with my child of any sex issues of puberty because my traditional norms prohibit me as a father. I t is an insult for me as a parent to discuss issues like these" **(P14- Man).**

4.3.2 Religion.

Religious belief that parents interviewed hold tend to be the barrier to communication between parents and their adolescents on issues of sexuality like STIs, HIV and early pregnancy prevention as well as condom use. They use statements that are provided in holy books (Bible and Quran) to guide their children to avoid sexual risk behaviors like multiple partners. Parents tend to use religious teaching rather than direct communication about condom use. Parents refuse totally to talk with their children about condom use.

"My religion help me very much in communicating with my child as it prohibits adultery which is a sin to God. My religion also prohibits me to use condom, so I can't direct my child about condom use and I don't like him to use condom as it is not the will of God". **(P3- Woman)**

"It is abomination to talk with my child of any gender issues of puberty even my religion prohibit me to talk those issues. This job is provided to seniors who are not the parents of the child" **(P6- Man).**

4.4 Economic barriers

4.4.1 Occupation.

Occupation in which other parents are engaged to tend to be the barrier for parents to discuss with their children issues of reproductive health as they have little time to be with their children.

"My job keeps me very busy. I used to travel frequently, which make me to have little time to be with my children and discuss with them. Furthermore my tradition prohibits me to talk with them about issues of reproductive health like puberty" **(P6- Man).**

"My jobs are many and I travel frequently. Time is a limiting factor". **(P4 - Man).**

"Truly economic activities are very tight, but when I get time I talk with my child about physical development" **(P2- Woman).**

4.4.2 Wealth (What parents own)

The role of wealth in parent- adolescent communication was not found, as parents interviewed declared that it does not have any effect to hinder communication between them and their children.

"What you own has nothing to do with preventing your child from risk sexual behaviors. What is needed is for parents to send a message to their children about risk sexual behaviors so that they know what to do" **(P12- Woman).**

"Wealth is not necessary, what is required is for my child to know and understand risk sexual behaviors. Educating her doesn't cost anything" **(P4- Man).**

4.4.3 Income

Income of parents doesn't have any effect to the parent- adolescent communication concerning reproductive health issues as parents interviewed explain that their income was nothing to do with the discussion with their children as communication doesn't need money.

"Issues of HIV/AIDS are discussed regardless of income because this disease doesn't select people who have or who do not have. So I used to tell my children that AIDS KILLS" **(P5- Woman).**

"Income is nothing because if I have or do not have it, still children need to be told and mother is the only person to tell them everything. Money is not needed" **(P13- Man).**

"Income is never needed to discuss with my child issues of HIV/AIDS; to me I think this discussion is free as income is not needed. What is mostly important is to use strategies that will help a child to understand the issues of HIV/AIDS" **(P9- Woman).**

Chapter Five

Discussion

Communication within the family appears to be particularly important during the adolescent years especially concerning sexual and reproductive health issues. Family communication affects adolescent identity formation and role-taking ability (Cooper et al., 1982). Cooper et al. suggest that adolescents who experience the support of their families may feel freer to explore identity issues.

The research findings indicate that some communication takes place on particular reproductive health issues but not others. In particular parents fail to communicate with their adolescent children on sensitive issues of sexuality like condom use, puberty, STIs, and physical development, but do so on less sensitive ones such as the effects of HIV. This implies that communication between parents is not comprehensive and informative when it comes to preparing their growing children to handle the emerging sexual needs they feel responsibly, so that they can minimize the risks for early pregnancy, STIs and HIV infection.

Furthermore the study found that that even when communication takes place it is inadequate as the process does not always involve direct conversation between parents and their adolescents. Parents prefer using indirect communication methods like providing reading materials to their children. This implies that the children do not get direct assistance and clarification of complex information they come across as they read the material. It can be concluded that the children do not benefit fully from such communication. For parents who try to have direct communicate with their children they tend to use threats rather than giving explanations and direction on "what to do and how."

Hence the barriers revealed by the study tend to relate to communication about sexuality issues like STIs, puberty, physical development, early pregnancy and condom use than other reproductive health issues because discussion between

parents and their children of both sexes tend to be difficult on all issues based on sexuality.

5.1 Cultural barriers

It is worth noting that the role of traditional norms that limit communication between parents and their children on issues of sexuality was also found to operate in other societies, as a study done in Kenya (Mbugua 2007) reported. Parents are not expected to discuss with their children issues of physical development and puberty. This task is given to other people who are senior like grandmothers, grandfathers, aunts and uncles. Not only is found to be shameful by parents, society finds it to be an abomination for parents to talk about these issues with their children as the discussion will be about sexuality. In this era of the HIV epidemic societies need to reexamine their cultural norms and do away with those that are not helpful in confronting the new challenges, particularly because urbanization has meant that such senior elders may not be within easy reach.

As for religious beliefs that prevent parents from discussing with their children about use of condoms, it is important religious organizations find more effective ways of teaching about prevention other than the injunction not to sin which is not heeded even by some religious leaders. At least schools should be allowed to deal with this subject of prevention of early pregnancy, STIs and HIV infection by teaching about scientifically proved methods.

5.2 Social barriers.

This study found that when communication takes place it tends to be gender based as parents prefer to speak or discuss with children of the same gender as themselves. Mothers prefer to talk with daughters and fathers prefer to talk with their sons. This finding is similar to that of Eisenberg et al, (2006),

Education is a factor in parent- adolescent communication. Parents with low levels of education tend to limit the communication process.

Parents don't want their children to engage in early sexual experimentation or to do anything sexual. They avoid talking to their children about sex and to confront them about what they believe the children are doing concerning sexuality. Parents fear that any discussion of this nature can lead the children to engage into sexual experimentation. This finding is similar to that of another Kenyan study (Poulsen et al, 2010). This suggests parents need to be educated to understand that adolescents are not young as at that age, they are aware of sexual needs, and some of them may be sexually active. They need all the necessary education and information before it is too late to correct any mistakes.

Parents with high level of education do not talk to their children as they assume that they know each and everything from television, radio, and the internet. So they let them find for themselves the information they want. While this is going on parents need to check with their children because not everything they come across in the social media is correct, and misinformation abounds.

The division of roles and responsibility for guiding children among couples is different, whereby mothers feel that it is fathers who are supposed to tell their sons this, and vice versa. This is particularly the case in the context of pressing economic activities which mean that either the father or mother may not be available to sit down and discuss issues with an apparently perturbed daughter or son. Divorced parents in turn assume that they have all the responsibility in ensuring that their children regardless their sex have all the information about different issues of reproductive health and will use any methods of communication. These results are similar to that of South African study (Wang, 2000).

5.3 Economic barriers

Participants interviewed in this study stated that lack of time to spend with their children due to different jobs they have, is one of the biggest problem they have. This makes them to fail or sometimes to have less communication with their children as

they are too busy with their daily activities. It is important that parents accept the responsibility to guide their children as they confront the challenges of growing up, and to find ways of doing so, including providing reading material they approve, and checking with them to make sure they understand what they read.

5.4 Limitations

1. Some parents refused to participate in the study because they thought it was a part of conducting census without their consent.

2. Other parents felt shy even to respond some questions.

3. Cooperation from educated parents was not satisfactory. They think that they and their children know everything.

4. Most of parents interviewed have similar information about the issue; this is because most of them have similar background hence the small number of respondents interviewed.

Chapter Six

Conclusion and Recommendations

6.1 Conclusion.

Communication between a parent and his or her child is one of the most important part of parenting, though not an easy one. It requires ongoing attention and time. Communication between parents and adolescents about reproductive health is difficult for both parents. Parents do not talk to their children about sex, they do not want their children to do anything sexual, and they avoid confronting their children on what they are doing concerning sexuality.

Shame, traditional norms, religious belief, marital status, fear of directing their children to engage into sexual activities, feelings that their children are young ,that children they know, and nature of the work tend to be the barriers that exist and tend to make the process to be not easy. These factors need to be researched among larger group of parents in different parts of the country so as to give the magnitude of the problem and to justify development of appropriate interventions.

6.2 Recommendations.

1. An appropriate social survey on a large sample size is needed in order to establish the magnitude of lack the problem of parent-adolescents communication.

2. Sensitization to both parents and adolescents need to be done so as any of them can initiate the discussion about sexual and reproductive health issues.

3. Training and education about sexuality and reproductive health need to be provided to parents on how to communicate with their children of the opposite sex.

References

Adeyemo M.O and Brieger W.R, (1994), Dissemination of family life education to adolescents by their parents in suburban Ibadan, Nigeria. International Community Health Education; 15 (3):241–52.

Aggleton P, (1995) Young people and AIDS, AIDS Care, 7(1):77–80.

Amoran O.E, Onadeko M.O, and Adeniyi J.D (2005) Parental influence on adolescent sexual initiation practices in Ibadan, Nigeria. International Community Health Education; 23(1):73–81.

Asia, I. (2004). The adolescent and sexual health, Unpublished Master's thesis. University of Stellenbosch, Stellenbosch, South Africa.

Barnes, H. L., and Olson, D. H. (1982), Parent- adolescent communication scale. In D. H. Olson et al., Family inventories: Inventories used in a national survey of families across the family life cycle (pp. 33-48). St. Paul: Family Social Science, University of Minnesota.

Barnes, L.H and Olson, D.H, (1985) Parent-Adolescent Commununication and the Circumplex Model, Child Development, Family Development and the Child, 2(56)438-447Published.

Barnett, J.K., Papini, D.R., and Gbur, E. (1991). Familial correlates of sexually active pregnant and non-pregnant adolescents. Adolescence, 26(102), 457-472.

Bastien S, Kajula LJ, Muhwezi WW. (2011) A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. Reproductive health: 8:25.

Bastien S, Leshabari MT, Klepp KI, (2009) Exposure to information and communication about HIV/AIDS and perceived credibility of information sources among young people in northern Tanzania. African Journal of AIDS Research. 2009; 8(2):213–22.

Biddlecom A, Awusabo-Asare K, Akinrinola B.(2005) Role of Parents in Adolescent Sexual Activity and Contraceptive Use in Four African Countries. International Perspectives on Sexual and Reproductive Health; 35(2):72–81.

Blake, S.M., Simkin, L., Ledsky, R., Perkins, C., & Calabrese, J.M. (2001). Effects of a parent-child communications intervention on young adolescents' risk for early onset of sexual intercourse. Family Planning Perspectives, 33(2), 52-61.

Bluestein D and Starling ME, (1994). Helping pregnant teenagers, Western Journal of Medicine, 161(2): 140–143.

Botchway, A.T. (2004). Parent and adolescent males' communication about sexuality in the context of HIV/AIDS – A study in the Eastern Region of Ghana. Unpublished Master's thesis. University of Bergen, Bergen, Norway.

Brook, D.W., Morojele, N.K., Zhang, Ch., & Brook, J.S. (2006). South African adolescents: pathways to risky sexual behavior. AIDS Education and Prevention, 18(3), 259-272.

Burger, C.A. (2000). Heterosexual context and adolescent sexual risk-taking behavior: an explorative study in a colored community. Unpublished Master's thesis. University of Stellenbosch, Stellenbosch, South Africa.

Burgess, V., Dziegielewski, F.S., Green, E.C., (2005) Improving Comfort About

Sex Communication between Parents and Their Adolescents: Practice-Based Research Within a Teen Sexuality Group: The Journal of Brief Treatment and Crisis Intervention, 5:379–390.

Centers for Disease Control and Prevention (CDC), (1997) HIV/AIDS Surveillance Report, 9(1):1–39.

Clawson, C.L., and Reese-Weber, M. (2003). The amount and timing of parent-adolescent sexual communication as predictors of late adolescent sexual risk-taking behaviours. The Journal of Sex Research, 40(3), 256-265.

Cooper, C. R., Grotevant, H. D., Moore, M. S., & Condon, S. M. (1982, August). Family support and conflict: Both foster adolescent identity and role taking. Paper presented at the meeting of the American Psychological Association, Washington, D.C.

Cooper, M.L., and Orcutt, H.K. (2000). Alcohol use, condom use and partner type among heterosexual adolescents and young adults. Journal of Studies on Alcohol, 61(3), 413-419.

DiIorio, C., Kelley, M., and Hocckenberry-Eaton, M. (1999). Communication about sexual issues: mothers, fathers, and friends. Journal of Adolescent Health, 24(3), 181-189.

Eisenberg, L.H., Sieving, R.E., Bearinger, L.H., Swain, C., and Resnick, M.D. (2006). Parents' Communication with adolescents about sexual behavior: a missed opportunity for prevention? Journal of Youth Adolescence, 35(6), 893-902.

Fisher, T.D. (1987). Family communication and the sexual behavior and attitudes of college students. Journal of Youth and Adolescence, 16(5), 481-495.

Fox, G.L. (1980). The mother-adolescent daughter relationship as a sexual socialization Structure: a research review. Family Relations, 29(1), 21-28.

Grotevant, H. D., and Cooper, C. R. (1983, April). The role of family communication patterns in adolescent identity and role taking. Paper presented at the meeting of the Society for Research in Child Development, Detroit.

G/yesus, D. (2006) Assessing communication on sexual and reproductive Health issues among high school students with their Parents, Unpublished Master Thesis, University of Addis-Ababa, Ethiopia.

Holstein, C. (1972). The relation of children's moral judgment level to that of their parents and to communication patterns in the family. Readings in child development. New York: Macmillan.

Howell, L. W. (2001). Examining the relationship between adolescent sexual risk-taking and Adolescents' perceptions of monitoring, communication, and parenting styles in the home. Unpublished Master's thesis. University of Virginia Polytechnic Institute and State Blacksburg, USA.

Izugbara CO. (2008), Home-based sexuality education: Nigerian parents discussing sex with their children. Youth and Society; 39(4):575–600

Jaccard, J., Dodge, T., and Dittus, P. (2002). Parent-adolescent communication about sex and birth control: a conceptual framework. New Directions for Child and Adolescent Development, 97, 9-41.

Jemmott L.S and Jemmott J.B. (1992), Family structure, parental strictness, and sexual behavior among inner-city black male adolescents. Journal on Adolescent Research; 7:192-207.

Karim AM, Magnani RJ, Morgan GT, Bond KC, (2003) Reproductive health risk and protective factors among unmarried youth in Ghana. International Family Planning Perspective; 29(1):14–24.

Kim, S et al,(1998) Family Communication About Sex: What Are Parents Saying and Are Their Adolescents Listening? on family planning perspective:30(5).

Kluger, J.(2006). Sex education in adolescents - an opportunity for HIV and pregnancy Prevention. Professional Nursing Today, 10(1), 24-26.

Kumi-Kyereme A, Awusabo-Asare K, Biddlecom A, Tanle A, (2007). Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. African Journal Reproductive Health; 11(3):133–49.

Miller KS et al., (1997) Adolescent heterosexual experience: a new typology, Journal of Adolescent Health, 20 (3):179–186.

Mbugua N, (2007) Factors inhibiting educated mothers in Kenya from giving meaningful sex-education to their daughters. Social Science Medical journal; 64 (5):1079–89.

Miller KS et al.(1998) Patterns of condom use among adolescents: the impact of mother-adolescent communication. American Journal Public Health; 88:1542-44.

Musa OI, Akande TM, Salaudeen AG, Soladoye OM, (2008). Family communication on HIV/AIDS among secondary school students in a northern state of Nigeria. African Journal of Infectious Diseases; 2(1):1–5.

Namisi FS, Flisher AJ, Overland S, Bastien S, Onya H, Kaaya S, Aaro LE, (2009) Socio-demographic variations in communication on sexuality and HIV/AIDS with

parents, family members and teachers among in-school adolescents: a multi-site study in Tanzania and South Africa. Scandinavia Journal Public Health; 37(2):65–74.

Noller, P., and Bagi, S. (1985). Parent-adolescent communication. The Journal of Adolescence, 8(2), 125-144.

Olson, D. H., Russell, C. S., and Sprenkle, D. H. (1983). Circumplex model of marital and family systems: VI. Theoretical update. Family Process, 22, 69-83.

Poulsen M.N, Miller KS, Lin C, Fasula A, Vandenhoudt H, Wyckoff SC, Ochura J, Obong'o CO, (2010). Forehand R. Factors associated with parent-child communication about HIV/AIDS in the United States and Kenya: a cross-cultural comparison. AIDS Behavior; 14(5):1083–94.

Resnick MD et al, (1997). Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. JAMA; 278:823-32.

Rodgers KB, (1999). Parenting processes related to sexual risk-taking behaviors of adolescent males and females. J Marriage Family; 61:99-109.

Rwenge, M, (2000). Sexual risk behaviors among young people in Bamenda, Cameroon, International Family Planning Perspectives, 26(3), 118-123 & 130.

Sigelman CK et al., (1995) Parents' contributions to children's knowledge and attitudes regarding AIDS: another look, Journal of Pediatric Psychology: 20(1):61–77.

Somers, C.L., & Paulson, S.E, (2000). Students' perceptions of parent-adolescent closeness and communication about sexuality: relations with sexual knowledge, attitudes, and behaviors. The Journal of Adolescence, 23(5), 629-644.

Wang, Z (2009). Parent-adolescent communication and sexual Risk-taking behaviours of adolescents, Unpublished Masters Thesis, University of Stellenbosch, Stellenbosch, South Africa.

Weinman M, Small E, Buzi RS, Smith P, (2008) Risk Factors, Parental Communication, Self and Peers' Beliefs as Predictors of Condom Use Among Female Adolescents Attending Family Planning Clinics. Child Adolescent Social Work Journal; 25:157-170.

www.advocateforyouth.org, Parent-Child Communication: Promoting Sexually Healthy Youth, site visited on 16/5/2012.

www.unjobs.org, success story, site visited on 23/10/2012.

Appendices

Appendix 1: Informed Consent- English Version.

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
DIRECTORATE OF RESEARCH AND PUBLICATIONS

INFORMED CONSENT

ID-NO ☐☐☐

Consent to participate in this study

Greetings!

My name is……

I am a student at Muhimbili University of Health and Allied Sciences doing research on barriers to effective communication between parents and adolescents concerning reproductive health issues, the study will be held among parents of Kinondoni Municipality.

The aim of this study

The aim of this study is to describe the barriers to effective communication between parents and adolescents concerning reproductive health issues, see what barriers tend to make parents to fail to discuss with their adolescents issues concerning reproductive health.

What Participation Involves

If you like to participate in this study you will be required to join group discussion to be conducted by the principle Investigator.

For in depth interview you will be required to answer a series of question as required by the research Assistant and Principal Investigator.

Confidentiality

All the information which will be kept confidential and we shall use only the Identification NO.

Rights to withdraw and Alternatives

Your involvement in this study is your choice. You may get out of the study any moment you wish and no any penalty, even if you have already given your consent.

Benefits to respondents

Your participation in this study will provide useful information for us and others stakeholders.

In case of Injury:

We do not expect any harm to occur to you or your family as a result of participating in this study

Whom to contact

In case of any inquiry please contact the Principal investigator, Catherine Sandey Nundwe ,Muhimbili University of Health and Allied Sciences(MUHAS), P.O.Box 65001, Dar-es-Salaam (Tel no. 0712 349284 or 0784 505819). If you have questions about participant rights you may call Prof M. Aboud Chairman of the college Research and Publications Committee, Tell: 022-2150302-6, and Prof. E.P.Y Muhondwa who is the supervisor of this study, Tell: 0754 74 4674.

Signature

Do you agree?

Participant agrees ☐

Participant disagrees ☐

I …….have read/understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of Participant …….

Signature of witness (if participant cannot read)

Signature of research assistant …….

Date of signed consent ……

Appendix 2: Informed consent- Swahili version

CHUO KIKUU CHA SAYANSI NA AFYA MUHIMBILI

KURUGENZI YA UTAFITI NA MACHAPISHO

FOMU YA RIDHAA

Utambulisho …….

Ridhaa ya Kushiriki katika utafiti huu

Mimi ni mwanafunzi katika chuo cha Sayansi na Afya Muhimbili, ninafanya utafiti juu ya vizuizi au vikwazo vinavyozuia mawasiliano thabiti kati ya mzazi na mtoto wake kuhusu maswala ya aya ya uzazi katika Manispaa ya Kinondoni.

Lengo la utafiti

Utafiti huu una lengo la kukusanya taarifa kuhusu vikwazo katika mawasiliano thabiti kati ya mzazi na mtoto kuhusiana na maswala ya afya ya uzazi, Una lengo la kuangalia ni vizuizi gani vinavyosababisha wazazi kushindwa kuzungumza na watoto wao maswala ya afya ya uzazi.

Usiri

Habari zote tutakazo zipata kutoka kwako zitakuwa ni siri, wala hatutatumia jina bali namba yako ya utambulisho

Madhara

Hatutegemei kana kwamba utapata Madhara yoyote katika utafiti huu

Haki ya kujitoa na vinginevyo

Kushiriki katika utafiti huu ni uamzi wako. Kama utaamua kutoshiriki au utaamua kukatisha ushiriki hutapata Madhara yoyote. Uko huru kusimamisha Kushiriki wakati wowote hata kama ulikwisha toa Ridhaa Kushiriki.

Faida kwa mshiriki

Kama utakubali Kushiriki utafiti huu, tunategemea kwamba taarifa tutakazo zipata kutoka kwako zitakuwa na maana kwetu na kwa wadau wengine.

Endapo Utadhurika

Hatutegemei Madhara yoyote kutokea kwako au familia yako kwa kushiriki katika tafiti hii

Watu wa kuwasiliana nao

Kama unamaswali katika utafiti huu unaweza kuwasiliana na Mtafiti mkuu, Catherine Sandey Nundwe, Chuo kikuu cha Muhimbili, S.L.P 65001, Dar Es Salaam, simu Na.0712 34 92 84 au 0784 50 58 19, Kama utakuwa na swali lolote kuhusu kushiriki utafiti huu na haki zako kama mshiriki unaweza kupiga simu kwa Prof. M.Aboud ambaye ni Mwenyekiti wa kamati ya chuo ya utafiti na machapisho, S.L.P 65001,Simu namba 2150302-6 na Prof. E.P.Y Muhondwa ambaye ni msimamizi wa utafiti huu, Simu namba 0754 74 4674.
unaweza kupiga simu kwa Sahihi

Je Unakubali?

Mshiriki amekubali [ ]

Mshiriki amekataa [ ]

Mim i……nimeisoma/nimeelewa hii fomu, maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu

Sahihi ya Mshiriki ……

Sahihi ya Shahidi kama hawezi kusoma na kuandika

……..

Sahihi ya Mtafiti muandamizi

…….....

Tarehe ya Makubaliano ……

Appendix 3: Interview Guide

Appendix 3.1: In-depth Interview English Version for parents.

Basic Information on the setting

1. Date of Interview
2. Time
3. Interviewer Name

Introduction

Self introduction, name, general affiliation and the purpose of the study

I appreciate that you have taken the time to participate in this research process which we know will greatly help us to understand the barriers to effective communication between parents and adolescents concerning reproductive health issues. The issues we discuss here are completely confident. At anytime during the interview, if you feel you need a brake or you not comfortable answering any question let me know.

Introductory information to put the client at ease:

i. Sex
ii. Education Level
iii. Religion
iv. Occupation
v. Marital status

Interview Guide Questions

1. Do you communicate with your child about puberty?

Probe: If no, who do you think is responsible for bringing up your child and directing him or her on all issues of puberty?

Why do you decide it to be like that?

Do you think the one you assign the task is very capable than you? (This question will be posed if the respondent say he or she assign someone for directing his or her child on issues of puberty)

Do you see changes concerning on what is aimed to be attained?

2. How do you communicate with your child of the opposite sex on issues concerning sexually transmitted diseases?

   Probe: Since when you started discussing with him or her?

   Why you started at that time?

   How does you know that he or she understand what you say?

   Does he or she ask you any questions concerning the topic?

   What methods of prevention your are telling your child?

3. How does your current level of education help you in discussing with your child about early pregnancy and methods to use to prevent it?

   Probe: How did you get the knowledge of early pregnancy?

   Do you think you have enough knowledge about early pregnancy?

   How do you direct your child on the methods to prevent pregnancy?

   How did he or she take the information?

4. Whom do you think is responsible for discussing with your child about HIV and AIDS in your marriage?

   Probe: Why?

   What is mostly discussed? The causes of the disease or its effects?

   Does the methods of prevention is discussed?

   How do you ensure that your child is going to use prevention methods like condom?

5. How do your daily activities enable you to discuss with your child issues of physical development?

   Probe: How often do you speak with your child?

   What facilitates the discussion to be on physical development issues?

   What materials are you using when the discussion is going on?

6. How do you use traditional norms in guiding and directing your child about puberty?

   Probes: Who is given a responsibility of directing your child about puberty?

   Do you think he or she send a message to your child?

   How do he or she direct your child about puberty?

   How does your child perceive it?

7. How does your religion help you in your communication with your child about sexual risk behaviors like multiple partners and inconsistence condom use?

   Probe: Does it allow you to tell your child about what methods to use to avoid sexual risk behaviors?

   If it does not allow, then how do you communicate with your child about such sexual risk behaviors?

   What challenges are you facing when directing your child on such sexual risk behaviors?

8. How does your income help in discussing with your child about HIV and AIDS?

   Probe: How do you use your income to make sure that your child understands issues of HIV and AIDS?

   Does it help or not?

   How?

9. Does any discussion concerning sexual risk behaviors need you to have enough wealth? Probe: Why do you think so?

   What will you do if you do not have wealth, will you stop discussing with your child? (This question will be posed to the respondent if the answer for the first question is yes.)

Appendix 3.2: Dodoso la undani kwa Kiswahili

Taarifa muhimu za mandhari

1. Tarehe ya dodoso
2. Muda
3. Jina la mdodoswaji.

Utangulizi: utambulisho binafsi, jina na lengo la utafiti.

Ninakushukuru kwa kukubali kushiriki katika utafiti huu ambao utasaidia kuelewa vizuizi au vipingamizi vya mawasiliano kati ya mzazi na mtoto wake kuhusu afya ya uzazi. Mambo tutakayoongelea hapa ni katika hali ya usiri. Muda wowote wa utafiti ukihitaji kupumzika au kuendelea na maswali mengi usisite kuniambia.

Taarifa za kumuweka mtu katika hali ya utulivu.

i. Jinsia
ii. Kiwango cha elimu
iii. Dini
iv. Kazi
v. Hali ya ndoa

Maswali ya dodoso la undani.

1. Je, unazungumza na mtoto wako kuhusu balehe?
   Dodosa: Kama jibu ni hapana, Ni nani unafikiri ana majukumu ya kumlea na kumuongoza mtoto wako katika maswala yote yahusuyo balehe?
   Kwa nini uliamua iwe hivyo?

Unafikiri huyo uliyempa hiyo kazi anaweza kuliko wewe?(Swali hili litaulizwa kwa mshiriki endapo atasema amemkabidhi mtu mwingine kazi ya kumuongoza mtoto wake maswala ya balehe?

Je unaona mabadiliko kulingana na ulichotaka kukipata au kukiona?

2. Unawasiliana vipi na mtoto wako wa jinsia tofauti kuhusiana na maswala ya magonjwa yanayoambukizwa na kwa njia ya ngono?

   Dodosa: Ulianza lini kuongea naye?

   Kwa nini ulianza katika muda huo?

   Unajuaje kama mtoto wako anayaelewa unayomweleza?

   Huwa anakuuliza maswali kuhusiana na mjadala?

   Ni njia gani za kuzuia maambukizi huwa unamweleza mtoto wako?

3. Ni kwa namna gani kiwango chako cha elimu kinakusaidia kujadili na mtoto wako kuhusu mimba za utotoni na jinsi ya kuzizuia?

   Dodosa: Ulipata wapi ufahamu wa mimba za utotoni?

   Unafikiria ufahamu wako unatosha kumueleza mtoto wako kuhusu mimba za utotoni?

   Unamuelekezaje mtoto wako kuhusu njia za kuzuia mimba za utotoni?

   Anaichukuliaje taarifa hiyo?

4. Ni nani unayefikiri ana majukumu ya kujadili na mtoto wako kuhusu VVU na UKIMWI katika ndoa yako?

Dodosa: Kwa nini?

Nini kinakuwa kinajadiliwa sana?visababishi vya ugonjwa au matokeo ya ugonjwa?

Je njia za kuzuia maambukizi zinazungumziwa?

Utahakikishaje mtoto wako anatumia njia za kuzuia maambukizi kama matumizi ya kondomu?

5. Ni kwa namna gani kazi zako za kila siku zinakuwezesha kujadili na mtoto wako kuhusumabadiliko ya kimwili?

   Dodosa: Ni mara ngapi unakuwa ukizungumza na mtoto wako?

   Ni kitu gani kilipelekea mpaka ukawa na mjadala huo?

   Unatumia zana/vifaa gani mjadala unapoendelea?

6. Unatumiaje utamaduni wa desturi zako kumuongoza mtoto wako kuhusiana na balehe?

   Dodosa: Ni nani anayepewa jukumu la kumuongoza mtoto wako kuhusiana na balehe?

   Unafikiri anafikisha ujumbe sahihi kwa mtoto wako?

   Huwa anamuelekezaje kuhusu balehe?

   Mtoto wako anachukuliaje?

7. Ni kwa namna gani dini yako inakusaidia kurahisisha mawasiliano na mtoto wako kuhusu tabia hatarishi za kujamiiana kama kuwa na wapenzi wengi na matumizi mabaya ya kondomu?

   Dodosa: Dini yako inakuruhusu kumwambia mtoto wako njia za kutumia kuepuka tabia hatarishi za kujamiiana?

   N kama haikuruhusu, je unawasiliana vipi na mtoto wako kuhusu tabia hatarishi za kujamiiana?

   Ni changamoto gani unazozipata unapomwelekeza mtoto wako juu ya tabia hatarishi za kujamiiana?

8. Ni kwa namna gani kipato chako kinsaidia kujadili na mtoto wako kuhusu VVU na UKIMWI?

   Dodosa: Unatumiaje kipato chako kuhakikisha kwamba mtoto wako anaelewa maswala ya UKIMWI na VVU?

Je, kipato chako kinakusaidia au hakikusaidii?

Ni kwa namna gani?

9. Mjadala wowote wa kuhusiana na tabia hatarishi za kujamiiana unahitaji kuwa na mali nyingi?

   Dodosa: Kwa nini unafikiri hivyo?

   Utafanya nini ikiwa hauna mali?Je, utaacha kujadili na na mtoto wako?(Swali hili litaulizwa kama mshiriki atajibu ndio kwenye swali la kwanza)

Appendix 4; Table 1: Demographic characteristics of the Participants

ID	Gender	Age	Education	Religion	Occupation	Marital Status	Child Sex	Child Age	Topics communicated
P1	Woman	33	Std 7	Muslim	Business	Married	Boy	16	None
P2	Woman	36	Form 4	Christian	Business	Married	Girl	14	Puberty, physical development
P3	Woman	42	College	Christian	Teacher	Divorced	Boy	17	STIs, early pregnancy, HIV/AIDS,
P4	Man	31	Std 7	Muslim	Business	Married	Girl	15	None
P5	Woman	37	Std 7	Muslim	Tailor	Married	Girl & Boy	14 &17	Puberty, early pregnancy, physical development, HIV/AIDS
P6	Man	39	Form 4	Muslim	Truck driver	Married	Boy & Girl	14&16	Early pregnancy
P7	Man	50	College	Christian	Employed	Married	Boy	17	None
P8	Woman	38	Std 7	Muslim	Housewife	Married	Boy	18	None
P9	Woman	35	Form 4	Christian	Secretary	Married	Girl	15	Puberty
P10	Woman	45	College	Christian	Accountant	Married	Boy	17	HIV/AIDS
P11	Man	43	College	Muslim	Tutor	Married	Boy & Girl	15&17	
P12	Woman	47	College	Muslim	Teacher	Married	Girl	17	Puberty,

P13	Man	42	Form 4	Muslim	Electrician	Married	Boy & Girl	16&14	None
P14	Man	48	College	Christian	Fisherman Officer	Divorced	Boy	18	None