Barriers to parent-child communication on sexual and reproductive health issues in East Africa: A review of qualitative research in four countries

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The increasing rate of risky behaviours among the East African adolescents has greater burden to the adolescent, family and the society. Young women in this region are exposed to potential sexual and reproductive health problems including sexually transmitted infections, unwanted pregnancies, unsafe abortions, contraception, sexual abuse and rape, female genital mutilation, and maternal or child mortality. This is attributed by failure of communication of most parents in this region with their adolescents on issues of sexuality and reproductive health like condom use, puberty, STIs and physical development. On the base of academic literature and other materials, this paper argues that parents’-adolescents’ communication on sexual and reproductive health issues in this region is circumscribed by various factors including gender differences, level of education among parents, occupations, traditional norms and religion. The paper concludes that, parents and other adults’ discussion with adolescents on reproductive health issues is imperative in reducing risky behaviors among adolescents. For effective communication on reproductive health issues, parents and adults need to be educated on their roles as primary source of information to their children. Furthermore, there is a need to address gender differences and socio-cultural norms that hinder effective communication.

Key words: Parent, adolescent, sexuality, reproductive health, communication, barriers, East Africa.

INTRODUCTION

Adolescent sexual and reproductive health has emerged as an area of key concern in the world. According to UNFPA (2011), one person in five worldwide is an adolescent, which translates to a global adolescent population of about 1.3 billion. Nearly half of all people worldwide are younger than age 25, which means that the current youth generation is the largest in history and the majority of whom live in developing countries (UNFPA, 2011). The sub Saharan Africa has higher proportion of adolescents and young people of 10 to 24...
years of which constitutes more than 20% of the Africa population (UNFPA and PRB, 2012). In East African countries to mention Kenya, Uganda, Rwanda and Tanzania, a third of the population is aged 10 to 24 (UNFPA and PRB, 2012). Adolescence as a period of growth is characterized by major physical, emotional and psychological changes that make young people vulnerable to many health and social problems (Nanda et al., 2013; UNFPA and PRB, 2012). These include unsafe initiation into sexual activities leading to early pregnancies, unsafe abortions, sexual abuse and sexual transmitted infections like HIV/AIDS. They are also challenged with restricted mobility, female genital cutting and circumcision, early marriages and violence, lack of schooling and drop out from schooling (UNICEF, 2013; Nanda et al., 2013; Jejeebhoy and Santhya, 2011).

Open positive parent-adolescent communication on sexual and reproductive health issues has many positive effects to adolescents, family and the society. A range of studies (Seloiwwe et al., 2015; Jejeebhoy and Santhya, 2011, Velcoff, 2010; Hindin and Fatusi, 2009) have shown that adolescents who discuss with their parents on sexual and reproductive health issues are more likely to make healthy decisions on the use of reproductive health services such as condoms when they want to have sex than adolescents who do not talk to their parents often. Furthermore, with the constant efforts by the parents in knowing their teens’ friends help report fewer sexual partners, fewer coital acts and more use of condom and contraceptives among adolescents (Bastien et al., 2011; Biddlecom et al., 2009).

Adolescents prefer to receive information about sexuality and reproductive health issues from their parents (Tesfaye et al., 2014; Bastien et al., 2011; Velcoff, 2010). However, in reality, few have this privilege because many parents do not applaud talks on these issues with their children (Nundwe, 2012). Many factors prevent parents from communicating SRH matters with their children. These include, lack of information about sexuality, cultural taboos and beliefs (Nolitha, 2014; Mbugua, 2007). Studies done by UNICEF (2013), Romo et al. (2010), Kareen et al. (2004) in Asia and Tesfaye et al. (2014) and Kumi-Kyereime et al. (2007) in Africa show that the education level, religion and gender of the parents, restrict parents communication with their children on sexual and reproductive health issues.

In East Africa, literature expounding the constraints on parent-adolescents’ communication on sexual and reproductive health issues are very limited. The few found (Seif and Kohi, 2014; Bushaija et al., 2013; Nundwe, 2012; Velcoff, 2010) are country based. With that nuances, further research exploring common barriers to parents-adolescent communication on SRH in East Africa should be explored. Moreover, the study will help come up with the general recommendations required in reducing the existing barriers and consequently, help improve the adolescents’ sexual and reproductive health in the region.

**METHODOLOGY**

A review of qualitative studies on barriers to parent-child communication on sexual and reproductive health issues was conducted on the base of literature containing the relevant studies. A total of 31 articles that met the inclusion criteria (adolescent, youth, parent, parent-child communication, caregiver, sexuality and reproductive health, HIV/AIDS, Africa and East Africa) were identified. These studies were reviewed and grouped according to whether they reported data which related to the process of sexuality communication, behavioral outcomes associated with sexuality communication and intervention data related to improving parent-child sexuality communication. These categories were subsequently used to structure the presentation of the results.

**RESULTS AND DISCUSSION**

**Parents-adolescents discussion on sexual and reproductive health issues in East Africa**

In comparison with other issues related to life such as politics, sport and games where parents are free to communicate with their adolescent children (Bushaija et al., 2013; Nundwe, 2012), there is no good communication existing between parents and adolescents on sexual and reproductive health issues in East Africa. According to Nundwe (2012), Velcoff (2010), Bushaija et al. (2013), five barriers to mention gender differences, education, traditional norms, religion and occupation are linked to crippling communication between parent-child on sexuality and reproductive health issues in this region.

**Gender differences**

Communication between parents and adolescents on sexuality and reproductive health issues in East Africa exists, however, is limited by gender. Mothers and fathers of the adolescent in this region, far more discuss with the youth of the same sex. Mothers communicate more often with girls than boys and fathers very rare communicate with boys than girls (Bushaija et al., 2013; Nundwe, 2012; PRB, 2011; Velcoff, 2010; Luwaga, 2004). The major reason of this sort of communication is that, both parents feel shy hence, find it difficult to openly talk to their children. As revealed by parents:

“... 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” (Father from Tanzania) (Nundwe, 2012: 23-24).

“... 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 (Mother from Tanzania) (Nundwe, 2012: 24).

“...you know sometimes we are both shy to tell her something. Because you see, as it is not something good to share with her....” (Mother from Kenya) (Velcoff, 2010: 109).

“I find it very difficult and wonder how to talk about sexual related topics with adolescents, yet I know the biology of reproduction” (Father from Rwanda) (Bushaija et al., 2013: 3).

“Most parents are shy and find it difficult to talk and open up to their children” (Mother from Uganda) (Damalie, 2001).

“Some mothers feel shy and others have a feeling that we are still young” (Adolescent from Uganda) (Damalie, 2001).

“It will depend on 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 him, 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” (Mother, 36 years old from Tanzania) (Nundwe, 2012: 28).

“Now those issues (referring to sexuality) I find them difficult because I cannot figure out how to start the conversation. As I have already explained that I find it difficult to introduce such issues with my daughters” (Father from Uganda) (Luwaga, 2004: 46).

“That is the duty of their mother because as I told you earlier I have mainly daughters. I talk to their mother, who also talks to them as girls” (Father from Uganda) (Luwaga, 2004: p 37).

According to Velcoff (2010), three factors make the mother-daughter communication in these countries possible. Firstly, is the close relationship existing between mothers and their daughters, secondly, mothers feel that their daughters need advice and third, the importance of the issues to be discussed and their effects to a daughter child (that is, pregnancy and easy STIs contaminations). The discussion with boys is limited as boys face less reproductive health challenges than girls following puberty. Similar observation was noted by Tesfaye et al. (2014) in Ethiopia, Turnbull (2012) in Britain, and Jejeebhoy and Santhya (2011) in India.

Education levels of parents

Parent level of education has an influence to parent-adolescent communication on sexuality and reproductive health issues (Bastien et al., 2011; Wamoyi et al., 2010). Studies by Seif and Kohi (2014), Bushaija et al. (2013), Nundwe (2012) and Velcoff (2010) show that, educated parents have the patience to talk orally and face to face with their youths as compared to parents with less or without education. Moreover, they can also converse with their children in different ways away from oral or face to face. For instance, through giving adolescent children learning materials such as books related to the topics something which is missing to parents with low or without education.

“...I used to bring him materials like books and brochures..... I know that my child understands because the materials are written in a language he knows” (Educated mother from Tanzania) (Nundwe, 2012: 39).

The low level of education among parents goes hand in hand with limited knowledge on the study topic. This is the other hurdle for parents in the communication of sexual and reproductive health issues in this part of the world. As evident in the quotations:

“...The problem of limited knowledge among parents prevents them from communicating with their adolescents” (School male, adolescent from Zanzibar) (Seif and Kohi, 2014: 09).

“Sometimes the parents do not know how to discuss such issues because they are not informed. When they want to discuss about pregnancy, they don’t have enough information about reproductive system...” (Mother from Kenya) (Juma et al., 2015: 4).

Similar to this finding was noted by Svodziwa et al. (2016), in Zimbabwe, Tesfaye et al. (2014) and Tesso et al. (2012) both in Ethiopia where communication was positively associated with parents’ levels of education.

Traditional norms

Traditional norms and culture is the other barrier that prohibits parents to discuss issues of puberty and sexuality with their children in East Africa. The norms prohibit parents and other health professionals to speak issues of sexuality to youths hence shy away and lack courage. Studies by Bashaija et al. (2013) in Rwanda, Nundwe (2012) in Tanzania, Velcoff (2010) in Kenya, and Kamau (2006) in Kenya reiterate that, it is abomination, shame and insult for parents to talk about sexual issues with their children as they teach children how to act and behave as an adult. As revealed by parents in quotations.

“In our culture discussing about sexual matter is rare. Let alone discussing with your child, husband-wife discussion on this issue is not practiced. Everybody is shy about it.
These culture, taboo and traditions are passing from generation to generation. We were brought up like this and are doing it today. This needs to be done by grandfathers and grandmother or other guardians" (Mother from Tanzania) (Nundwe, 2012: 29).

“You know us in [name of town omitted]; you are not supposed to tell a child straight. In that, you are supposed to use grandmother, which is our tradition. I mean, like in my case, I was not told a thing about sexual health…” (Mother from Tanzania) (Kajula et al., 2013).

“Now parents as culture dictates, find it difficult to explain such issues thinking that it is going to destroy their innocence forgetting that their children get information from different sources when they grow up” (Mother from Uganda) (Luwaga, 2004: 45).

“Our cultures, our minds, our bringing up are playing a very big role in sidelining the adolescents with the kind of services and information we give to them... It is a challenge to us all in the society” (Kamau, 2006: 191).

“Some parents consider it a taboo to discuss sexuality matters with their children. Traditionally, Luo children were socialized on sex related issues by their grandparents, and sometimes uncles and aunts. The situation has changed now with the breakdown of the traditional socialization process”. (Mother from Kenya) (Juma et al., 2015: 4).

“My culture, what it does is very positive on us because it’s what tells us is about marriage. It is good because my culture says sex before marriage is bad. So what I chose is exactly what my culture says” (Female adolescent from Kenya) (Velcoff, 2010: 86).

“[Culture] restricts me a lot so that I wouldn’t be exposed to [information about] anything that would give me a disease … because in our culture, you don’t talk sex. Sex is very private. You don’t even talk about it with friends behind closed doors. [Laughter] It’s not talked about” (Female adolescent from Kenya) (Velcoff, 2010: 87).

Based on the aforementioned quotations, one can reasonably argue that, in East Africa, traditional norms play a great role affecting negatively the effective communication on sexual and reproductive health between parents and their adolescents. Similar findings have been reported in other African countries as it was noted by Svodziwa et al. (2016) in Zimbabwe, Tesfaye et al, (2014) in Ethiopia, Ojo et al. (2011) in Nigeria, and Jejeebhoy et al. (2011) in India.

Religion

Religious belief often stands as a stumbling block to communication between parents and adolescents on issues of sexuality and reproductive health (Svodziwa, 2016; Juping, 2008). Like other part of the world, the common and big religions are found in the East African region with the large number of believers being Christianity and Islam. Both religions prohibit their followers from not committing adultery before marriage, practicing abortion and use of contraceptive methods such as condoms (Obonyo, 2009). As it is evident in the quotations:

“My religion helps 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” (Mother from Tanzania) (Nundwe, 2012: 29).

“As a Christian, you cannot advise your adolescent child to use condoms which is immoral” (Parent from Rwanda) (Bushaija et al., 2013: 3).

“…if you teach to use condoms it is like you are encouraging them to practice ‘that act’, while our mission is to prevent ‘that act’. Even in our religion, it is not allowed, our Lord tells us to stay clear of this act” (Male adolescent from Zanzibar) (Seif and Kohi, 2014: 9).

“Religion says no sex at all before marriage. I think that has helped a lot to keep me in check. Because, I’m Christian, I try to do what’s right. I know that it has really helped me remain abstinent” (Female adolescent from Kenya) (Velcoff, 2010: 86).

“They (church) are saying that [sex is] not a good thing because when those small children start to do that (sexual), they can take some diseases and it is not good…they will be pregnant and is not good. So I’m telling her, you choose to be Christian because in church we Christian are waiting to be married” (Mother from Kenya) (Velcoff, 2010: 116).

From the aforementioned findings one can reasonably argue that, extreme religious practices have prevented parents to communicate with their children on the best ways to reduce sexual and reproductive health risks in the region. Similar observation was noted by Juping (2008) from Scotland and Wang (2009) from South Africa who found religious practices to be a major stumbling block to parents’ failure in communicating sexual and reproductive health issues to their adolescents.

Occupation

Parents’ occupations account for the other barrier for
parents to discuss with their children on issues of sexuality and reproductive health. The parents who are self employed have regular returns to their homes hence they may have time to discuss with their youths. This is contrary to those who are publically employed with tight working schedule who have little time to be with their children. As evidenced in the quotations:

“Truly, economic activities keep me busy. I used to travel frequently, which make me to have little time to be with my children and discuss with them” (Nundwe, 2012: 30).

“Some parents have no time to talk with their children because they always arrive home from work late and tired” (Adolescent male from Uganda) (Luwaga, 2004: 47).

“They have no time to talk with their children and do not see their value in future so they take them as invaluable” (Father from Uganda) (Luwaga, 2004: 47).

Therefore, like in other places, life keeps parents busy in the region. This makes them spend much of their time and find little or no time to discuss issues of sexuality with their children. Similar results were noted in Zimbabwe and Ghana by Svodziwa et al. (2016) and Kumi-Kyereme et al. (2007), respectively.

CONCLUSION AND RECOMMENDATIONS

The study results showed that, the East African countries to mention Kenya, Uganda, Rwanda and Tanzania encounter almost similar barriers that affect effective parent-child communication on sexual and reproductive health issues. These include gender differences, cultural norms, and levels of education among parents, religious viewpoints and occupations among parents. The study has noted that open supportive communication between parents and adolescents on sexual and reproductive health issues can postpone sexual activity, protect from risky behaviours and support the healthy sexual socialization of the youth. It is therefore recommended that, for effective parent-adolescent communication on issues of sexuality and reproduction in East Africa and Africa in general, there is a need to address socio-cultural norms and religious beliefs that hinder the communication. Moreover, programs to support parents to become more involved in the lives of their adolescents and to better talk to their children’s sexuality need to be implemented.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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