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DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

THE ROLE OF PARENT-CHILD COMMUNICATION IN ADDRESSING SEXUALITY CHALLENGES AMONG ADOLESCENTS

BY

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Declaration

I hereby declare that this is my own work and that this research has not been conducted in any other institution for the purpose of an award of a Diploma or Degree.

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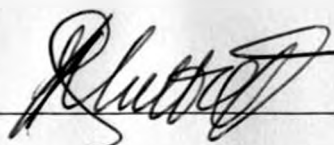
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Confirmation

I hereby confirm that this research proposal has been submitted for purposes of examination with my approval as a University Adviser.

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DEDICATION

This work is dedicated to my beloved mama, Rhoda Owuor Juma, who loves me as only a mother can.

ACKNOWLEDGEMENTS

I wish to express my gratitude to my supervisor, Dr. Pius Mutie, for his patience and guidance throughout the period of the study. Without his patience, I would not have come this far.

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Rachel Atieno Odhiambo
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ACRONYMS

HIV	Human Immunodeficiency Virus
KIE	Kenya Institute of Education
CSA	Center for the Study of Adolescents
NASCOP	National AIDS/STD Control Program
MOH	Ministry of Health
KANCO	Kenya Aids Non Governmental Organization Consortium
STD	Sexually Transmitted Disease

ABSTRACT

Adolescence is tough time for young people. Young people aged between 10 and 24 years account for about 30% of the world's population-about 1.7 billion people in total-but are by no means a homogeneous group. At the lower end of the age range, they consist of pre-teenage girls and boys most of whom are not yet sexually active. At the upper end, they consist of physically and sexually mature young women and men, virtually all of whom have been sexually active for some years. There is also enormous diversity among the youth of the same age, depending on the individual's level of physical, psychological and sexual development. One feature common to young people in many parts of the world, however, is their potential vulnerability to HIV and other sexually transmitted diseases (STDs) The parents have a responsibility of mentoring the adolescents to effectively handle the challenges of adolescents.

The study showed that parent-child communication is very weak and that is why adolescents have problems. The objectives were to find out the contents of parent-child communication, what is the manner of communication, the results of poor parent-child communication and ways of improving parent-child communication.

The study, under literature review looked at general challenges of adolescents, sexuality and adolescents, HIV/AIDS and adolescents, abortion pregnancies, STIs, the role of parent- child communication on sexuality and effective communication. It also employed two theories: communication theory and theory of socialization to shed more light on the topic. The research design was survey method involving questionnaire for adolescents as well as parents.

The research was carried out in Ruai location, Embakasi division, Njiru District, Nairobi Province. The target population consisted of 80 respondents of between 10-19yr olds in and out of school. Of these, 42 were females while 38 were males. Parents were interviewed to give more insight on the issues discussed with the adolescents.

The study used stratified, simple random and systematic sampling. Data collection using questionnaires involved oral interviews, Focused Group Discussions, Key informants interviews, secondary data, Case study and observation. Data was analyzed using descriptive statistics and presented using tables, diagrams, percentages, and frequency distribution. Qualitative data was used to identify themes. The study showed that few parents discussed serious topics like sex with the adolescents and they got information about sex issues from friends, internet, media and least of all parents.

In respect to the findings and conclusions of the study, the following recommendations were made: the government through the relevant ministries to organize compulsory seminars and workshops on how parents should relate and communicate with the adolescents on the challenges of adolescence. The Ministry of Health should establish more and strengthen the existing Youth Friendly Centers to counsel and make adequate follow ups. Ministry of education should strengthen the existing guidance and counseling departments in schools by freeing the counseling teacher from teaching duties so as to concentrate only on counseling. Non governmental organizations in collaboration with other stake holders should support the government's effort in helping the youth. The community should organize activities that bring together parents and adolescents. Those who tend to move toward crime should be identified through community policing then assisted to be reintegrated in the community, local churches should organize youth camps geared towards teaching the adolescents what parents have failed to do. Pastors should help parents and adolescents to be close to each other to beat the challenges of adolescence.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Over 30% of the world population is made of young people between 10-24 years. About 86% live in developing countries (Williams, Milligan and Odemwingie, 1997). According to the Kenya Demographic and Health survey (2009), 30% of Kenyan population consist of the young-ages 10-24yrs, 29% are those between ages 10-19 yrs. These children face serious challenges, which severely affect their growth and development. The transition from youth to adulthood is stressful-the economic decline, unemployment, increasing poverty and marginalization, HIV/AIDS and lack of access to basic social services. These and many more are some of the factors contributing to increased suffering among the youth (CSA, 2004).

Adolescence is characterized by confusion and instability. The adolescent is in a period of limbo between childhood and adulthood and this being the most difficult time; they have to contend with severe issues that may be difficult to contain. They deal with major biological changes as their bodies begin to mature. They also learn to interact with the other sex they get into intimate relationship In addition; adolescents are always seeking independence from the family as they prepare for life of their own. As a result of this, they are prone to experiment with various activities such as using alcohol, drugs, sex and such things. Their lives are easily influenced by peers, role models and these in turn lead to conflicts with parents at home. In school, they exhibit decant behavior that sometimes lean towards crime, (Chaff ant and Labeff, 1988). Furthermore, adolescents experiment with their sexuality and this brings in the issues of reproductive health, HIV/AIDS, S.T.DS, abortion (for girls), and early marriages and also use of contraceptives. Parenting on the other hand has also undergone a lot of changes just as the present day adolescents have metamorphosed. Earlier on, the adolescent was strictly under the wing of the parent and toeing the line was the known thing. Not so anymore. Things have changed so much so that old parental influence has been watered by other prevailing factors - the school and peers not forgetting the mass media. Briefly on the school environment, it can be that

the school can make or break a child. The way the school is organized, its laws and regulations, the routine work, the curriculum and poor teaching methodologies make many students to be maladjusted because the environment is monotonous and uninteresting, consequently they become lazy, disobedient, inattentive especially the mentally dull engaging in anti-social activities. The school is also accused of being the cause misbehavior in adolescence due to lack of management skills (Were, 2003).

On peer influence, it is important to note that just as the school competes with parents to socialize the adolescent, so does the peer group. It is very difficult for a normal child to hold himself aloof from peers influence. With their peers, Children are able to engage in democratic relationship without the ascribed differences found in the home. Although characterized as democratic, children's playgroups quickly develop status arrangements. Leadership develops and children gain identities based on their background, ability and behavior. For example, the playgroups often have to contend with the bully, the shy child, the spoiled child, or the bigger or more athletically developed child (Janeway, 1991).

Children quickly learn the power and the pain of ridicule from peers (and remember these episodes as adults) and feel the need to fit in and be like the others as a result. Consequently, children are constantly learning new behavior and attitudes from other children (Janeway, 1991).

The interactions within the peer group accomplish much in the establishment of identity and self-concept. From other children, we learn how others perceive us outside our family. Those perceptions in turn affect how others perceive us outside our family. Those perceptions in turn affect how we perceive ourselves. Do the other children see me as skinny or fat, fast or slow, smart or stupid, cute or ugly, friendly or unfriendly? Peers also provide role models. The children will copy behavior of others in an attempt to gain status and recognition. Most parents can relate incidents when their child pleads for something by noting, "All the other kids have it". Today, much of the pressure to wear the right clothes and do certain things stems from the role modeling of peers and the

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desire to fit in and be accepted. This desire to please the peer group becomes especially acute during the adolescents years, when youths often feel a need to break away from the family and parental control (Chalfant and Labeff, 1988).

On the family as a socializing agent, Chalfant and Labeff says that family sets the primary socialization and is responsible for accomplishing the process. The family provides the earliest human contact for an infant and has the responsibility of giving the attention, love and concern necessary for the child to thrive. However, families do not always live up to this responsibility. Parenting as a responsibility involves nurturing the child, giving the child its position in its social class, ethnicity and religion. In addition, the location of the family in the class structure of society, based on education, wealth and prestige has enormous affects on socialization of children. The educational level of parents affects their overall approach to child rearing, how they discipline the children, whether the children go to private or public school, what kind of books, toys and instructional materials are given to the children. The parent's status and ability to provide opportunities affect their children's future by influencing a wide range of behavior relating to success, including academic ability, choice of college, and choice of occupation.

Furthermore, they say that high status parents may both directly and indirectly teach their children the necessary behaviour leading to success. Poverty can be a major barrier for many children because they do not have the built in opportunities available to children of the middle and upper classes. Although parents are not so solely responsible for the personality of a child, without a secure family environment, children face greater difficulties in both social and personal development (Chalfant and Labeff, 1988).

On the same challenges, the East African Standard on career and school says "... but parents and other adults are also to blame for not taking their responsibility seriously. Many do not have the knowledge and skills to effectively guide adolescents. Parents have abdicated their duties to teachers who are already overwhelmed by instructional work. What is so unique about adolescents, being emotional and psychological unstable, they

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are hardly prepared to manage crises. They rely on uninformed colleagues for advice and thus set themselves unrealistic goals. But an even bigger problem for them is lack of role models. As a result they are not motivated to learn what with so many unemployed graduates and poorly paid educated people around them. Unfortunately, the crises may not end soon. Parents will not change overnight just as teachers will not accept additional responsibility. And the education system will not be changed tomorrow to accommodate the challenges. Students should therefore develop self-discipline, know how to manage time, influence their peers positively and discuss career issues with teachers and parents freely" (The Standard, June 23, 2005).

Youth sexuality is an area that has generated a lot of problems amongst the youth and has been a headache to parents the world over. The youth in and out of school are naturally curious about how their bodies work. Pressure from peers and the media encourages them to become sexually active as early as ten years. Teenage sexuality consequently remains one of the major challenges the world is facing today.

The youth need to be given more information on such issues as; changes that occur during adolescence, understanding sexuality, love & sex, how to build positive friendships, appropriate dating behaviors, moral values and moral behavior, how to manage sexual energies, the joy of abstinence, undesirable sexual behavior and finally consequences of premarital sex (KIE, 2004).

Although sexuality is a natural part of who are, it brings more problems than joy so parents should at an appropriate stage freely communicate to the youth what they know or have experienced to enlighten and arm them on search issues.

On adolescent health in Africa, Njau (1993) reveals that information on sex education was transmitted through joking relationship and this was done among those who considered themselves to be equals. Sexual messages were also communicated through proverbs, riddles and other forms of oral narratives. Stories were told warning girls to be aware of handsome men who would lure them into sex and destroy their lives. She further examines the role of parents in the provision of sex education to children and confirms the following.

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i) There is scanty or no information to boys-only advised on how to choose good girls for marriage and nothing more.

ii) There is moralizing of sexual and reproductive teenage activities as immoral, ungodly or unchristian if done before marriage.

iii) Parents preach on timing-everything with its on time so nothing should happen before its expected time.

iv) The communication was cautionary message-the content was found to be full of cautions, warnings and so communities very if not nothing.

v) The message was also full of advice-the girls were mainly advised or exhorted to wait until marriage before any sexual involvement.

vi) There is generally lack of information on how to handle emerging sexuality in order to postpone its expression until marriage.

Erulka (1998) carried a study on adolescent experiences and lifestyle in central province, Kenya and noted the following on communication and information on reproductive health topics;-

i) Adolescents overly discussed few productive health topics with girls discussing slightly more than boys.

ii) On whether they acquired new knowledge on any reproductive health topics, it emerged that their source of information goes as follows: -

After the media, friends 47%, teachers 38%, while teachers are potentially reliable; friends are mostly likely sources of misinformation. Again parents were infrequent sources of information with only 20% of respondents having received information from parents. On attitudes concerning communication with adolescents the study indicates that most communication about reproductive health takes between same sex friends and there seems little parent-child discussion on such issues. The parents/guardians did not feel knowledgeable enough to discuss such topics.

In conclusion, it is imperative that the adolescents are equipped to handle the many challenges coming their way and the best place to start is at home. Adolescents need

therefore not be abandoned by society to do whatever they want to do until they cannot do it anymore and then be branded names. There is need to listen to there needs, aspirations and even rebellion. Underneath all the anti-social behavior is a cry for understanding and help. There must be a proper channel of communication, reasoning together and not just waiting to blame adolescents.

1.2   Problem Statement

Njau (1997) did a research on mother/daughter communication. This research unfortunately did not cover communication between fathers and sons. The findings of the research showed that there is lack of effective communication between mothers and daughters. This in itself is not enough. The society is made up of both men and women and the same families have both girls and boys. To have a balanced society, both parents have the responsibility of communicating with their children regardless of their sexes moreover it is believed that girls respond well to their fathers than their mothers (Cleopatra complex), just as boys listen more to their mothers than fathers (Oedipus complex). Pregnancy in adolescence is on the increase. Do parents tell their daughters the disadvantages of early sexual activities? Do they tell their sons the danger of getting involved sexually and early parenthood? Do they stress the need to respect self for an increased self esteem?

Chandran, Mbutu and Niemeyer (2004) did a survey on Nairobi youth in order to understand the youth. They specifically looked at their interests, values, behaviors, beliefs and practices in relation to drugs, sex, tradition, spirituality, health and social integration. They also looked into their relationship with parents. The main aim of the survey was to enable the church mentor the youth in their commitment to God and faith and to teach them to apply their faith to everyday life. In conclusion, this survey was about the youth (where the adolescents also belong) and their Christian faith and lives. This was why was necessary to find out if parents communicate with their children on sexuality matters. Adolescence is that stage of life that cannot be wished away. It is what makes or breaks the young people and this is the time that parents are needed most to help their children take off confidently and have an eventual safe landing in life.

The research therefore sought to find out how communication is carried out between parents and children. Is there mutual respect, understanding and even desire to meet each other half-way? Why is there an increase in indiscipline and rebellion in families? Does it mean parents are not aware of these trends? These are the gaps the research seeks to fill.

1.3   Research Questions

The study sought to answer the following research questions

i)   What constitutes parent – child communication on sexuality?

ii)   How do parents communicate with their adolescent children?

iii)   What are the consequences of poor parent- child communication on sexuality?

iv)   What are the interventions in place to improve parent – child communication on sexuality?

1.4   Objectives of the study

The study aimed to address the following;

i)   To find out the contents of parent- child communication on sexuality.

ii)   To find out in what manner parents communicate with the adolescents.

iii)   To find out the end result of poor parent - child communication on sexuality

iv)   To identify ways of improving parent child communication on sexuality?

1.5   Justification of the study

Adolescence is the most difficult time in a person's life. Parents are overwhelmed by the single mindedness of the adolescents to take charge of their lives regardless of the outcome. In addition, adolescents are at that stage of life where they are easily attracted to whatever is in vogue. The only safe thing to do is to encourage parents to be more interested in the lives of their children. This interest can only be nurtured if there is free communication between parent and child. The adolescents are much more exposed to a huge amount of information that is both confusing as well as misinforming. They need the experience of the parents to sort out these information and ideas so as to give a well thought out advice. The previous studies looked at 'Mother Daughter communication'

and 'Youth in an African city'. There was a gap left by these studies. The first dealt with daughters only while the second was meant for spiritual faith. This study sought to cover both male and female issues that involve the whole society- in and out of church.

The study brought out the major issues and how to help the adolescents sort them out. From the study, policy makers would have a way forward in putting in place rules and regulations in favor of adolescents. The findings of this research would serve as a reminder to parents of their role and responsibility towards their children. Through this research, parents would identify their shortcomings as brought out in the findings hence make deliberate attempts to be closer to their children. The study would help parents to effectively communicate with their children at a time when they make important decisions that would impact greatly on their future lives.

Furthermore, the study would provide up-to-date information on the needs, concerns expectations and goals of adolescents as regards parent-child relationship.

1.6   Scope and limitation

This current study was limited to the challenges of sexuality among a adolescents aged between 12 – 19 years of age in Ruai division, Embakasi division, Nairobi East district.

The scope was on the communication process, how it is conducted, the content and the outcome of the process. The findings were then generalized to include the non-sampled population.

1.7 Definition of key Terms

Adolescence: This is the time usually between the ages of 12 and 19, when a young person is developing into an adult. This is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood but largely characterized as beginning and ending with the teenage stage. Adolescence is usually accompanied by an increased independence

allowed by the parents or legal guardians and less supervision contrary to the preadolescence stage (Christie, 2005).

Sexuality: Human sexuality is how people experience and express themselves as sexual beings. it encompasses an array of social activities and an abundance of behaviors, series of actions and societal topics. Biologically, it can encompass sexual intercourse and sexual behavior.Sociologically, it can cover cultural, political and legal aspects (sheri Winston,the Official Guide to Sexuality).

Parent –child
Communication: This refers to the way verbal and non-verbal information is exchanged between parent and child. Communication involves the ability to pay attention to what others are thinking and feeling. In other words, an important function of communication is not just talking but listening to what others have to say (Epstein et al 1993).

Challenges: The Merriam –Webster dictionary describes challenges as those things, issues, ideas that arouse or stimulate one especially by presenting one with difficulties.

Child: For the purpose of this study, child or children refers to an offspring regardless of age.

Deviance: In the sociological context, deviance describes actions or behavior that violate cultural norms including formally enacted rules(e.g. crime) as well as informal violations of social norms (e.g. rejecting folkways and mores) (Thomson,2004).

Parenting :   This is a process of promoting and supporting the physical, emotional, social and intellectual development of a child from

infancy to adulthood. It also refers to the activity of raising a child rather than the biological relationship (Martin, 2000).

Reproductive health: This is a state of complete physical mental and social well being and not merely the absence of disease or infirmity --- relating to the reproductive processes, systems and its functions (health definition, Center for Study of Adolescents).

CHAPTER TWO

2.0   LITERATURE REVIEW

2.1   General challenges of adolescents

Generally speaking, adolescence is a period that has been very difficult to place in terms of age boundaries. The world Health Organization report, 2003 defines adolescence as a period between ages 12-19 years. While the United Nation report 2002, considers adolescent as persons aged between 15-24 years. The Population Communications Africa in their Ukweli publications has settled for ages 13-19 years. From the above it would appear that a consensus has not been reached on the actual age limits of an adolescent.

Waithaka (2006)[1]*, argues that the achievement of a meaningful awareness of ones identity is a life long pursuit, but the quest is stronger at adolescence. This could be due to confusion caused by the explosion of physical and emotional changes experienced at puberty. The young persons experienced at puberty. The young person feels like a stranger to self hence the search for an identity (identity crisis). She explains further that developing self-identity gives one a sense of control, which allows him or her to lead a worthwhile life

Developing self-identity is a big task. There is a danger of confusion while the child begins to guess what others expect of them or whose opinion they should follow. Some adolescents regress into childish behavior and depend on others to make serious decisions for them while others remain confused. To the confused, the world remains a theatrical stage in which they spend their time and energy trying to make impression on others. Because of this acting one character to another, they take time before they acquire adult behavior. To move out of childhood, adolescents press for freedom from their parents, they want to be unique from their siblings and strive to be different. They cut out an image of themselves, do things that are conspicuous. Many get frustrated when they fail to live up to their standards.

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1   Esther Waithaka (2006) " The challenges of a teenager". Daily Nation 22.02.2006

These people may also try to identify with other people they admire. These could be real life people through the media. Sometimes they idolize these role models to such an extent that they lose their individuality through over-identifying. It should be noted that adolescents are vulnerable and can easily acquire undesirable values depending g on the people they hang out with (Ademola et al. 2007)

Some adolescents hamper the development of positive self-identity. Those who engage in risky behavior to gain approval and acceptance are often those who feel rejected by family or peers. They may fall in a group of other rejected peers to undertake any role to gain acceptance.

2.2   Sexuality and adolescents

Adolescent's sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality. Sexuality is a vital aspect of teens' lives. Their culture's norms, sexual preference and issues of social control such as age of consent laws influence the sexual behavior of adolescents. Melgosa (1997), argues that sexual preference among adolescents, like in adults, can vary greatly. Sexual activity is associated with a number of risks including STD, HIV/AIDS, emotional distress and pregnancy. This is because adolescents are emotionally immature and not financially sufficient.

Melgosa (1997) further postulates that sexuality is an important factor in adolescence. Throughout these years is a notable increase in sexual desire. This responds not only to biological reasons but also to psychological and social ones. He explains further that adolescents experience notable psychological changes, which prepare them for more mature sexuality; however, their inclination toward sexual activity is due to a natural curiosity, to a vehement desire for affection and acceptance. At the same time it seems to be a demonstration of the maturity, which they believe may have been reached in the group and even themselves. During the last decade a series of transformation have given way to important changes in the predominant concepts regarding sexuality. These changes are obvious in adolescents whose learning of sexual concepts is very different from that of their parents and grand parents. The media is very explicit when referring to

sexuality and eroticism. A great amount of information, which seldom takes into account the quality, and authenticity of its contents is now more easily available to children and teenagers. There is a movement from time to time when sexuality was never talked about in public to a constant, erotic bombardment, which confuses and even the younger generation who are not yet sufficiently mature. Still, Melgosa (1997) points out that now more than ever, self guidance is needed to help adolescents understand sexuality in depth and connect it with their own value system instead of being carried away by simple instinct or peer pressure.

The guidance in general cannot come from the radio or television of from popular literature or from movies. In addition, the school and the church have a fundamental role to play in children's general education and also in guidance regarding sexuality but they cannot, nor should they take the place of the family.

Sexual activity among adolescents is very high among Kenyan adolescents and it begins early. The breakdown in traditional family systems, urbanization and influence of the mass media are just some of the factors contributing too increased adolescent sexual activity. Studies show that adolescents are sexually active by ages 13-19 years. Curiosity, peer influence, expectations of gifts and money and coercion are reasons for early sexual activities. (CSA, 2004)

Melgosa (1997), states that parents should not wait for adolescents to consult them about sexuality; and less so if as children they have not been instructed about such an important, delicate area. At home sexuality must be talked about in a natural way on any occasion when it comes up. The worst thing that can be done is to change the conversation when someone talks about a question of a sexual nature in front of his or her child. Parents need to establish a relationship of a mutual friendship and trust with their children from an early age so as to make conversation more comfortable. He asserts that open a dialogue between the young person and adults about sex may reduce sexuality related problems

2.2.1 HIV/ AIDS and adolescents

Horizons (2005) on its research update on HIV/AIDS peer education program for younger youth states that: In Kenya, like in many other African countries, it is estimated that half of all new HIV infections occur among youth between ages 15 and 24 (NASCOP 2003), However, many of these individuals are much younger when they initiate sexual activity. Survey data show that 13% of girls and 31% of boys have has sex by age 15 (MOH). Unfortunately, few prevention programs exist to help younger youth, specifically those between the ages of 10 and 14 years to delay their sexual debut and develop communication and relationship skills that will keep them uninfected. In addition, HIV/AIDS is now the leading cause of morbidity and mortality in Kenya. It is estimated that by June 2000, 1.5 million people in Kenya had died of AIDS leaving behind close to one million orphans.

KANCO (2000) projected that in the year 2000, 40% of all new male infections would occur to those less than 20 years while that of females would be 60%. It is also noted that adolescents aged 15-19 years constitutes 35% of AIDS cases, with 22% of school – going children age 13-17 years being HIV positive.

2.2.2   Abortion among adolescents

Each year worldwide, an estimated 15 million births takes place among women of ages between 15-19years. In Kenya, 78% of married adolescents, and 9% of unmarried adolescents have begun having multiple partners, (Central Bureau of Statistics 2004). Adolescent's pregnancy and abortion among Kenyan School going girls is in the increase. Even though abortion is illegal in Kenya, most of these girls who get pregnant try to procure an abortion. Pregnancies to young girls are quite traumatic because it's a public manifestation of their private behavior. Both the boy and girl feel pressured to act so as to delete the embarrassment before it becomes public knowledge and in the process it becomes a challenge – to have the baby or not to, and above all, who will take care of the baby as both are young and dependent on their parents?

Melgosa (1997) states that statistics show an increase in births to single mothers in virtually all countries. The growing frequency of pregnancies in teenage girls is one of the causes of this trend. In the more developed countries, while the global birth rate has dropped drastically, the number of births from mothers between ages of 14 and 18 is growing. There is usually the dilemma as to whether the girl should continue with the pregnancy or have an abortion. This brings about conflict between parents and daughters. On sexual relationship, Melgosa (1997) says that this usually occur in unfavorable circumstances; very quickly, in strange, dark places, with fear of being surprised, without having talked about the matter together.

In relation to the above is the issue of unsafe abortion. Unsafe abortion is a serious public health problem accountable for the loss of thousands of lives annually. It remains the leading cause of maternal mortality in Eastern, Central and Southern African regions where an estimated 20% - 50% of all pregnancy related mortality is attributed to it. Abortion is one of the most common reasons for admission in Kenyan hospitals. A woman seeking care for abortion related complications in Kenya is likely to be single, with few or no children less than 20 years old, in school or unemployed. (Ombaka, C, et al, 1999)

2.2.3 Pregnancies and adolescents

Adolescence pregnancies among Kenyan school – going girls are on the increase – Even though abortion is illegal in Kenya, some of these girls who pregnant try to procure an abortion (KIE, 2004).

As mentioned earlier, the global birth rate has dropped drastically, the number births from mothers between ages 14 and 18 is growing. This type of pregnancy presents serious problems. The pregnant girl begins by perceiving her condition as a misfortune. Is she does not have enough family support, she will talk about her girlfriend who logically also do not have enough maturity and experience (Melgosa, 1997).

2.2.4 Sexually Transmitted Diseases among adolescents

Sexually Transmitted Disease (STD) is another closely related aspect of sexuality. There are several types of these venereal diseases, which are a public health problem. AIDS and genital herpes are part of this group and have no cure at the moment. Most of these diseases are contagious since the person affected does not realize the range of the infection. Adolescents who have sex form the most vulnerable group.

Melgosa, (1997) says that many parents never find out about these problems since only one in every adolescent goes to their parents in their circumstances. Of those who trust their parents with this problem, only a few get true support. Many parents blame and punish the child for everything. He further states that parents, apart from making their disapproval clear, must make an effort to understand that their son or daughter has already enough punishment for their mistake. This may be the moment to reflect on the parent – child relationship and turn it into opportunity to establish deeper ties in the friendship hoping for a better and healthier lifestyle.

Clearly speaking, parents must begin their children sex education in early childhood, when they reach puberty they will naturally maintain communication and dialogue with those whom they trust and with whom they have a relationship, love and friendship, (Varkey, 1997).

In conclusion, there is need for sexuality education in a broad sense – for adults as well as young people. This is because sexuality education addresses the biological, Psychological and spiritual dimensions of our being, including the skills to communicate effectively and make responsible decisions. It involves acquiring information and forming attitudes, beliefs and values about one's identity, relationships, affection, intimacy, body language and gender roles{Glen et al, 1997}

2.3 The role of parent-child communication on sexuality

Communication is sending of information from one person to another. Communication can be verbal, for example one person talking to another or it can be non-verbal, for

example, a scowl on a person's face that will probably let other people know he is angry. Communication can be positive or negative, effective or ineffective. Research indicates that strong family relationship can help children develop self-esteem, resist peer pressure, and act responsibly when making decisions about drugs, violence, and sexual intercourse. Effective parent-child communication is a cornerstone of strong and healthy families. In the era of HIV/AIDS, parents must learn how to communicate more effectively with the young people. How and what they communicate about body image, peer pressure, puberty, reproduction, sexuality, love and intimacy can make a significant difference in the health and well being of their children.

Kirby, (2003) argues that for decades, Americans concerned about young people have tried to increase parent-child communication about sexuality as part of their effort to reduce the rate of teen pregnancy, sexually transmitted diseases (STD) and HIV infection but their efforts have been passed upon several beliefs.

Although, parents are the primary sexuality educators of their children, they talk infrequently and inadequately with their children about sexuality because they have considerable difficulty discussing the subject. Effective parent-child communication about sexuality will lead to less sexual risk taking on the part of young people and to enhance this, properly designed programs can increase effective parent-child communication.

Parents need to communicate more effectively with their children about sexuality. On the same note, studies have shown that parents are still identified by some youth as the most important source of information through most youth do not identify parents as the most important source of information. It is important to note that as parental influence over youth diminishes, the adolescent behavior will be more affected by peers, the media and other sources and this displacement of parents in their role as primary sexuality educators show the need to have parent-child communication.

Kristen, Zolten and Long, (1997) believes that it is important for parents to be able to communicate openly and effectively with their children. Open effective communication

benefits the child and every member of the family and this improves the relationship between parents and their children. When parents communicate effectively with their children, they are showing them respect and children then begin to feel that they are heard and understood by their parents, which is a boost to self-esteem.

However, a large body of research has revealed that parents and their children commonly have difficulty talking with each other about sexuality

Kirby (2003), says that significant proportions of teens report very little direct communication about sexuality with their parents and most of the teens and parents are dissatisfied with some aspects of their communication about sexuality. The perceived obstacles include; potentially feeling embarrassed or possibly prying into child's personal life, others feel that if they talk to the teens about sex and/ or contraception, (s) he is more likely to have sex; the teen won't be honest, or the mother (parent) will be suspicious if (s) he asks any questions.

Nasibi (2003) asserts that poor communication with parents is a major challenge for adolescents because they cannot share their problems and experience with parents. Lack of understanding and communication between parents and their children is because parents want to impose their values, attitudes, lifestyles and beliefs on the youth.

Adolescents find it difficult to accept this view about life especially when they are aware of the generation gap between them. This leads to refusal to communicate with parents and exhibition of behavior that manifest anxiety, violent outburst and even running away from home or school.

The role of parents in the life of a child is of capital significance especially in the latter's early years. Psychologists argue that although the child is born with the potential of becoming healthy and successful, the way(s) he is brought up will determine whether the individual will grow into an emotionally healthy individual or not.

Varkey (1997) believes that the parents can be prince charming that turns the children to princes or princesses or the witches that turns them into frogs. This role of parents and their influences on their children early in life will affect the life of a child for good or bad.

Njau (1997) found out that there are constrains between mothers and daughters as far as communication is concerned. While mothers felt that all the mothers gave them were orders, instructions or advice related to   domestic duties, education, and the virtues of hardworking, good behavior and cleanliness. The daughter's felt that all the mothers told them were dos and don'ts without reasoning with them. Mothers on the other hand felt that their daughter's were manipulating in their communication.

The lack of parental communication with their children is not just a Kenyan but goes beyond the borders. Jagdeo (1984) explains that parents in the Caribbean do not talk matters of teenage pregnancy with their children and often fail to reinforce the lessons they teach with any degree of regularity or consistency. Advice comes irregularly, often occasioned by some specific occurrence-Menarche, the girl next-door becoming pregnant-and it is expressed more in terms of categorical warning than in terms of guidance.

The distinction between training and guidance is useful here. This failure has more to do with the fact that parents have neither the time nor the presence to guide their children through the complex value conflicts of their adolescent's years. More importantly, there is variety of personal and cultural limitations upon what parents and children can talk about with the results that they both remain silent on matters that adolescents would give an arm and leg to understand.

Nduati and Kiai (1997) assert that in all the studies of adolescents in the region, interpersonal communication was the most common sources of information on sexuality yet through peer counseling, it emerged that parents had inadequate information and required skills to carry out interpersonal communication with their children. The children themselves expressed the desire to have more interaction and information from parents, who are seen to give accurate facts and appropriate advice. Interpersonal communication empowers an individual to be able to negotiate, lobby for certain view point and carry out advocacy which in turn results in sense of confidence and control in social interactions.

Conger (1991) contends that one of the most important dimensions of the family system is communication. It has been found that those with better communication among parents and adolescents were higher in family cohesion, adaptability and satisfaction. Families with good communication also tend to be satisfied with their overall quality of life. In addition, family communication appears to be important particularly during adolescence years. This requires a re-appraisal of either relationship by both parents and their adolescent children. He further adds that changing long established parent-child interaction in order to adapt to new realities is seldom easy, either for parents or for their children. But the resolution of transitional difficulties and conflicts can be greatly facilitated by effective communication and openness in a family environment that provides both mutual supports.

In the matter of sexuality the best approach is one that begins in early childhood and extends through the years according to a policy of openness, frankness and honesty. Only parents can provide lifelong training. Dobson (1970) contends that the child's need for information and guidance is rarely met in one massive conversation provided by dry-mouthed, sweaty-palmed parent as their children approach adolescence. In addition he notes that parents are often too sexually inhibited to present the subject with poise or they may lack the necessary technical knowledge of human body.

2.4   Effective communication

D'souza (1989) says that effective communication influences that attitude and actions of people. Communication means a mutual exchange of information and understanding by effective means. Effective communication must have an exchange of ideas and understanding unless the flow goes both ways, no real communication takes place.

Zolten and Long (1997) says that effective communication between parent and child should start when the children are young. Before parents and their children can communicate, both must feel comfortable enough to do so. While the children are very young, parents should begin setting the stage for open, effective communication-be available to the children when they have questions or just want to talk.

Melgosa (1997) states that for parents of adolescents to communicate effectively they need to do the following:-

    i)   Before talking listen to your child effectively.

    ii)   Notice not only what they say, but also how they say it.

    iii)   Do not use angry words for they cannot produce any positive effect.

Ademola et al (2007) gives the following as skills for effective parent-child communication:

i.   **Clear pronunciation**: clear pronunciation while speaking refers to uttering words distinctly or clearly so that the listener hears and grasps the message being communicated.

ii.   **Eye contact**: this relates to fixing one's eyes on the audience. The direction of the gaze and length of gaze are very important in communication. Not looking at one's listeners while speaking may be interpreted to mean that one is not interested in the listeners or that one lacks self-confidence.

iii.   **Appropriate use of gestures**: Gesturing is the movement of parts of the body such as hands, arms, head, legs feet etc to communicate. It is a non- verbal mode of communication often used to communicate emotions and support.

iv.   **Effective listening:** Listening serves many purposes. It encourages the speaker to provide detailed information and so helps improve communication between people as it prevents conflict. It is through listening that conflicts are resolved and respect maintained.

The world over it is known that parents are poor communicators with their children. There are several factors influencing this trend. Some are highlighted below:

i.   **Culture of silence**: In many African communities, the norm is that children are to be seen and not to be heard. Hence, it is very difficult for adolescents to express themselves. In addition, parents who had themselves been denied the opportunity of self-expression as adolescents may not see anything wrong with this situation, thus perpetuating a cycle of denial.

ii.   **Lack of skills**: Some parents genuinely want to discus sexuality issues with their adolescents but do not know how to do so due to the sensitivity of the subject.

Instead of having a dialogue many would rather provide instructions and advice, which may create confusion in the minds of the adolescents.

iii. **Economic challenges**: In an attempt to make ends meet financially, many parents hardly have "quality time" with their children because they leave the house very early in the morning and return very late in the evening. The parents not being available for meaningful discussions, the adolescents turn to peers who provide inaccurate, incomplete and inadequate information on sexuality matters.

iv. **Perceived fears of undesirable consequences**: Some parents believe that communicating with adolescents about sexuality will cause more harm than good because the adolescents may experiment with sex due to the information received. This fear is unfounded for research has confirmed that education on sexuality (reproductive health) help young people to delay the onset of sexual activities, help them reduce the number of sexual partners, help them reduce rates of unwanted pregnancies and STI in this population

v. **Generational gap**: Due to the generational gap between parents and adolescents, both have different perceptions about each other, and hence, do not communicate effectively. Parents on one hand see their children as rebellious incapable of making wise decisions, secretive, over-protected babies. On the other hand, adolescents perceive their parents to be rigid, harsh inconsistent, old fashioned and uncaring.

2.5   Theoretical Framework

A theoretical perspective is a general approach to phenomena and interrelated concepts for depicting the world. The fundamentalist perspective in relation to systems analysis, pay particular attention to the functions, roles, cultural patterns, social norms and groups. The functionalists believe that if a system is to survive, certain tasks must be performed, if these are not performed, the system perishes (Vander Zanden, 1993). In this relation, the family as an institution has a role to play and if this role is not fulfilled, and then the family perishes.

The current study is guided by two major theories namely communication theory and socialization theory.

2.5.1   Communication Theory

Communication is deeply rooted in human behavior and structures of society that it is difficult to think of social or behavioral events from which communication is absent. "Communication" (from the Latin "communicare") literally means, "to put the common", "to share". The term originally meant material sense, applying to tangible things; it has since evolved to apply primarily to knowledge and information.

It may be said that communication consists of transmitting information from one person to another – "who says what to whom to what effect". However, from a factual point of view, it is a relatively young field of inquiry and thus lacks a common or shared conceptualization among all or most of those who work in the area.

Theory on the other hand is a form of explanation of a class of observed phenomena. Karl Popper describes theory as "the net, which we throw out in order to catch the world – to rationalize, explain, and dominate it".

Since the mid twentieth century, the concept of information has been a strong foundation for communication research and the development of communication theory. Information exchange is a basic human function in which individuals request, provide and exchange information with the goal of reducing uncertainty. Uncertainty Reduction Theory (URT) by Berger and Calabrese (1975) recognized that reducing uncertainty was a central motive of communication. This is more to do with interpersonal communication, examining this significant relationship.

Health and Bryant (2000) states that one of the motivations underpinning interpersonal communication is the acquisition of information with which to reduce uncertainty. Today, interpersonal communication tends to focus on dyadic communication, communication involving face-to-face interaction, or communication as a function of developing relationships.

It has been found that uncertainty plays a significant role in relationships. High levels of uncertainty can cause stress and anxiety, which can lead to low levels of communication competence (West & Tuner, 2000). Incompetent communicators may not gauge into initial interactions.

Festinger developed the theories of Cognitive Dissonance and Social Comparison (CDT). This theory attempted to explain how an imbalance among cognition might affect an individual. C.D.T allows for three relationships to occur among cognitions: a Consonant relationship, in which cognitions are in equilibrium with each other; and an irrelevant relationship, in which the cognitions in question have no effect on one another (West & Turner, 2000).

The above arguments in essence show the need to have parents and children communicating so as to share information, idea and also to reduce uncertainty. Parent-child communication would improve interpersonal relationship. Uncertainty has been defined as the number of alternative ways in which each interact might behave, it is important that parents communicate with children to reduce this uncertainty by being sure the child will behave in a predictable way. This can only occur when there is shared commonness between parent and child. Furthermore, as explained by the Cognitive Dissonant Theory, it is imperative that there exists a relationship that is very close equilibrium, where one is in a constant relationship with the others. In most cases, parent-child relationship suffers because of lack of communication and so they have an irrelevant relationship in which they have no effect on one another. To have influence on a child's behavior, a parent needs to reduce the level of uncertainty and thereby enhance the level of communication competence.

2.5.2 Theory of socialization
In the middle of the twentieth century, socialization was a key idea in the dominant American functionalist tradition of sociology; one of the interests was to try to understand the relationship between the individual and society. Hughes et al(2002) states that socialization is the process of social interaction by which people acquire those behaviors essential for effective participation in society, the process of becoming a social being. It is also essential for the renewal of culture and the perpetuation of society. The individual and society are mutually dependant on socialization.

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They go on to explain how theories of socialization developed. This includes the functionalist and a conflict perspective as well as three micro level approaches. Social learning theory emphasizes conditioning and observational learning.

On the same vein, cognitive developmental theory argues that socialization proceeds differently in the sensory motor, pre operational, concrete operational and formal operations stages. In addition, symbolic interactionists say reflexive behaviour facilitates the development of the cell.

On agents of socialization, Hughes et al (2002) contends that one of the most important early agents of socialization is the family. However, the idea of socialization has lived on, particularly in debates about the family and education. The institutions of the family or the school are often blamed for their failure to socialize individuals who go to transgress social norms.

2.5.2.1   The family

Families refer to a group of people affiliated by consanguinity, affinity and co-residence. Although the concept of consanguinity originally referred to relations by "blood", many anthropologists have argued that one must understand the notion of "blood" metaphorically, and that many societies understand "family" through other concepts rather than through genetic distance.

It is generally believed that the primary function of the family is to reproduce society, either biologically, socially, or both. Thus one's experience of one's family shifts 'over time'. From the perspective of children, the family is a family of orientation: the family serves to locate children socially, and plays a major role in their enculturation and socialization. From the point of view of parents, the family is a family of procreation the goal of which is to produce and encultivate and socializes children. However, producing children is not the only function of the family; in societies with a sexual division of labor, marriage and resulting relationship between two people, is necessary for formation of an economically productive household.

In enculturation and socialization of the children, the family becomes a role model to be copied and emulated. The family is primary agent of socialization. The new born baby

depends on the family for nurturing and later on, the family influences its self concept, emotions, attitudes and behavior. The individual learns the appropriate values, actions and attitudes as a member of a particular culture (Henslin, 2006).

With the above reference, it is evident that the family cannot run away from the responsibly of being a role model and also a socializing agent. Adolescents are getting into trouble because the primary role model has taken a back seat and let other agents to take over. Their charges are being resocialised by other agents such as the Mass Media, peer groups and even some religions that have negative impact on the adolescents. The family needs to take seriously its duty of guiding the adolescents, to make them fit for living in society. The family, which is a basic unit of the society has increasingly accepted a variety of family forms, gender roles and an increasing tolerance of variations in the ways people express their social identities. This laxity on the part of the family matters related to sexuality with a lot of casualness that leaves a lot to be desired.

2.5.2.2 The school

Next to the family, the school is one of the first agents of socialization that children are exposed to after being socialized exclusively by the family. Schools can be viewed as having three major components; teachers, classes and texts, and a culture. If all these factors work together, then the school can be an effective agent to influence the development of ideas. Especially in the light of today's problems in the family (for example, single parents, divorce,), the school is seen as a surrogate parent expected to 'fill in' for parents who do not have time or the desire to socialize their children.

Furthermore the school is seen as the official place where our society transmits its accumulated knowledge from one generation to the other. It is also the place where we officially pass our cultural value, tradition, and heritage. The school curriculum often reinforces what was learned in the family but it can also challenge family socializations (eg teaching values of tolerance to a child of a racist family)

The school's social curriculum entails learning social behavior, appropriate for Interactions. The child learns to communicate, negotiate, and dominate e.t.c with others

outside their immediate social circle. This social curriculum broadens away from general group interaction to interaction in sexualized situations (www.sociologycentral.com)

2.6   Conceptual Framework

Conceptual framework is a schematic representation of a research problem that includes a network of concepts (factors or variables) and exhibits the flow and direction of their relationships (Emil Chandra, 2004).

Figure1: Conceptual Framework

The diagram below shows the outcomes of both effective and ineffective communication between parents and adolescents.
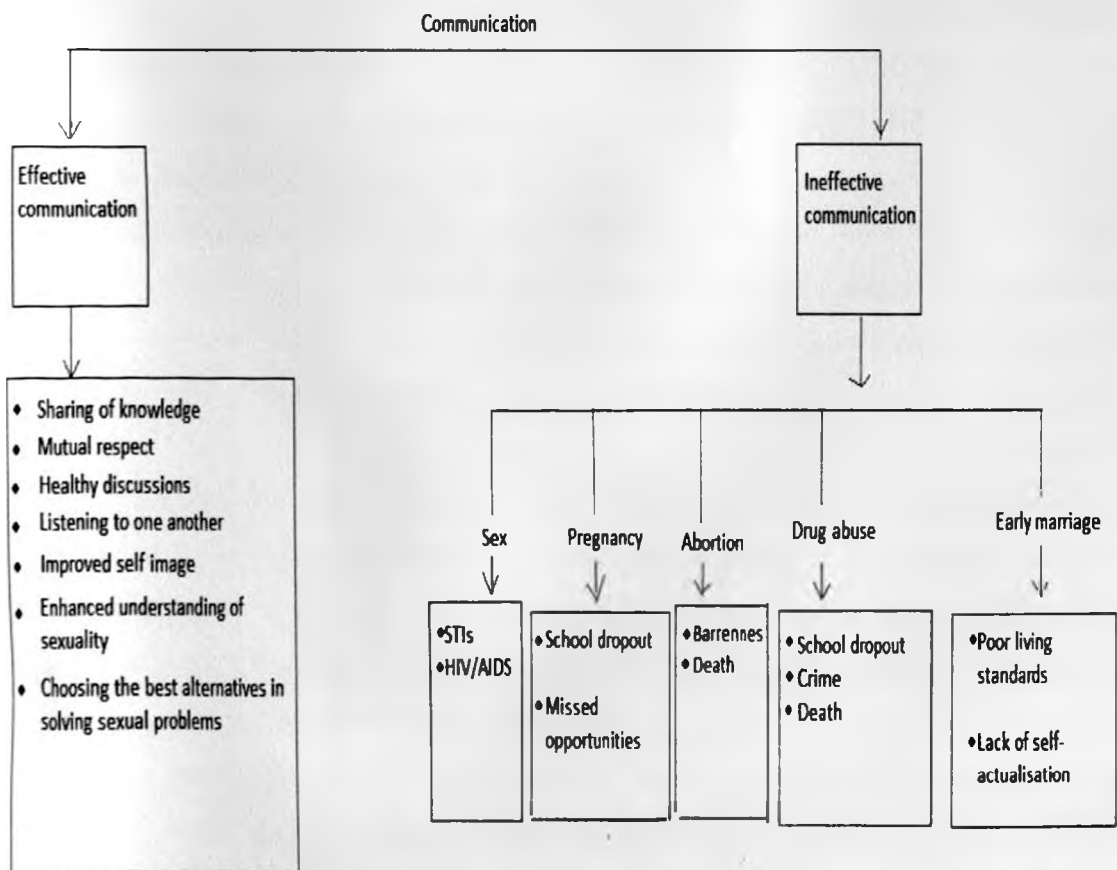
The above conceptual framework shows that lack of effective parent – child communication leads to the following challenges among adolescents; pregnancy, involvement to sex at an earlier age, abortion, drug abuse and earlier marriages among others. Effective communication on the other hand leads to adolescents' improved self image, enhanced understanding of sexuality and ability to chose best alternatives in solving sexual problems.

3.0   CHAPTER THREE : METHODOLOGY

3.1   Introduction

This chapter gives a description of the sources of data, the design of the study and statistical methodology. The chapter contains the following sections: research design, research instrument, target population, data collection , site selection and description and data analysis.

3.2   Research Design

The study used the survey method which involved the application of the questionnaires. According to Singleton et al (1988), these are targeted to a part of a group to make generalizations about the whole group. According to Orodho (2004), the survey approach in research deals with the incidence distribution and interrelations of variables. Lovell and Lawson (1971) also say that descriptive research is concerned with conditions that exist, practices that prevail, beliefs and attitudes that are held, processes that are on going and trends that are developing.

3.3   Site selection and description

The proposed study was carried in Ruai Location, Embakasi Division, Nairobi East District, Nairobi Province. Nairobi province is divided into three Districts; Nairobi East, Nairobi West and Nairobi South. I have purposely selected to do my study in Ruai location because of its mix of different classes of people.

Ruai is a squatter settlement area in Embakasi constituency, Nairobi East District. This is an area that stands out as problematic as far as adolescence and sexuality is concerned. The adolescents hardly reach secondary school level. The girls fall pregnant in primary school and eventually go for early marriages that do not last long. Many of the adults are single parents (women) and so the girls follow the same trend.

In addition, Ruai is surrounded by stone mines (quarries) and so most young men leave school to go mine stones. In the process they get into drug abuse, crime and eventually go to prison. The school dropout rate is very high for both boys and girls. There is a high

level of illiteracy and this contributes to risky sexual behavior leading to HIV/AIDS, teenage pregnancy, early marriages. abortion and others.

3.4   Target Population

The target population for the proposed study was a randomly selected to stand for adolescents between 12 and 19 years and their parents in households in Ruai location. There are seventeen estates and approximately 4,793 households in Ruai location.

Table 1: Target population

Zones	Target Population
Ndege view	300
Chokaa	420
Hurling ham	250
Sewage	500
Ngondu Central	350
Stage 26	380
Makongeni	215
Kamulu Shopping Center	290
Ruai Central	280
Manyatta	200
Makongo	180
Bururu farmers	150
Kamunyonge	480
IPD Zone	100
Athi	270
Katworo	178
Riverside	250
Totals	**4,793**

Source: Ministry of State for provincial Administration and internal Security.

3.5 Sampling procedures and Sample size

Most residents of Ruai location are a mix of low and middle class people. There are 17 estates in Ruai namely Ndege view, Hurlingham, Chokaa, Ruai Central, Manyatta, Makongoni, Katworo, Kamunyonge, Sewerage, Gituamba, IDP Zone, Ngondu Central, Arthi, Makongo, Stage 26, Riverside and Kamulu Shopping Center. The researcher used stratified sampling to select 3 estates. Three estates were randomly selected. These were Kamunyonge, Sewerage and Makongeni. From the estates, 480, 500 and 215 households respectively were expected using simple random sampling. The sample expected was 1195. From each estate, 30% of the households were sampled giving a total of 270 households. The study also involved ten key informants to give insight on matters relating to adolescents and sexuality in the area. Four of these were from the Ministry of Gender and Children Affairs.

Table 2: Sample size

Estate	Sample size
Kamunyonge	480
Sewerage	500
Makongeni	215
Totals	**1195**

Source: Research data

3.6 Methods and tools of Data collection

3.6.1. Oral Interviews

Questionnaires containing both open and closed ended questions were administered to gather qualitative data from the respondents. The data was collected on how parents communicate with their children in relation to sexuality. Face to face interviews were carried out with respondents using the questionnaires as guides.

3.6.2 Focused group discussion

This was done in a social hall where the youth normally assemble during soccer training. The discussions were scheduled to take one and a half hours before training. It involved

the players as well as the trainers and focused on issues related to parent- child communication in families in regard to sexuality. There was a focus group guide which will have a list of questions to be answered by the respondents.

3.6.3 Key Informant interviews

There were interviews with key informants from the region such as a youth leader, two representatives from the ministry of gender and culture, one official from the children's welfare office, one representative from the local health centre. In addition, the local chief was interviewed. An interview guide was formulated for the interview.

3.6.4 Secondary data

Secondary data was also used to add more insight into the stand. These included statistics from the key informants in form of official documents that related to adolescence sexuality.

3.6.5 Case study

A case study was done on two families. One was an adolescent with parents who effectively communicated with her and the other was an adolescent with parents who did not communicate effectively. These were purposively picked to show the difference in how they handled their sexuality issues

3.6.6 Observations

Observations were carried out on the adolescents in relation to their behavior, how they relate with others in the community, the level of sexuality issues (e.g. drug abuse, abortions, early marriages). Observation checklist was used to cover the above mentioned issues.

3.7 Data Analysis

The data collected was analyzed using descriptive statistics and presented using tables graphs, charts. A research package SPSS was used. In addition qualitative data was broken into manageable units, synthesized, searched for patterns and themes.

3.8   Ethical Considerations

The purpose of the study was explained clearly to each respondent. Privacy and confidentiality of the information obtained was assured by not asking them to indicate their names.

3.9   Operationalization of variables

Variables	Indicators
Parent-child communication	frequency of communication
Consequences of poor parent-child communication	- pregnancy - abortion - drug abuse - early marriages - crime etc.
Improving parent-child communication	- sharing of knowledge - mutual respect - healthy discussions - listening to one another - creating a friendly environment discussions

CHAPTER FOUR

4.0 DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter discusses research findings that arise from the quantitative and qualitative data collected from the field. The findings have been analyzed, tabulated and recorded as frequencies and percentages where appropriate. The study focused on three estates Kamunyonge, sewerage and Makongeni. A total of 359 households (being 30% of the total household population) were selected for the study. However, the exact number was not achieved due to unavoidable circumstances. Table 3 explains this.

Table 3: Distribution of respondents per estate

Estates	Target	Available
Kamunyonge	144	100
Sewerage	150	130
Makongeni	65	40
Total	**359**	**270**

4.2 Demographic characteristics of respondents

The targeted number of households was 359. Out of each household came 1 adolescent, 1 parent. However, the actual number of households interviewed was 270. Wherever there was no adolescent, the next household was picked. Out of this, 160 were girls while 110 were boys plus their parents.

4.2.1 Age of adolescent respondents

Adolescents in this study were taken from between 12 and 19 years of age. This age bracket was arrived at by considering the World Health Organization definition of adolescents. The lower age limit was arrived at considering the fact that girls mature earlier than boys and that it emerged that a girl of 9 years became a mother some years

back. From the response, the majority of the respondents (37%) fell in the 17-19 year age bracket, meaning that they are right in their adolescence age. Table 4 shows this.

Table 4: Age of adolescents

Age	Frequency	Percentage
12-13	75	28%
14-16	96	35%
17-19	99	37%
Total	270	100%

4.2.2 Sex and education of respondents

The respondents were almost the same number according to sex. Females were 160 while the males were110 respondents. Table 5 shows this.

Table 5:   Sex of adolescents

Sex	Frequency	Percentage
Male	110	41%
Female	160	59%
Total	270	100%

In terms of education, 103 (38%) were in school while 167 (62%) were out of school. Those out of school were mainly school dropouts. They dropped at different stages with 2 out of 3 dropping out at primary level. None of the respondents had reached university level though there were hopes of achieving such levels from four of them.

4.2.3   Statuses of parents

When asked whether the parents were alive or dead, 68% stated that both parents were alive, 15% had only mothers alive, 4% had only fathers, 10% had single parents and only 3% were complete orphans. The orphans live with their maternal uncles. For details, see table 6.

Table 6: Status of parents

Status of parents	Frequency	Percentage
Both parents alive	184	68%
Only father alive	10	4%
Only mother alive	41	15%
Both parents dead	8	3%
Single parents	27	10%
Total	**270**	**100%**

The above table shows the details of the parents. The above showed that complete orphans were only 3%, those with fathers only were 4%, those with single parents only were 10% those with mothers only were 15%, and those with both parents alive are 68%. It was therefore concluded that more than half had parents.

4.2.4 Education level of parents

Majority of the respondents come from very humble homes. Many of the parents (50%) reached primary level of education while 10% completed secondary education. Still, 5% went for diploma education and 35% never went to school. Most of the parents were self employed in the jua-kali sector. A few of them worked for the City Council of Nairobi. All these were pointers to the problem of parent-child communication.

For details, see table 7.

Table 7: Education level of parents

Level of education	Frequency	Percentage
Basic education	135	50%
Higher education	27	10%
Tertiary education	13	5%
Illiterate	95	35%
Total	**270**	**100%**

From the above table it was concluded that there were different types of parenting. Those with higher levels of education, (15%) practiced modern parenting where they would be closely involved in the adolescent's life. Mothers were more for egalitarian parenting

than the fathers. On the other hand, 85% believed in totalitarian parenting where there was only one centre of power and authority. This displeased the adolescents and provoked them to engage in rebellious acts.

4.3   MAIN FINDINGS

4.3.1   What constitutes parent-child communication

The first objective of the study sought to establish what constitutes parent-child communication. Family discussions are part and parcel of communication. It is instrumental in cementing and opening family closeness. On discussion with family, 56%confirmed they do have family discussions while 46% said they don't have such talks. In addition, 65% felt they are not free with their parents and 35% felt they are free with their parents. Refer to table 8 for details.

Table 8: Discussion with parents

Nature of discussion	Frequency	Percentage
Discuss freely	95	35%
Don't discuss freely	175	65%
Total	270	100%

From the above, it is clear that most family discussions are not freely done. Of the respondents, 65% agreed that they are not free discussing with their parents while 35% said they have free discussions. The reasons given by the 65% vary but it comes down to control by parents, lack of privacy when the parents demand to know what they do, who they do it with, where and when. They said the interrogation is like a criminal investigation session. The adolescents disclosed that most of the discussions would be full of criticism, abuse, threats and intimidation. They said that parents never saw anything good in whatever they did. They were made to feel hopeless and useless and these robbed them of self confidence and made the want to hit back by being difficult and rebellious. The children felt that they would really love to be free with the parents but this was taken out of their hands by the parents who would like to control the communication

process. One respondent declared that he found it difficult to have a meaningful discussion with his parents. This, he said was because they would not let him say a thing. He would be told, "Listen young man, we are not your age mates to listen to your stories..." He said he feels intimidated by his parents.

On the part of parents, they accepted the fact that they do not relate well with their children.

Most of them felt that it was their God given right to take charge of their children's lives. They believed that the children are tough headed due to the current global trends of child rights and child abuse advocates. Some of the parents remembered the good old days when a

parent's word was law unto itself. The government was not spared either for throwing the cane

away in schools. However, some were honest enough to take the blame upon themselves. They agreed that they were living in the past while their children were living in the present time. This generational gap brought more of disagreements than understandings. This was more with the elderly parents with very little education than the younger ones with better education levels.

Lastly, 35% discussed freely but they acknowledged that it was not an easy task. They had to build an atmosphere of trust, be able to listen to what the child says rather than the opposite. One parent said that she would rather her son told her he was going to a party than to lie he was going to visit a friend. She said this would help them to work out an understanding on when and how he is coming back home. In addition, a father said that he tries to put his children at ease by setting a good climate

for discussion. This could take the form of jokes, a bit of teasing and such.

4.3.1.1 Who initiates communication

From the research it emerged that 96% agreed that the parents initiated communication. Out these, 46% were mothers, 35% were fathers and guardians were15 % while adolescents were mentioned by 4% of the respondents. The mothers came top because

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they were always at home with the children. Normally it is accepted that mothers would be the first to know if there was some kind of problem in the family. They would then be expected to inform the man of the house of the occurrences. The respondents agreed that mothers most of the times had to deal with matters as they occurred unless they went beyond her jurisdiction. The mother was always the one to ask, "who did this?' 'Where is so and so?' and so on. This gave her the bigger role in initiating communication. Moreover, some of these mothers are single parents.

Fathers being family heads should be the number one initiators of communication but due to the fact that most of them arrive at home after 10pm. They miss most of the discussions in the family. Likewise, guardians were low on the list because very few of them took their roles seriously. One said that provided there was food and shelter, he expected his ward (a girl) to behave responsibly. He added that the girl knew that should she fall pregnant, she would be out of his home.

It emerged that in very special cases adolescents would initiate communication. Some parents did not feel confident enough to initiate communication of any sort with their children. This forced the children to confront the parents to address issues that emerged in the family. One respondent disclosed that at one point he was accused of making a neighbor's daughter pregnant. This was all a lie but his parents could not sit him down to ask the details of the case. However, because he was hurt by the accusation, he decided to ask his parents to sit down and hear his side of the story. He had to initiate the communication because the parents had already taken a stand on the issue. This was not good for him since they had started throwing threats and abuses at him.

4.3.1.2 Time of discussion

The other important aspect of what constitutes parent-child communication is when the discussions are held. From the survey 95% said that they held discussions in the evening while 5% said they held discussions any time something came up. Table 9 shows this.

Table 9: Time of discussion

Time of discussion	Frequency	Percentage
Evenings	259	95%
Issue based	5	2%
Any time	8	3%
Total	270	100%

From the above table, it shows that discussion took place in the evening when people are back from the day's commitments. Parents explained that during the day they were busy doing their chores and jobs and so they could only spare time at night. This was commonly shared by those who were employed and those in self employment. However, those who held discussions anytime anything occurred were mainly those who were retired or those who did casual work. This timing implied that discussions were held when people were already tired and irritated. No wonder there was little understanding between parents and adolescents. The time greatly hampered effective communication.

The adolescents also agreed that discussions were mainly done late in the evening when they came back from school (for school going ones). In addition, those who were out of school also agreed that they were committed during the day and so evenings were the best time. It was again noted that in special cases, a discussion can be called for anytime.

4.3.1.3 Freedom of discussion

The ease of discussion with parents is critical in sharing the adolescence challenges. From the respondents, 65% indicated they were not at ease during discussion on sexual issues. The adolescents said the parents had a fixed stand on issues, they were not given time to give their opinion. They accused parents of refusing to accept their views. They saw the parents as being unrealistic to want to investigate their lives.

Parents on the other hand agreed that the discussions are never easy. They maintained the view that they had the right to direct their children's lives and this was for their own good. They saw the children as secretive and not willing to open up. The expected the

children to be eager to tell them whatever they experienced out there but this was not forthcoming. In addition, they complained that the young people were constantly on guard when a discussion is held. They were always defensive and less communicative.

Those who held free discussions admitted that it was never easy. The adolescents were ever suspicious whenever a family discussion was called. They somehow felt on trial even when the discussion was not on personalities but on issues. However, they were confident that they managed to put them at ease and even agreed to disagree provided they understood one another. This group also agreed that it was initially difficult to talk to the children on sexuality issues but with time, they learnt to listen to one another with good results.

In addition, from general observation it was evident that parents and their children do not discuss freely. Their relationship shows mistrust and this is why the adolescents are in trouble. They feel freer with their peers than with parents and this is how they get misguided and eventually get in trouble.

Key informants also agreed that free discussion with adolescents has been an uphill task. They said that from their experience that is work related, they have had to mediate between parents and their children due to failure to understand one another. They blamed the children on one hand for failing to exercise patience and understanding of the parents' responsibility. One who was once a teacher gave an instant where a daughter spent school fees on a boyfriend and refused to be corrected by the mother. The mother went to report the matter to the school administration. When the girl was called to explain herself, she just wrestled the mother to the ground. Parents on the other hand, were to blame for not being on top of things during discussions, they tend to lose their tempers and do things they should not do and this spoilt the spirit of communication. Figure 8 above explains this.

4.3.2   How parents communicate with their adolescent children

The second objective of the study sought to establish how parents communicate with their children. It is important that parents communicate with their children in an

encouraging environment. The environment that is conducive makes communication to be open and progressive. This involves freedom of discussion, status of communication among other factors.

The topics discussed ranged from usual family issues like chores not done, what was expected to be done and few misdemeanors to be dealt with.

4.3.2.1 Status of communication

The status of communication between parents and children came out as poor. The response on this showed that 52% responded as bad, 14% as very bad. On the other hand, 24% agreed the status is good, while only 10% agreed it was very good. The adolescents complained that communication with parents sometimes took unexpected directions. They felt that parents ambush them and give leave them with no option but to be weary of family discussions. The 14% who stated that communication is very poor explained that parents could just start by calling one names, accusing one of wrong doing but giving no chance for explanation. They wished parents would approach issues with a lot calmness and decorum. The general feeling was that they got a raw deal whenever there was a discussion. This brought about a feeling of suspicion and lack of interest among the adolescents.

Parents on the other hand felt that the children were trying to be grown up too soon. They decried lack of respect among the children. The parents complained of the children talking back when being admonished. They said the children were always impatient with them. Most of the parent even avoided holding discussion with their children for fear of being ignored. They said that those between ages 16 and 17 years were difficult to discuss with. The children however responded by saying that they would love to have a talk with the parents except that they would not appreciate when they were treated like young children. They said they needed to be treated with consideration so as to feel self worth. They accepted that they were still under the parents but they needed to be appreciated. This should come out in the tone of the discussion. They wanted parents to see the need to come down to their level. They claimed parents only expected explicit

submission. However; some parents seemed to have bonded well with their children. This they explained was because they gave the children space and time to contribute honestly on issues.

From observation, it could be concluded from how adolescents carry themselves that effective communication was lacking in families. These people were normally besieged by issues that could have been easily sorted out through talking to parents about them. Some adolescents got into criminal activities, drug abuse and such vices and one wondered whether parents were aware and concerned. The children went about life getting into one trouble after another and life just went on.

Key informants also added their voices on this. They asserted that parents talk less with their adolescent children. Judging from the rate of crime at the community level was a pointer to the fact that parents are not in control of their own children. In addition, they said young girls got involved with elderly men and they blamed the parents for not taking quick action. They believed that children could be talked to and they can be guided to do the right thing. The communication trend must change for things to improve. Table 11 explains this.

Table 11: Status of communication

Communication	Frequency	Percentage
Very good	27	10%
good	65	24%
bad	140	52%
very bad	38	14%
Total	**270**	**100%**

4.3.2.2   Sex related discussions

From the research findings, 65% confirmed they do not discuss sex issues with parent due to a number of reasons. Some adolescents asserted that their parents could not help

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them because they only gave warnings against sex even when one is asking for more information. They said the parents get alarmed when approached for information on sex and even get violent, accusing them of already engaging in immoral activities. They said the parents were quite uncomfortable with such discussions and were not of much help. This made it difficult to discuss. In addition, another set of adolescents admitted that they too found it difficult to engage their parents in sex related discussions. They felt that sex was a personal issue that should not be discussed just with anybody. Table 12 explains this.

Table 12:   Sex related discussions

Sex related discussions	Frequency	Percentage
Yes	95	35%
No	175	65%
Total	270	100%

However, 35% agreed that they have discussions on sex related matters. These respondents believed that they had to work together in order to go through the challenges. They said they trusted their parents' opinions and advice on sex related talks. In fact, one respondent said that she had benefitted a lot because she and her mother shared information related to sex. She was grateful for these moments because they helped shape her life.

On the part of the parents, they stated that it is the duty of every parent to equip his or her child with enough information on sexuality so as to be fore armed against the challenges of adolescence. However, these were just mere words. A large number of parents admitted that they were uncomfortable with sex discussions. They felt that they were not well equipped to discuss sexual issues. Mostly parents were regulated by culture which forbade a parent to directly discuss sex with his or her child. Traditionally, grandparents took care of this aspect of education. Of those parents who discussed sex issues, they believed that if they did not do it, their children were going to fall in the hands of peers which would have negative results.

From key informants, it emerged that discussion on sex related issues was a major problem. Even the informants admitted to failure in that area. Sex matters are a taboo and any parent that is a traditionalist would avoid it at all cost. They added that only those parents who were either educated or church going would have the courage to discuss such a topic. From experience, they said they occasionally helped parents by talking to their deviant children. They concurred that parents needed to improve on sex related discussions for this would eventually bring down the level of social evils experienced in the community. They sighted cases like teenage pregnancy, school drop outs, and deviant behavior. They said that the community was troubled more by sex related challenges than anything else.

From case study carried out, the outcome was as follows:

Two girls aged 17 and 18 years respectively were interviewed. The 17 year old had a close relationship with her parents. They freely discussed sex related issues with her parents. She had more confidence and a more informed view of sexuality. She disclosed that she was never worried because she had the support of her parents. There was a good rapport amongst them and they could discuss any sex related issue without feeling ashamed or embarrassed. This gave her the courage to make responsible decisions in her life. She expected to join university and felt a sense of achievement.

On the other hand, the 18 year old respondent had the opposite to report. She already had a baby and was expecting a second one. She dropped out of school in form one. she blamed herself for not being informed on matters of sexuality. Her parents were the traditional ones who considered sex a taboo topic. She only had her peers to talk to and her situation showed that whatever advice she received was not good. She had to get married young to get a home for both herself and her baby. She asserted that her life was ruined completely because there was no other option for her.

From the above case study, it came out that it helps if parents could talk to their children on sexuality issues. For adolescents to achieve their goals in life and reach their potential, the parent should provide guidance in areas of struggle like sexuality. The research proved that those who opened up and shared information, knowledge and experiences on sexuality matters with their children gave them the courage to live a fulfilled life unlike

those who left their children to discover these on their own. The misery and regret associated with this could be seen clearly.

4.3.3 Consequences of poor Parent-Child Communication

The third objective sought to establish the consequences of poor Parent-Child Communication. It is important to bring out the consequences of not talking to the children in order to correct the situation that has gripped families.

4.3.3.1 Source of sex information

Interestingly, when interviewed on their source of information on sex, it emerged that they get information from varied sources some of which are dubious and dangerous. Friends and peers came in first at 41%, the media came second at 33%, and parents were a distant third at 15% while teachers came last at 11%. Table 12 shows this.

Table 12: source of sex information

Source	Frequency	Percentage
Friends/Peers	111	41%
Media	89	33%
Teachers	30	11%
Mothers	27	10%
Fathers	13	5%
Total	**270**	**100%**

From the above representation, it emerged that parents have very little to contribute as a source of information. The parents conceded that they felt inadequate to give sex information to their children. Some believed that the children of today are more advanced in sex knowledge than the parents were at the same age. A good number of them said that in their days it was the grand parents who handled such issues and this made it difficult for a parent to give intimate information to a child. Most of these parents were old school so sex discussions were taboo to them because it dealt with one's nakedness. However the few brave ones did it knowing that it was a life saver. They believed that it was best

they gave their children the truth as far as sexuality was concerned. One parent in particular narrated how at the same age she thought she knew what to do and in the process got pregnant in school. she did not know what to do. Fortunately, the man who was responsible married her. She did not want her daughter to go the same way.

The adolescents said that the media was a great source of information for them. They were honest to admit that not everything was admirable or enriched their lives. This was because the media was full of free and uncensored sex information. The media includes the print and electronic forms. This is where most adolescents get information from. However, this was the reason why the sexuality challenges overwhelm the adolescents. The media could not be trusted to correctly inform. They get negative role models from the media.

They said that teachers on the other hand were over worked and could only provide information on request and it was known that few adolescents would approach teachers for this. There was also the fear of being misunderstood by the teacher and this could stigmatize one. Students always hid their real selves from teachers and so they were not free to share their sexuality problems.

Lastly, friends and peers remain the major source of information. The adolescents agreed that the friends and peers are always there for them. They advise, inform without judgment. They believed the friends were competent enough to inform because they share their experiences, a thing that very few parents did. In conclusion, parents were seen as inadequate source of sex information. Moreover, for those who tried to inform, it came in the form of warning, threats and intimidation and this spoilt the spirit of communication.

From observation, it was evident that the adolescents were their own teachers because their problems were kind of replicated. This showed that parents were not giving their advice as was expected. When friends get pregnant one after another, there was definitely something wrong.

In addition, in the previous case study it was evident from the 18 year old girl that her source of information on sexuality was not her parents and this changed her life for the worst.

4.3.3.2   Challenges of sexuality

The adolescents agreed that there were serious consequences to contend with when communication was poor between the parents and their children. The respondents at 43% confirmed that with poor communication, they will continue having many more school dropouts due to pregnancies and early marriages, 39% said that unsafe sex, pregnancies and abortions would increase while 18% believed that drug abuse, indiscipline and rebellion would plague the society. Table 13 shows this.

Table 13:   Challenges of sexuality

Challenges	Frequency	Percentage
pregnancy/early marriage/school drop out	116	43%
unsafe sex/abortions	105	39%
drug abuse/indiscipline/rebellion	49	18%
Total	270	100%

Parents also agreed that the adolescents face challenges everyday of their lives. They said they lived with these challenges in their homes. One father shared the experience of having his adolescent son getting into drug addiction and moving in with an elderly woman. He was shocked and wondered why he did not see this coming. He disclosed that he never thought the boy was getting into serious problems. A mother also narrated how she had two daughters, both dropped out of school with pregnancies. She thought they were enlightened about sexuality matters but she was wrong. She wished she had the courage to confront her daughters when she realized they were going astray.

Key informants also agreed that the challenges of sexuality could not be over emphasized. The local chief disclosed that adolescents were going through a tough time and they needed help and understanding. He gave an account of how a school girl was brought to his office by the parents accompanied by a young man who had convinced her to stay with him instead of going to school. The parents wanted the young man to promise before the chief that he would never contact he girl again. The girl was also to denounce the man and go back to school. he blamed the parents for assuming that all was well.

From the above response, it was clear that there was consensus that parent- child communication suffers. There was also agreement that parents are very important in the lives of adolescents. For adolescents to achieve their goals and exploit their potential, the parents must be fully involved. It is therefore incumbent upon parents to play the parenting role effectively

From general observation in the local neighborhood, it was evident that the adolescents were in great need of parental support and understanding in order to get along in life. The degree of drug addiction among the adolescents was great. In addition, most of the idle people in the area were young people with very little education. Their story was that of school drop out. It was surprising that a good number of them were parents at that tender age. Worse still, was the fact that they had no source of livelihood and so most were engaged as casual workers. In addition, girls had to be mistresses to older men to take care of their fatherless children. What came out glaringly was the missed opportunities and wasted lives due to lack of parental concern and understanding of the needs of adolescent

4.3.4 Ways of improving Parent-Child communication on sexuality
The fourth and last objective was to identify ways of improving parent-child communication on sexuality. Information gathered from the respondents and key informants indicated that parents were poor role models for the adolescents. The general feeling was that parents needed to change their parenting style.

The adolescents said they would like the parents to treat them with consideration and understanding. They felt that if parents would listen to them and not treat them with suspicion always then they would open up and share the problems they experience. One respondent said that what he would really want was for his parents to keep family matters confidential. He said that parents have the habit of broadcasting one's mistakes to friends and neighbors. This he said made him feel guilty and uncomfortable and this was why he could not trust his parents. He cited a case where he was infected with STI and he was taken to a doctor who revealed his status to his parents. He never heard the last of it. He was constantly reminded of this and even his aunties were told. He felt degraded. He asserted that parents should give support at such times and advice one gently.

In addition, the majority of the adolescents intimated that their parents' expectations were too high to be met. They wanted the parents to have realistic expectations and set achievable goals. As said earlier, they felt the parents wanted to achieve their unfulfilled ambitions through them. This was a bone of contention. The adolescents also expected the parents to understand their needs and fears and to get support during difficult moments.

They also felt that respect should be there. When all is said and done, respect is a very important component of communication. They said that when respect was shown, one did not have hard feelings and disagreements were easily sorted out. They wanted parents to show them respect.

Parents on the other hand accepted that there was a lot they can still do to improve communication with their children. They realized their short comings and agreed to make amends. They accepted that sometimes they gave the children a raw deal by not paying attention to them. They added that they would be very keen to know what was going on in the lives of their children. They also promised to give support and advice on sexuality matters despite their traditional up bringing. They realized that they were responsible for most of the problems the adolescents had. In addition they promised to listen to their children. They then understood that even the children had something worthwhile to say.

Furthermore, parents did not always know how to respond to the issues facing adolescents in the contemporary times. Lack of parental help or support is a major drawback in the lives of adolescents. Parents agreed to be fully involved in the lives of their children and this would go along way in improving parent-child communication.

Lastly, parents need to give the adolescents guided freedom. This could only happen if the parents were to encourage their children to build self- esteem. About three quarters of the adolescent respondents stated that the parents did not give them the opportunity to show that they could be responsible. They were always told what to do and no arguments were expected. There was need to create confidence in the adolescents by compromising what parents want with what the children want, and with this, there would be a generation of young people who could be trusted to do the right thing. All these came down to talking to one another.

The key informants had this to say, 'the greatest investment that a person can have is in children. When one does not have a child, he will be asked by his family to marry another wife. When he gets the children, he feels complete. What then is the matter with parents that they should ignore the responsibility of nurturing their most important investment?' this summed their feeling that parents failed in their responsibility to take care of the children physically, emotionally, spiritually and financially. They advised that parents should pay attention to the children's needs, the kind of friends they have and talk to them kindly and gently in order to bring them closer. They also felt that parents should not keep a list of wrongs committed by the children but should handle family issues once and for all and forget about them. This would improve respect and understanding.

From general observation, parents need to improve on their parenting skills. Some of them would not pass as role models for their children. One parent in particular could not speak normally. He spoke in querulous way with everybody. This being his normal way of doing things did not help with his children. They simply ignored him and consequently his daughter dropped out of school due to pregnancy. After delivery she went back to school and before the year was over, got pregnant again. Despite all the quarrels, things

did not improve, instead they got worse. Parents need to be conscious of the implications of what they say or do and improve on that.

On adolescents, parents felt that they need to understand that the standards of today were different from the earlier ones. They also needed the children to be patient and respect whatever the parents were doing for them. They felt that the children ignored them because they were old fashioned. One parent said that wisdom was never old. The children needed to move closer to the parents in order to learn the hidden treasures of life that could only come from the experience that only parents have. The need to listen to one another will help improve communication between parents and the children.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the summary, conclusion and recommendations of the study. It covers the recommendations at two different levels; for further research and policy implications.

5.2 Summary

The study sought to establish the role of parent- child communication in addressing sexuality challenges among adolescents. Parent –child communication on sexuality involves several things. Some of these are mutual trust between parent and child such that there are no misunderstandings or misconceptions on what they talk about. In addition, there should be openness and closeness between them. This will encourage the child to approach the parent or guardian with confidence in case of a problem. It will in turn reduce greatly the child's dependence on peers for advice or solution to sexuality matters.

Furthermore, the adolescents would want whatever they discuss with parents to remain confidential. They said that parents tend to revive old mistakes when a disagreement arises. Whatever they confessed or confided will be made known. This is emotional blackmail and is the reason they choose friends over parents.

From the study it emerged that parents tend to correct the mistakes made by the children by comparing them to others. These negative comparisons demotivate the children and make them to deliberately do the opposite to spite the parents. They accused parents of giving them threats, warnings and even rejection whenever they get in trouble related to sexuality. Instead of giving a chance for one to explain and even apologize, one is normally judged, condemned and summarily dismissed. The wishes and prayers of the children are that parents be their friends, mentors and confidants. This would boost their morale and make them share the sexuality challenges they face daily.

The study brought out the fact that parents talked infrequently and inadequately with their children on sexuality matters. Most parents accepted that they feel inadequate to handle these issues both from the cultural perspective as well as the generational gap. This contributed to the increase of sexual risk taking on the part of the adolescents. However, some adolescents were not keen on parent-child communication. They saw this as parental interference in their private lives. They claimed parents would manipulate their lives if they got close to each other.

5.3 Conclusion

From the findings of the study, it came out that the status of communication on sexuality between parents and adolescents is very poor. This was discussed at length. On the first objective which was to establish what constitutes parent-child communication, the study established that parents failed to meet the accepted threshold of communication. There must be a shared meaning in whatever is communicated and those communicating must listen to one another. Most of the parents came out as autocratic and uninterested in the lives of their children while only 35% agreed to have free communication with their children. it is easier to point an accusing finger at the adolescents for being difficult, it is important to realize the failure of the parents to offer the necessary atmosphere to conduct effective communication. Some of the have not been easily accessible, others failed to be role models and guides to their children. Parents were found inadequately prepared to effectively address sexuality challenges facing their children.

On how parents communicate with their children on sexuality, the research established that 35% talk to their children but this came in the form of warning, threats and isolation or rejection. In addition, only 15% of parents came out as definite source of sex information which only confirmed their hard stance indicated by the warnings instead of advice.

On the consequences of poor parent-child communication, it emerged from the study that the consequences are enormous. These include pregnancies, abortions, early marriages,

unsafe sex leading to STIs and HIV/AIDS, school dropout, and other social vice such as crime. From observation and the case study it came out that the above abound in the communities interviewed. It is hoped that parents will adopt the recommendations for the betterment of the quality of life of the adolescents in the society at large.

On the last objective of ways of improving communication, it was a general consensus that there was need for parents to be good role models. It came out that some parents are poor role models because the very things they condemned in the children were the very things they did. It therefore became difficult to guide the children.

Another way to improve communication was to understand the children and their needs. Most of the adolescents revealed that the parents did not understand what they went through. They simply became judgmental.

Lastly, the parents need to be supportive of their children. The world is full of surprises and the respondents agreed that the children needed support in order to cushion them against the challenges of adolescents.

5.4   Recommendations

Recommendations for policy making are as follows:

5.4.1   The government through the relevant ministries should organize seminars for parents on how to communicate with the adolescents apart from educating them on the challenges adolescents undergo during this time.

In addition, the Ministry of Health should establish and strengthen Youth friendly centers to advice, counsel and support adolescents on Sexual and Reproductive Health. Furthermore, the Ministry of Education should strengthen guidance and counseling departments in schools to deal with the sexuality issues at the school level.

5.4.2 Non-governmental organizations in collaboration with other stakeholders should be able to sponsor programmes that help adolescents to make the right decisions and choices on sexuality. Programmes like 'I choose life', 'The World Starts With Me' and

other relevant ones should be easily accessible to all adolescents in and out of school throughout the country.

Recommendations for practice:

5.4.3 The community on its part should organize activities that bring parents and their children together. There should be get- together parties for families at the end of the year. The community should have a committee that is charged with the responsibility of handling security issues. These people would definitely know what who does and when. This will help to detect those adolescents who may be involved in criminal activities and they can be counseled and helped to be good members of the community. In addition, the local churches need to reconcile parents and their children through activities such as family picnics, seminars on parenting and even youth camps where the youth are taught what the parents may find difficult to handle. Pastors of local churches should play the important role of being mediators between parents and their children in times of misunderstanding. The community should strive to uphold the required standard of morality.

5.4.4 Further Research

Further research need to be done to find out why parents move away from their children when they reach adolescence. Normally parents love and take care of their young ones but the closeness diminishes as the child tries to find his or her own self and space.

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APPENDICES

Appendix I : Work Plan

The following schedules shows the work plan

Weeks	WK 1	WK 2- 4	WK 5	WK 6	WK 7
Proposal writing	XX				
Fieldwork		XX			
Data Analysis			XX		
Report Writing				XX	
Presentation					XX

Appendix II: Parents Questionnaire

The role of parent- child communication in addressing sexuality challenges among adolescents

Section A: Introduction

Hello my name is Rachel Odhiambo, an MA student in the department of Sociology and Social Work of the University of Nairobi, pursuing a course leading to a Master degree in Arts. In partial fulfillment of the requirements of the stated degree course, I am conducting a Research Project and you have been selected for the study. I kindly request you to fill the attached questionnaire to generate data required for this study. Information obtained will be treated with confidentiality and will be purely used for academic purposes only.

Section B : Personal Profile

Date ....

Estate..

Village...

Tick as appropriate {√}

1. Age ....
2. Gender ☐ Male ☐ Female
3. Occupation...
4. Marital status

    Single ☐   Married ☐

    Divorced ☐   Separated ☐

    ☐

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Widowed   Others (Specify)...............................

5. a) Do you have children?

    Yes ☐   No ☐

  b) If yes, how many?...

  c) If yes, what are their ages?

        1 – 5 years ☐   11 – 15 years ☐

        6 – 10 years ☐   16 – 20 years ☐

        20 years and above ☐

6. a.) Are you living with your children at home?

    Yes ☐   No ☐

  b) If No please specify where they live ....

Section C:

7. As a parent how would you rate your relationship with your children?

        Very well ☐   Well ☐

        Bad ☐   Very bad ☐

        Others (Specify)...

8 (a) What do you understand by the term parent – child communication

....

....

....

(b) What is good communication? ....

....

(c) What is bad communication?

....

....

....

(d) What is the status of parent child communication in this area?

....

....

9 a) Do you usually take time to talk to your children?

       Yes ☐   No ☐

  b) If yes, what topics do you usually talk about?...

....

....

  c) Who starts the communication, you or the child?

      Father ☐   Mother ☐

      Child ☐   parent or the child. ☐

10 When do you hold these discussion/talks?

      Evenings ☐   Meal times ☐

      When addressing an issue ☐   Any time ☐

      Other (specify)...

11 a) Do you ever discuss sex with your children?

     Yes ☐   No. ☐

  b) If yes, how frequently?

     Quite often ☐   Often ☐

     Sometimes ☐   Rarely. ☐

  c) If No, why not?...

....

....

12 a) At the end of such discussion, how do you feel?...

....

....

13 a) Does increase in indiscipline and rebellion among adolescents in families as a result of poor parent – child communication on sexuality?

       Yes ☐   No ☐

a. If Yes, please explain

....

....

14 What are some of the consequences of poor parent – child communication on sexuality?

Unsafe sex ☐   Pregnancy ☐

Abortion ☐   Drug abuse ☐

Indiscipline and rebellion ☐   Early marriages ☐

15 If your child was faced with a problem touching on sexuality, who would you want to handle the issue?..

....

16 a) Do you feel competent and comfortable talking to your adolescent child?

Yes ☐   No ☐

b) If No, why...

....

17 a) Do you as a parent voluntarily provide information on sex to your adolescents children?

Yes ☐   No ☐

b) If No, why?...

....

18 a). As a parent are you interested in your children's' social life?

Yes ☐   No ☐

b) If yes, please explain..

....

....

19.a) Does poor parent – child communication on sexuality contribute to early marriages and increased pregnancy rates among adolescents?

Yes ☐   No. ☐

b) If Yes, Please explain..

....

(c) What about increased pregnancy

Yes [ ]   No [ ]

(d) If yes explain...

20. a) Have you ever discussed contraceptive use with your daughter/son?

Yes [ ]   No [ ]

b) If No, would you?

Yes [ ]   No [ ]

21. a) Do you as a parent know about safe sex?

Yes [ ]   No [ ]

b) If yes, from which source?...

....

c) Is it a trustworthy/reliable source?

Yes [ ]   No [ ]

22.a) Has there been any incident of pregnancy/abortion/STI in the family?

Yes [ ]   No [ ]

b) i) If yes, which one? ....

ii) What did you do? ....

....

23. What advice would you give to your children?...

....

....

24. What are the constraints/fears on discussing sexuality with your children?

....

....

25. What is the way forward for your children to be informed correctly on sexuality issues?...

....

28 (a) What is being done in the area to improve parent- child communication?

....

....

(b) Are those initiatives effective?..

....

28.   What would you recommend should be done to improve parent-child communication on sexuality?...

....

THANK YOU FOR YOUR KIND CO – OPERATION.

APPENDIX III: Adolescents Questionnaire

The role of parent-child communication in addressing sexuality challenges among adolescents

Section A: Introduction

Hello. My name is Rachel Odhiambo, an MA student in the department of Sociology and Social Work of the University of Nairobi, pursuing a course leading to a Master degree in Arts. In partial fulfillment of the requirements of the stated degree course, I am conducting a Research Project and you have been selected for the study. I kindly request you to fill the attached questionnaire to generate data required for this study. Information obtained will be treated with confidentiality and will be purely used for academic purposes only.

Section A: Personal Profile

Date...

Estate..

Village...

Tick as appropriate {√}

1. What is your age?...

2. Are you learning?

   Yes ☐   No ☐

3. a) Are both of your parents alive?

Yes ☐   No   ☐

b) If No, who is a live?

Father   ☐   Mother   ☐

c) If none of your parents is alive, whom do you stay with?...

....

....

4. Who is the breadwinner in your family?...

SECTION B:

5. a) Do you hold discussions in your family?

Yes   ☐   No   ☐

b)If Yes, what do you talk about?...

....

c) If No, why not?..

....

6. a) Do you think you are free with your parent/guardian?

Yes   ☐   No   ☐

b). If No, why?...

....

....

7 a) Are there times that you hold talks with your parent/guardian?

Yes   ☐   No   ☐

b) If yes, who starts this conversation?

Father   ☐   Mother   ☐

Guardian   ☐   Myself   ☐

8. When do you usually hold such discussions?

In the evenings ☐   when something has happened. ☐   Anytime   ☐

68

9. Can you explain how these talks are conducted?

....

....

....

10 (a) What do you understand by parent- child communication.................................

....

....

(b)What is good communication? ....

....

(c) What is bad communication?..

....

(d)   What is the status of parent- child communication in the area?

11)(a) Do you ever discuss any topic related to sex?

    Yes   ☐   No   ☐

    If yes, how frequently do you have such talks?

        Quite often   ☐   rarely ☐

        Sometimes   ☐   Often   ☐

c) How did you feel at the end of such discussions? ....

....

....

12 a). If you needed some information on sexual matters, whom would you consult?

        Father   ☐   Mother   ☐

        Teacher   ☐   Friend   ☐

        Peers   ☐   Media   ☐

Others (Please specify) ……………………………………………………...

b) Please explain your answer to question 10a
above……………………………………………
…………………………………………………………………………………………………
…………………………………………………………………………………………………..

13. a) Do you think you should have information about girl/ boy relationship?

Yes ☐ No ☐

b).In your own opinion, who should provide this information?

☐ Father ☐ Mother

☐ Teacher ☐ Friend

☐ Peers ☐ Media

14. What information would you like to know?…………………………………………
…………………………………………………………………………………………………
………………………………………………………………………………………………

15. Should your parent give you this information?

Yes ☐ No ☐

16. Does your mother/father/guardian voluntarily provide information on sexual issues?

Yes ☐ No ☐

17. How do you judge parental information on sexual matters?

Adequate ☐ Inadequate ☐

18. Do you think your father/mother is interested in your social life?

Yes ☐ No ☐

19. If No, please explain why?………………………………………………………………
…………………………………………………………………………………………………

20. a) Are you aware of HIV/AIDS?

☐ Yes No ☐

b) How did you learn about it?

Friends ☐ Parents ☐

Media ☐ Others (specify)………………………………

21. When faced with HIV/AIDS related problems whom do you turn to for help or advice?

Parents ☐   Teachers ☐

Friends ☐   Others (Specify) …………………………………

22. How do you rate your parents' involvement in your personal life?

Very inadequate ☐   Inadequate ☐

Adequate ☐   Highly adequate ☐

23. What areas would you like them to improve on as far as communication is concerned?………………………………………………………………………………

……………………………………………………………………………………………

24. a) How do you feel about your parents' communication with you on matters of sexuality?……………………………………………………………………………………

……………………………………………………………………………………………

25. What is being done to improve parent child communication in your family?

……………………………………………………………………………………

……………………………………………………………………………………

THANK YOU FOR YOUR KIND CO-OPERATION.

Appendix IV : Key Informant Checklist

The role of parent-child communication in addressing sexuality

Section A: Introduction

Hello my name is Rachel Odhiambo, an MA student in the department of Sociology and Social Work of the University of Nairobi, pursuing a course leading to a Master degree in Arts. In partial fulfillment of the requirements of the stated degree course, I am conducting a Research Project and you have been selected for the study. I kindly request you to fill the attached questionnaire to generate data required for this study. Information obtained will be treated with confidentiality and will be purely used for academic purposes only.

Section B: Personal Profile

Date...

Tick as appropriate {√}

1. Name (Optional)...

2. Ministry..

3. Department..

4. Gender   Male ☐   Female ☐

5. Number of years worked for the Ministry..

Section B: Information on Sexuality

1   What is parent-child communication?...

2   What is the status of parent-child communication in this area

3   In your work, what challenges do you face on reproductive health of adolescent?

4   What is being done by your office to improve on parent-child communication?

Appendix V: FGDs' guide

The role of parent-child communication in addressing sexuality

Section A: Introduction

Hello my name is Rachel Odhiambo, an MA student in the department of Sociology and Social Work of the University of Nairobi, pursuing a course leading to a Master degree in Arts. In partial fulfillment of the requirements of the stated degree course, I am conducting a Research Project and you have been selected for the study. I kindly request you to fill the attached questionnaire to generate data required for this study. Information obtained will be treated with confidentiality and will be purely used for academic purposes only.

Section B: Information on Sexuality

1. What is parent-child communication?
2. What is good communication?
3. What is bad communication?
4. What is the status of parent-child communication in this area?
5. What is being done in this area to improve parent-child communication?