THE INFLUENCE OF PARENT -ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE BEHAVIOR OF ADOLESCENTS: CASE STUDY OF KIBERA SLUMS

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DECLARATION

This Research Project is my original work and has not been presented for a degree in any other University.

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DEDICATION

I dedicate this work to my loving parents Mr.Francis Njenga Mungai and Mrs. Grace Wanjiku Njenga for planting the seed of education in me. Second, to my fiancée Fridah Mukami and the entire Njenga family for their support and encouragement. God bless you all

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ABSTRACT

The study investigated the influence of parent-adolescent communication on sexual and reproductive behavior by focusing on households in Kibera slums, Nairobi County. The study had three objectives. The first objective was to find out how parents communicate sexual and reproductive information with adolescents and its influence on their behavior. The second objective was to assess the influence of parent-adolescent communication on sexual and reproductive behavior. Lastly the study was to identify the challenges of parent-adolescent communication and their influence on sexual and reproductive behavior. The study was guided by Rommetveit and Blackar communication model and Heinz Kuhut's Object Relations Theory of the Self. The target population of this study comprised parents and adolescents in households in Kibera slum of Nairobi County. Random walk sampling technique was used to select the parents and adolescents who participated in the study. Kibera slum was purposively sampled. Quantitative data was collected from respondents through the survey method using a questionnaire. It was analyzed using descriptive statistics. It was then presented in percentages and pie charts. Qualitative data was collected through interviews. It was analyzed thematically and presented in narrative form. The study found out that 50.7%, of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education. Parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Parent-adolescent communication on sex issues was found to occur regularly as thirty-nine percent of adolescents received sex education monthly, twelve percent received sex education weekly however nine percent never received sex education. On the other hand twenty four percent of parents give sex education monthly, nine percent gives sex education weekly but nine percent never give sex education. A slight variance was found to exist on the awareness about adolescent's sexual activeness between household heads and the adolescents. Conversations between adolescents and their parent were found to influence sexual behavior as fifty one percent of the adolescents agreed that conversations between them and their parents influence their sexual behavior. Fifty three percent of adolescent and thirty seven percent of household head agreed that there is a sex related topic they find easy to discuss. First in ranking was abstinence, this was followed by sex with an unknown partner, petting behaviors, safe sex and masturbation respectively. On the other hand oral sex as well as communicating anal sex were not easy to discuss. The most common reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents was general communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices). Based on the findings discussed, this study recommended that parent-adolescent communication should occur more often unlike the current monthly frequency to enhance the observed positive effects on sexual behaviors amongst adolescents. Parent-adolescent topics on sexual and reproductive behavior should also include topics on the sexual activeness of adolescent so as to reduce the variance on the awareness about adolescent's sexual activeness between household heads and the adolescents.

CHAPTER ONE

INTRODUCTION

1.0 Background of study

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

Peer education appears more achievable although it is unlikely to be effective as a single strategy considering a few developmental and social issues affecting young people. According to behavioral psychologists, adolescence is an age category where individuals begin to develop identity and self image. This is the stage that they begin to explore concepts of education, career and marriage and examine how their roles fit into their future. Physically young people experience rapid growth and maturation of their sexual organs and become more interested in their sexuality. These physical and emotional changes can be overwhelming and intensify the need for information, support and experimentation (Thompson and Rudolph, 2000).

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

learning “a lot” about sexual health issues from their parents compared to white adolescents and African American adolescents.

Risky sexual behaviors such as inconsistent condom use and sexual intercourse with multiple partners are relatively common among adolescents and youth in Sub-Saharan Africa. This behavior increases the risk of unplanned pregnancies and the infection of sexually transmitted dsiseases and particularly HIV/AIDS (Brook et al., 2006).

A major study by Resnick et al., (1997) showed that adolescents who reported feeling connected to parents and their families were more likely than other teens to delay initiating sexual intercourse. Further, in a recent study by Weinman et al, (2008), teens who benefited from parental guidance and who reportedly had a “good talk” with parents in the last year about sex, birth control, and the dangers of STDs were two times more likely to use condoms at the last time they had sex than teens who did not talk to their parents as often.

Two studies by Jemmott and Jemmott, (1992) and Rodgers, (1999), show that when parents make consistent efforts to know their teen’s friends and whereabouts, the young people report fewer sexual partners, fewer coital acts, and more use of condoms and other forms of contraception. (www.advocateforyouth.org,)

1.1 Parent- adolescent communication in Kenya

Kenya has been inundated with projects addressing youth health issues especially after HIV/AIDS was declared a national disaster. The projects mainly address prevention, care and support for HIV/AIDS. This was necessary given the huge resources invested in HIV/AIDS and the urgency to curb the spread of the infection especially among young people. The HIV projects have concentrated on HIV prevention including sexuality and life skills education (LSE) but hardly touching on issues of unintended pregnancy and other RH issues among youth.

Despite the high awareness of the specific ways in which HIV and AIDS is transmitted and how it can be prevented, AIDS is still a treated with fear and carries many negative symbolic and sexual meanings. It is the social meanings of HIV and AIDS which have made the

communication of HIV and AIDS media messages among the youth a challenge for those involved in interventions (Ndeti, 2011).

A recent comparison of life skills education (LSE) curriculum in schools with the UNESCO guidelines found gaps in the content of the MOE curriculum used in primary and secondary schools in the country.

The discrepancy noted in contemporary adolescent sexual behavior can be explained within the backdrop of collapsed traditional moral codes and mechanisms that controlled and checked sexual behavior (CSA, 2004); dereliction of responsibilities by parents while other supportive family institutions (grandparents, uncles and aunts) have become evanescent (Kioli, 2010). In the event, the society has had to contend with the entrant of ill-advised peers and a sexualized media (CAFS, 2006). There thus exists a lacuna of knowledge on pertinent issues of sexuality amongst contemporary adolescents, while the knowledge they have is quite fallacious and not accurate. Consequently, the adolescents are in a vulnerable and accelerated position of being infected with STDS/HIV/AIDS, teenage pregnancies, abortion, school dropout and early maternal deaths. According to the CSA (2008), eleven percent of school girls drop out of primary and secondary education annually due to pregnancy in Kenya, while over 60% of abortions and related complications occur primarily among people less than 25 years. In a study by CDC (2005), over 60% of new HIV infections among women and 40% of those among men occur during adolescence while 25% of sexually active teenagers get an STD every year. These indicators imply a phenomenal malady about the sexual behavior of the adolescents in present Kenya.

1.2 Parent -adolescent communication in Kibera

Kenya has one of the highest rates of urbanization in the world; in 1990,24 percent of Kenyans lived in urban areas, but by 2000, that figure had risen to 33 percent, with Nairobi growing by over 7 percent per year (Garenne, 2003).

Informal settlements in Kenya lack infrastructure and services, including water, electricity, health services, and law enforcement. Over 50 percent of the population is living below the poverty line (APHRC, 2002), with residents eking out sustenance in whatever manner they can, especially in informal sector activities, such as petty trade or casual labor.

It is in this setting that many adolescents make their transition to adulthood; in fact, increasingly; economically active young men and women are dominating urban areas in Africa (APHRC, 2002). In addition to adolescents who are born in the slums, Africa's largest cities attract migrants from rural areas, especially those in search of education and livelihood opportunities. While there is increasing interest in informal urban settlements, few studies have focused on the adolescent experience in these environments. Similarly, youth programs are being implemented in these areas, often with little understanding of the circumstances and needs of the young people they target.

This study explores the adolescent experience in one of Africa's largest slum areas, Kibera, in Nairobi, Kenya. The study examines the experience of adolescents aged 10 to 19, with emphasis on understanding how different groups of young people experience life in these settings.

1.3 Statement of the problem

Communication of sexual matters between parents and adolescents is one of the strategies that could encourage adolescents to delay sexual debut or avoid unprotected sexual intercourse. However, parents and their adolescent children do not often communicate about sexual matters, and even where discussions occur, parents provide scanty information about sexual matters. (UNFPA, 2000)

Strategically parent-child conversations on sexual health facilitate the development of risk reduction behaviors among couples as evidence shows that young people who report previous discussions of sexual matters with parents are seven and a half times more likely to feel able to communicate with a partner about AIDS than those who have not had such communication, (Center for Diseases Control 2002; Schoen et al 1997; Shoop and Davidson 1994).

Young people are infected during their teenage years through unprotected sex. There is a gap between sex knowledge and behavior change among adolescents (HIV and AIDS Monitoring Report, 2006). This gap can be attributed to the status of communication between the parents and their adolescents.

Hoffman & Futtermann (1996) have noted that adults often hold ambivalent attitudes towards young people, viewing them simultaneously as 'small' adults and as immature inexperienced and untrustworthy children. They have also noted that many adults also have difficulty acknowledging adolescents as sexual beings, and therefore adolescent sexuality is viewed as something that must be controlled and restrained. Miller et al (1998) reckon that parents are in a unique position to help socialise adolescents into healthy sexual adults, by providing accurate information about sex and by fostering responsible sexual decision making skills. Parents can tailor the presentation of information to be consistent with their own values and also relevant to the life circumstances (social and familial context) of the adolescent (Jaccard et al., 2002).

In an initiative to promote SRH communication between parents and young people young parents were trained to be "friends of youths" in a reproductive health youth project in Nyeri Municipality, Kenya. Outcomes included increased communication between youth and parents and other adults on sexual health; delayed initiation of sexual intercourse; increased abstinence among sexually experienced youth; reduced number of sexual partners and increased condom use (Alford et al., 2005).

In the traditional African society, sex education was part and parcel of informal education (National Christian Council of Kenya, 2000). The task of giving sex education was entrusted to the more elderly members of a family. Today, the roles of the family members have changed a great deal and many parents hardly educate their children on this vital subject. Some parents who give sex education to their sons and daughters do not give all the information required and this lack of complete information has landed many boys and girls into problems (NCCK, 2000).

However, despite the potential advantages of parent-adolescent communication, many parents worldwide are reported to be uncomfortable talking about issues related to sexuality, especially with their children (UNDP, 2002). In sub-Saharan Africa in general parent-adolescent discussions on sexuality are dictated by socio-cultural orientation (Bohmer & Kirumira 1997). Conversely, the traditional channels of sex education, traditional practices and social norms that have been hailed for moulding adolescent sexual behaviour are diminishing due to changing lifestyles (Neema & Bataringaya, 2000; Muyinda, et al., 2001).

This study focused on the role of the parent in providing guidance on sexual and reproductive health behavior to adolescents.

1.4 Study objectives

1.4.1 General objective

The overall objective of this study was to determine the influence of parent-adolescent communication on sexual and reproductive behavior in urban slum areas and therefore the use of parents to provide guidance on sexual and reproductive health values and behavior to adolescents.

1.4.2 Specific objectives

The specific objectives of this study were:

i. To find out how parents communicate sexual and reproductive information with adolescents.
ii. To assess the influence of parent-adolescent communication on sexual and reproductive behavior.
iii. To identify the challenges of parent- adolescent communication and their influence on sexual and reproductive behavior.

1.5 Research questions

The study was guided by the following research questions:

i. How do parents communicate sexual and reproductive information with their adolescents?
ii. What is the influence of parent-adolescent communication on sexual and reproductive behavior?

iii. What are the challenges of parent- adolescent communication and their influence on sexual and reproductive behavior?

1.6 Significance of the study

This study is important because its findings will show whether parent-adolescent communication has influence on sexual and reproductive behavior and explain the role of parents in guiding adolescents on sexual and reproductive behavior. The suggestions of the study will contribute towards improving parent- adolescent communication hence change on sexual and reproductive behavior.

Secondly, the findings and suggestions of this study will be important to the government and policy makers in the Ministry of Health. The policy makers will understand the status of parent-adolescent communication in Kenya and how this is affecting the prevalence of unplanned pregnancies, sexually transmitted diseases and HIV/AIDS. They will also understand what effective parent-adolescent communication can achieve in informing the development process of health promotion interventions that address adolescent reproductive health in the light of HIV/AIDs prevention in Kenya. This will lead to the recognition of important role played by parent-adolescent communication in sexual and reproductive behavior and what is needed to improve this communication. In addition, the study will underscore the importance of the implementation of policies that will lead to increased funding of adolescent health promotion campaigns, enhancing parent's competence and skills, and establishing institutional structures such as Parent-Teachers Associations (PTAs), Village Health Committees, Mothers/Fathers union clubs and Community-based Organizations (CBOs) can be utilized to target parents for the promotion of parent-adolescent communication on sexuality.

Thirdly, the study will be useful to health practitioners and other key stakeholders in the areas of practice, policy and research. It will contribute to a clearer understanding of the role they can play in promoting knowledge of parent-adolescent communication as an important aspect of adolescent health and curbing HIV/AIDS.

Finally, the findings and recommendations of this study will contribute to the existing body of knowledge of health communication by analyzing the relationship between parent-adolescent communication and, sexual and reproductive behavior. The study will also make a contribution

to knowledge in health communication by suggesting creative strategies in effective design of health messages, communication campaign planning, implementation and evaluation.

1.7 Scope and limitations of the study

The research was confined to a selected slum in Kenya, Nairobi County. The study also focused only on communication between parents and children on issues related to sex. However, adequate households were sampled for the purpose of this study to make results more generalizable.

The main limitation of this study was that the topic of sex is quite private and some respondents might feel inhibited to discuss it. Financial constraints did not allow for a broader coverage of any other slum.

1.8 Operational definition of terms

(i) Adolescence

The term was used interchangeably with 'teenager' 'youth' and 'Children' to refer to a time of life between the ages of 10 and 19.

(ii) Awareness

Refers to having knowledge or experience of something and so being well informed of what is happening in that at present time. In this study awareness will refer to how well adolescents are informed on the topics of sexuality.

(iii) Communication

Communication in this study refers to the exchange and sharing of information, attitudes and ideas among parents and adolescents on sex-related issues.

(iv) Sexuality

The whole way a person expresses himself or herself as a sexual being. It includes reproductive mechanisms, dressing physical and emotional growth and gender roles.

(v) Sex education

The lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development reproductive health, interpersonal relationship, affection, intimacy, body image and gender roles.

(vi) Sexual acts

Any act, physical, emotional or psychological that may be used to express sexuality. The said acts can either be right or wrong.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This section reviews previous studies relevant to the influence of parent-adolescent communication on sexual and reproductive behavior. Effort was made to review studies relevant to the research questions being addressed by this current study. A search for empirical literature using electronic databases was done to identify relevant articles and books. These were the basis for this literature review.

2.1.0 How parents communicate sexual and reproductive information with adolescents

Gender differences have been reported concerning young people's preferences about, and experiences of, communication with their parents, but it is of note that most studies have focused on what young people want, rather than on what parents actually do. Young men consider their parents an important source of information. However, compared to young women, few boys report learning mostly from their parents about sex (Constantine et al., 2007). Communication between parents and their sons is noted to be infrequent. For example, Nolin (2002) reported that only half of the boys in their study had engaged in a conversation with their parents about sex, social issues relating to sex, or contraception. Other studies have reported that the majority of parents had never had a meaningful discussion with their sons about sex, safe sex, sex before marriage or peer pressure (DiIorio et al., 2000; Eisenberg et al., 2006)

A US study that sought to understand boys' communication with their parents reported that, of the almost 300 college students who were asked retrospectively what their parents had told them about sex, nearly a quarter answered 'nothing' (Eisenberg et al., 2006). Of those who did recall discussing sexuality with their parents, the majority responded that the messages were negative and cautionary in nature. The most common message from parents involved the encouragement of contraception and STI protection. The second most common message involved abstinence

until marriage and/or until a loving relationship. Participants also reported receiving general advice about how to behave on a date. They also recalled receiving mainly 'book knowledge' from their parents, that is, information from educational videos and books about human reproduction ((Eisenberg et al., 2006).

Two Australian studies reported findings on boys' communication with parents about sexuality.
A qualitative Western Australian study reported that, while young people related both positive and negative experiences, a number said that they had not benefitted from parental education in sexual health. One young man reported: 'I had the talk with my dad, I didn't like it, he yelled at me and said, "If you ever knock a chick up your life will be ruined, especially by me" (Aapola et al., 2005)
The role of fathers in sexuality education with their children has not been extensively researched, but a small, qualitative Australian study did look specifically at this role. The researchers interviewed family members individually, adolescents, male and female parents and asked them to describe, interpret and justify family communication about sexual issues. All participants in the research acknowledged that talking about sexuality was difficult, and some young people thought that their fathers avoided the topic. Fathers were characterized by the researchers as frequently being puzzled, confused or concerned about their family communication about sexuality (Epstein & Ward, 2008)

Some fathers blamed the inadequate education they had received themselves as adolescents, and were angry that they could not overcome what they saw as their limitations with their children. Kirkman et al., (2002) suggested that puberty may disrupt father–child relationships, particularly father and daughter relationships, and that this may be due to the intrusion of sexuality, which complicates their relationships. The authors also draw a distinction between sexuality and intimacy and suggest that many fathers assign anything to do with intimacy to the female parent. They further argue that, if men are to become more effective communicators with their children about sexuality, it may be important to recognize not only the difference between sexuality and intimacy, but also the complex links between them (Epstein& Ward, 2008)

A US study sought to understand the predictors of father/son sexuality communication and found

that fathers were more likely to initiate sexuality communication if they perceived that their son was maturing sexually. The authors of this study suggested that sexual maturity might be a trigger for communication about sexuality (Ferguson et al., 2008). Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making (Fingerson, 2005).

A 2008 national Australian survey of secondary students' sexual health reported that around half of 16 to 18 year old students had talked to their parents about sex (47%), contraception (52%), or HIV and STIs (56%). While 69% of students in this age bracket reported they trusted their mother as a source of information about sex, contraception and HIV and STIs, only 56% had actually used them as a source of information. The figures for fathers are much lower, 48% of 16 to 18 year old students reported they trusted their father, but only 31% had actually used them for information (Finkelhor, 1994). It is the female parent who is more likely to communicate with children in the family about sexuality and relationships (Frankham, 2006). Young people have been found also to prefer to communicate about sex with their mother rather than their father. It should be noted, however, that many young people report feeling uncomfortable about discussing sex with their parents at all.

2.1.1 Parent-adolescent communication and sexual and reproductive behavior

Parent-adolescent communication about reproductive health issues, such as sex, contraception, and HIV and pregnancy risk, is associated with; delayed sexual initiation, reduced sexual activity, improved use of condoms and/or other contraceptives, increased communication between adolescents and their sex partners, a lower risk of pregnancy, and increased self-efficacy to negotiate safer sex (DiClemente et al., 2001; Dutra, Miller, & Forehand, 1999; Guzman et al., 2003; Holtzman & Robinson, 1995; Hutchinson, Jemmott, Braverman, & Fong, 2003; Jaccard et al., 2002; Manlove, Terry, Gitelson, Papillo, & Russell, 2000; Miller, Forehand, & Kotchick, 1999; Miller, Levin, Whitaker, & Xu, 1998). This association has been found among many adolescent subgroups, including multiple racial/ethnic groups, low-income populations, and males and females (Miller, Benson, & Galbraith, 2001; Romer et al., 1999). Serious parent-adolescent discussions about sex and condoms can be especially important for adolescents in

communicating with sexual partners about sexual risk and condom use (Whitaker, Miller, May, & Levin, 1999) and in preventing adolescents from conforming to more permissive peer norms about sexual risk-taking (Whitaker & Miller, 2000). Adolescents who talked with their parents about sex were more likely to believe that parents, rather than peers, provide the most useful information about sex (Whitaker & Miller, 2000).

The association between parent-adolescent communication and adolescent sexual and reproductive behaviors may depend on parent values, attitudes, and responsiveness. Adolescents, whose parents clearly express their values and beliefs, including those who communicate strong disapproval of sexual activity or unprotected sex, are more likely to avoid risky sexual behaviors (Jaccard, Dittus, & Gordon, 1996; Romo, Lefkowitz, & Sigman, 2002)

The need to address adolescent sexual health is further emphasized by research which shows that 7 out of 10 adolescents have engaged in sexual intercourse by age 19 and nearly 50 % of adolescents between 15-19 years old have had sex at least once (Guttmacher Institute, 2012). Despite the decline in adolescent pregnancies over the past twenty years, there are still approximately 750,000 United States females between the ages of 15-19 who become pregnant annually (Centers for Disease Control and Prevention [CDC], 2009). The United States' adolescent pregnancy rate remains one of the highest in the developed world (Guttmacher Institute, 2012). For example, 82 % of adolescent pregnancies are unplanned and make up 20 % of unplanned pregnancies overall that occur annually in the United States (Finer & Henshaw, 2006).

The risk does not end with pregnancy. Among adolescents who are sexually active, almost 35 % report not using a condom and only 20 % describe themselves or their partner as using birth control during their last sexual activity (CDC, 2009). The 2011 Youth Risk Behavior Survey revealed that 47 % of students in grades 9 to 12 have engaged in sexual intercourse and 40 % of currently sexually active high school students did not use a condom at their last sexual intercourse (Eaton et al., 2012). In addition, adolescents, compared to other age groups who are sexually active, have the highest rate of STIs (CDC, 2009; Guttmacher Institute, 2012).

Adolescents represent only 25 % of the sexually active population in the United States, yet "they account for nearly half (9.1 million) of the 18.9 million new cases of STIs each year" due to lack of accurate safe sex information prior to engaging in oral or sexual intercourse (CDC, 2010; Weinstock, Berman, & Cates, 2004, p. 8). Thus, the present study seeks to increase understanding of these health concerns and assess the influence of Parent-Adolescent communication on sexual and reproductive behavior. Positive Parent-Adolescent communication in combination with a strong parent-Adolescent relationship and more traditional parent values may provide the most protective outcomes for adolescents (Jaccard et al., 1996; Miller, 1998).

2.1.2 Degree of parent-adolescent communication on sexual and reproductive behavior

The reported degree of communication that occurs between parents and adolescents relating to sexuality varies, although broad patterns do emerge in Western countries where such research has been undertaken. Irish data on this issue has emerged in recent years from a number of surveys. For example, MacHale and Newell (1997) found that 37% of respondents cited parents as their primary source of information about sexual matters. Their data were gathered using self-administered questionnaires completed by 2,754 Galway-based pupils (aged 15-18years). A limited degree of Parent-adolescent communication was also evident in The Irish Study of Sexual Health and Relationships (ISSHR) - a nationally representative, retrospective telephone survey of 7,441 adults undertaken in 2004/2005, which provides details of the sexual experiences of those aged between 18-64 years of age.

The study found that a minority of men (11.3%), and almost twice as many women (21.2%) received sexual and reproductive health information at home. Notwithstanding the fact that younger respondents reported receiving more parent-adolescent communication at the family level, just 20.8% of young men aged between 18-24 years reported receiving communication on sexual and reproductive behavior at home – this compares to 37.5% of young women aged between 18-24 years (Rundle, Layte and McGee, 2008). Schubotz Rolston and Simpson's (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland also reported that friends (80.4%), followed by school (74.4%), were their most important source of sexuality education, with parents providing a good deal less. Data for this

study were gathered through self-administered questionnaires completed by (a non probability sample) of 1,013 young people.

Results of a large survey (N=1727) conducted in 1998 designed to investigate the sexual health of Scottish school children indicated that just 7.5% of boys and 14.1% of girls identified their parents as their main informants on sexual matters (Todd, Currie and Smith 1999). A British Market Research Bureau (2003) tracking survey similarly found relatively low levels of parent-adolescent communication, with almost half of young people (46%) in the survey indicating that they had received 'no' or 'not a lot' of information on sex and relationships from their parents.

U.S and Australian research reveals a similar pattern of relatively low reported rates of input into sexual and reproductive health by parents. A large-scale quantitative study involving 6,527 undergraduate students who completed a questionnaire about sexuality at a Midwestern university in the US from 1990 to 2006 (cohorts of students taking a particular module were invited to complete the same questionnaire each year over a 17-year period), found that respondents received more sex education from peers and the media than from parents (Sprecher, Harris and Meyers, 2008). Epstein and Ward's (2008) survey of 286 male undergraduates enrolled in a psychology course, also at a Midwestern university in the US, similarly showed that participants reported receiving less sexual and reproductive information from their parents than from either peers or the media. In fact, a significant number of participants (almost a quarter) reported that their parents had told them "nothing" about sex and relationships, and where parents did address sexuality issues, the messages received primarily concerned encouraging the use of contraception when having sex.

Peers, by contrast, were a major source of information about most sexuality topics, including sexual intercourse and contraception. Australian research reflects the broad pattern emerging elsewhere in Western countries (Rosenthal and Feldman, 1999). Rosenthal and Feldman's (1999) survey of 298 Australian 16-year-old high-school students examining the frequency and importance of mother and father communication about 20 different sex-related topics, reported an infrequency of reported communication between parents and adolescents on sexuality. For 75% of the topics, across four sexual domains (Development and Societal Concerns, Sexual

Safety, Experiencing Sex and Solitary Sexual Activity), a majority of adolescents reported that these had never been discussed by fathers, or by mothers of sons. Even among mother-daughter dyads, where communication was most frequent, the majority of girls reported that their mothers had never discussed one-third of the topics with them (Rosenthal and Feldman, 1999:847).

In studies where parents have been asked about their input into their children's sexuality education, the general picture of relatively low levels of input tends to hold. For example, a component of a British-based questionnaire on parents' attitudes towards school based sex education (Ingham, 2002), found a discrepancy between parents' sense that sex education was their responsibility, and their actual behavior in terms of undertaking sex education: while 97% of parents acknowledged that they should discuss "saying no" with their children, just 47% had in actual fact done so. Moreover, while 95% of parents believed that they had a responsibility to discuss contraception with their children this failed to translate into practice, with just 58% raising the matter with their children.

Eisenberg, Sieving, Bearinger, Seain, and Resnick (2006), drawing on data from telephone surveys conducted with 1,069 parents of adolescents (aged between 13-17 years) in the USA, noted that, of the topics covered in their research, parents were most likely to engage in a "great deal" of discussion about the consequences of pregnancy (49.6%) and the dangers of sexually transmitted infections (STIs) (41.4%). However, relatively few parents had actually discussed with their children, to any great extent, how to obtain condoms (12.3%) or other forms of birth control (11.7%). In fact, while just 6.2% of parents had not discussed at all the dangers of STIs and 6.4% the consequences of pregnancy with their adolescents, 55.1% had not communicated with their teenager about where to get condoms and 56.1%, other forms of birth control. Therefore, while parents most commonly discussed the possible negative consequences of sexual activity, parents were much less likely to discuss ways of preventing these consequences, with just one in four discussing (to at least a moderate amount) ways to access birth control (Eisenberg, Sieving, Bearinger, Seain and Resnick 2006).

The broad picture emerging from national and international research is that parents do not tend to feature strongly relative to other sources of sexual and reproductive information, namely friends, school and the media.

2.1.3 Adolescents desire for parent-adolescent communication

The evidence that parents do not feature strongly as a source of information about sex for young people relative to other sources begs the question as to whether or not young people would like a greater input from their parents on the issue. The available data appears to suggest that they do not particularly want more sexual information from parents. For instance, when asked to identify the sources from which they would like to learn more about sex, the first choice for 40.3% of the young people in Rolston et al.'s (2005) Northern Irish study research was the school. This is significantly greater than the number who sought more information from parents (21.9% of all first-choice answers).

Rosenthal and Feldman's (1999) Australian research, also raises questions as to young people's desire for parental input on sexual matters, particular in relation to the private aspects of sexual experience. On the whole, while adolescents reported that their parents did not deal with sexual issues, in most cases, they stated that they did not feel it was important for parents to address these issues (Rosenthal and Feldman, 1999). In fact, these adolescents attached very little importance to parental input about private areas of sexuality, including engaging in sex within a relationship and solitary sexual activity. By contrast, parental communication about matters of sexual safety was accorded a more significant role by respondents.

All told though, most of this sample reported that parents were not their preferred source of information or influence concerning sexuality, and by corollary, most parents did not offer themselves in this regard, save (to a small extent) in areas where safety issues arose. For Rosenthal and Feldman (1999), the provision of sexual and reproductive information by parents involves not simply the dissemination of information on the part of parents, but also necessitates receptivity on the part the listener. So, while adolescents may accept advice and information from parents within some sexual domains, most notably in areas concerning sexual safety, within

other areas parental input may be perceived as inappropriate and irrelevant (Rosenthal and Feldman, 1999).

2.1.4 Influence of parent-adolescent communication on sexual and reproductive behavior

Using data from the National Survey of Sexual Attitudes and Lifestyles (NSSAL), Wellings, Wadsworth, Johnson, Field and Macdowall (1999) found that the most important factor influencing the chances of becoming a teenage mother was the quality of communication about sexual matters in the home. The survey was based on a random sample of 18, 876 men and woman aged 16-59, and data were extracted from this survey to explore factors associated with teen fertility. Face-to-face interviews were conducted on aspects of health status, family background, sex education and the age of sexual debut. Personal aspects of sexual behavior were gathered in a booklet that respondents completed. Demographic details gleaned for each respondent resulted in the identification of a sub-group of those who had their first child before the age of 20. (13% of the women and 4% of the men fell into this sub-category.) Adolescent motherhood was then examined for any associations with selected variables using bivariate analysis. Subsequently multivariate analysis (through logistic regression models) was used to explore whether these associations held following adjustment for other variables. The low number of adolescent fathers identified meant that the logistic regression models were constructed only for teenage mothers. Teenage motherhood was then analysed in relation to education, the structure of the family of origin, ease of discussion about sex and parental strictness. The options presented with regard to ease of discussion about sex were ‘easy’, ‘difficult’ ‘didn’t discuss’ or ‘can’t remember’.

Findings indicated that women who reported that discussion about sex was difficult or non-existent were more than twice as likely to have become mothers in their teens compared to those for whom it was easy, after controlling for the effects of current age, age at first intercourse, family structure and parental strictness. This finding must be considered in light of the limitations of the research. Those looking back after years (and in most cases decades) may be more likely to overestimate their ignorance about sexuality as an explanation for their subsequent teenage pregnancy than those who did not become pregnant. Also, the measure of level of difficulty is fairly crude and unrefined, and may be subject to varying interpretations by

individuals. Wellings, Nanchahal, Macdowall et al. (2001) reported on a further study, this time a probability sample survey, between 1999 and 2001 of 4,762 men and 6,399 women aged 16-44 in Britain.

One of the issues on which respondents were asked to report was their experience of communication with parents about sex during adolescence. This was reported as either 'Discussed' or 'Not discussed'. The results showed that non-use of contraception was more prevalent among men and women who did not discuss sexual matters with parents and also among those whose main source of information about sexual matters was friends and others. For men, the difference between those who did not use contraception at first intercourse was 10.2% (sex not discussed with parents) and 3.8% (sex discussed with parents). For women, the corresponding figures were 12.8% and 8.7%. With regard to the influence of parental communication on whether respondents experienced first intercourse before or after the age of 16 years, women who reported having discussed sex with their parents were slightly more likely to delay the age of sexual debut; 25.2% of women who discussed sex with parents reported having sexual intercourse before the age of 16 compared to 28.2% who reported not having discussed sex with parents. However, for men, sexual debut before 16 years was slightly higher for those who reported having discussed sex with parents, at 27.8%, compared to 26.3% of those who reported that they had not discussed sex with parents.

The influence of parent-adolescent communication on sexual and reproductive health, was also indirectly gleaned in another British survey of 963 school pupils aged 16-18 years from a variety of social backgrounds (Stone and Ingham, 2002). The study was designed to identify predictors of effective contraceptive use at first intercourse. In this study, a questionnaire was used in which respondents were asked to respond to a seven-point scale indicating the extent to which they agreed with statements that included issues such as having parents who were open to discussing sexual matters and having parents who had portrayed sexual matters in a positive light. For young men in the study, scoring higher - that is, demonstrating greater agreement with the statement - 'I got the impression from my parents that sex was nice/pleasurable,' was a significant predictor of contraceptive use at first intercourse (p.195). No significant relationship was found for this item for young women.

However, Joffe and Franca-Koh's (2001) UK research called into the question the corollary between greater sexual communication on the part of parents and later age of initiation of sexual activity. They explored the link between remembered non-verbal sexual communication at home and current sexual behaviour among 137 (78 female, 59 male) young British adolescents. Remembered non-verbal sexual communication, defined as openness about nudity in the home, the showing of affection between parents, signs of parental sexual activity and contraceptive use, and finally, awareness of mother's menstruation, was measured through a questionnaire. The researchers found that higher levels of parental non-verbal sexual communication were linked to: (i) earlier onset of sexual activity, (ii) fewer sexual partners and (iii) lower feelings of sexual guilt. Greater openness about nudity in the home, in particular, was linked to earlier onset of sexual activity. In addition, while greater expression of affection between parents was associated with having fewer sexual partners, this had no relationship to contraceptive usage (Joffe and Franca-Koh, 2001). Joffe and Franca-Koh question why high levels of verbal sexual communication, unlike high levels of non-verbal sexual communication, are linked to later onset of sexual activity and higher levels of contraceptive usage, a perspective they invoke by selectively focusing on existing studies that showed positive outcomes for verbal communication. (They did not themselves measure the effects of verbal communication on sexual outcomes.) They posit that while verbal communications about sexuality are likely to include messages about responsible sexual behavior and contraception, covert, nonverbal messages on the other hand, serve to model a sense of how the body is regarded.

Therefore, witnessing non-verbal openness at home, particularly nudity, is linked to a sense of comfort regarding sexuality and therefore earlier engagement with this activity. Significantly, though, this earlier entry into sexual activity does not correlate with greater partner numbers. The authors note, then, that the assumption that openness in parental-adolescent communication regarding sexuality creates a "healthier" approach to sex may be problematic, if this openness is linked with earlier onset of sexual activity. However, they assert that the negative effects of this earlier sexual activity may be moderated by having fewer sexual partners (Joffe and Franca-Koh, 2001).

Further insights into the effects of parent-adolescent communication on sexual and reproductive health outcomes for young people have emerged from Schubotz et al.'s (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland. The measurement of 'communication with parents about sex' was gathered by 'yes/no' responses to the following: 'Discussed with mother'; 'Not discussed with mother'; 'Discussed with father'; 'Not discussed with father'. Schubotz et al.'s (2004) research indicated a complex relationship between the impact of parental communication on young men and women. Young men who discussed sex with their mother were far less likely to report non-use of contraception at first intercourse (42% - sex not discussed with mother; 21.3% sex discussed with mother). The results also indicated a protective effect of father-daughter communication about sex if the desired outcome is delaying the onset of sexual activity and using contraception at sexual debut (19.7% of females in the whole sample who reported having discussed sex with their fathers had experienced sexual debut before the age of 16 years, compared with 27.3% who reported that they had not discussed sex with their father). The results with regard to use of contraception at first intercourse indicated that 18.2% of young women who had not used contraception at first intercourse reported discussing sex with their father compared to 25.3% of those who had not discussed sex with the father.

However, parent-son communication appeared to have little impact on timing of first sexual intercourse for young men. In fact, there was some evidence that young men who reported discussing sexual matters with their parents appeared to be more likely to have had sex before the age of 16 years, although the differences were small (31% who reported having discussed sex with their mother had their sexual debut before the age of 16 years, and 32.3% who had discussed sex with their father; the corresponding figures for those who had not discussed sex with their mother or father were 30.7% and 29.6% respectively (Schubotz et al., 2004:186)). However, young men who had discussed sex with their mother and father were more likely to report having used contraception at first intercourse, so for this outcome, communication with parents was positive.

US studies have also revealed a haphazard picture, some showing that parental involvement and/or communication is associated with positive sexual outcomes for young people, and other

research contradicting this. Hutchinson and Cooney (1998) collected data, using telephone interviews, from a random sample of 173 young women aged 19 and 20 years, and used an instrument for measuring parent-teen sexual risk communication (PTSRC). Using a range of items, they measured parent-teen sexual communication, comfort with parent-teen sexual communication, condom-use self-efficacy (competence), attitudes and behaviors. Their findings indicated that higher levels of communication with parents about sexual risk was significantly associated with reportedly higher levels of condom-use self-efficacy, and higher sexual communication with sex partners. The authors note the importance of self-efficacy around condom-use, as this has been found to be a significant predictor of safer sex practices among young women.

Positive outcomes of parental communications about sex were also found in a study by Whitaker and Miller (2000). The researchers set out to test the hypothesis that parent-adolescent sexual communication would reduce the impact of peer norms on two aspects of adolescents' sexual behaviour – sexual activity and condom use. Their data were based on face-to-face structured interviews with 388 young men and 519 young women aged between 14 and 16. Data were also gathered from the mothers of participants. Findings indicated that parental communications about initiating sex and about condom-use were associated with less risky sexual behavior among respondents. Those who did not talk to a parent about initiating sex or condom-use demonstrated sexual behavior that related more closely to their peers, and they were, therefore, less protected from peer influences about sex.

However, other studies in the US indicate that parental communication about sexuality does not necessarily delay sexual debut or increase consistent contraceptive-use. In a study designed to improve knowledge of the effect of specific communication about AIDS on the sexual behavior of adolescents, Shoop and Davidson (1994) administered a questionnaire to 40 male and 40 female participants comprised of equal numbers of 15,16, 17 and 18 year olds. Among the components of the questionnaire was one designed to capture prior discussion of AIDS and sexual matters with parents. Specifically, the research sought to determine whether one's ability to communicate with a partner about AIDS-related issues was linked to communicating with parents on the topic. Two measures were used to establish parent-adolescent communication, namely, the adolescents' reports of discussing sexual topics with parents, and their reports of

discussing AIDS specifically. (The exact wording of the questions was not given in the published paper.) A logit specified loglinear analysis was used to test the effect of each variable with respect to partner communication, that is, was communication with parents related to communication with a sex partner. The results indicated that teenagers who reported having discussed sexual matters with parents were 7.4 times more likely to feel able to communicate with a partner about AIDS-related issues compared to those who had not discussed general sexual matters with a parent. For this item, parent communication seemed to have positive benefits, and strongly positive at that. However, when the second item was analysed, that pertaining to the question of specifically discussing AIDS with parents, the results were reversed, teenagers who had not discussed AIDS related issues with parents were 8.25 times more likely to communicate about AIDS related issues with a partner compared to those who had discussed such issues with a parent.

The authors acknowledge this as an unexpected finding, and admit that they can only speculate as to what it means. They posit as a possibility that communication about AIDS from parents may have been prompted by parents who suspected that their adolescent was engaging in risky sexual behavior. If this were the case, then parental communications may have occurred after the adolescent had become sexually active. In another US study by Jaccard et al. (1996), which aimed to identify the impact of parents on their children's sexual activities and contraceptive use, the focus was on 751 Black young people of both sexes in the age range 14-17 years, with a mean age of 15. Data were gathered via self-administered questionnaires. While a range of issues were measured, the one of concern in our review pertains to discussions about birth control between mother and child. In contrast to other quantitative scales used in other studies, this study used fairly specific measures.

Adolescents were asked "How much has your mother talked to you about each of the following topics?" The extent of mother-child discussions about birth control was then broken down into the following three statements. "We have talked about birth control, in general"; "We have talked about the importance of using birth control"; and "We have talked about specific birth control methods." The items were scored on a four-point scale, with one representing "not at all", two "somewhat", three "a moderate amount", and four "a great deal." Responses to the three

items were summed to yield a total score. The results indicated that the higher level of discussion with mothers about birth control predicted an earlier onset of adolescent sexual activity.

However, the study also found that adolescent perceptions of their mothers' disapproval of pre-marital sex, and higher levels of satisfaction with their relationship with their mother were significantly associated with abstinence from sexual activity, less frequent intercourse and more consistent use of contraception among sexually active teenagers.(These findings, though, must be considered in the context of strong evidence from systematic reviews that abstinence programmes do not work (Swann et al., 2003.)) In Jaccard et al.'s (1996) study the authors did attempt to identify whether higher levels of sexual activity among the teenagers preceded (and therefore led to) higher maternal discussions about contraception among already sexually-active teenagers. In other words, the researchers attempted to establish whether there was a causal relationship between the adolescents' sexual behavior and the mothers' increased communications about birth control; if this were the case, one would expect the positive associations between communications about contraception and the initiation of sexual behavior to be reduced to non-significance when maternal perceptions were held constant. However, even when maternal perceptions of sexual activity were partialled out, the coefficients of the logistic regression analysis for all three maternal variables were statistically significant. On this basis, the authors conclude that, 'These results argue against a causal interpretation that adolescent sexual behavior [US spelling] influences maternal attitudes. These results do not affirm the causal influence of attitudes on behavior, but they do lend support to such an interpretation' (Jaccard et al., 1996: 163). The authors acknowledge the limitations of their sample being confined to an inner-city Black population living in Philadelphia.

They also indicate that the type of communication between mother and daughter may have lacked practical information as to how to use contraception effectively (maternal discussion were not found to impact upon the consistent use of contraception for females, but were for males). From the discussion in the published paper, the authors articulate the need to improve parent-based approaches to contraception education to reduce unintended pregnancies, obviating the notion that there may be an abstinence-based agenda underpinning the research. While the relevance of this study to the Irish situation is questionable and must be approached with caution

because of the cultural distance, an awareness of these findings is important to providing a fuller understanding of the effectiveness of parental involvement in sexuality education.

A further US study (Widmer 1997) found similar results to those of Jaccard et al. (1996). Widmer's study was a telephone survey that formed part of the Philadelphia Teen Survey, a study designed to establish the effect of extending services at a number of family planning clinics throughout Philadelphia. (The study was funded by the Robert Wood Johnson Foundation and the author was supported by a grant from the Swiss National Science Foundation, neither of which appear to have a right-wing agenda.) The study involved randomly selected teenagers and their parents. While Widmer's article was primarily about the influence of older siblings on the initiation of sexual intercourse, parental behavior and attitudes towards adolescent sexuality were measured as control variables, mainly to establish that the sibling effect was not a spurious one. One of the constructs measured in this regard was parent-child communication about sex, in which a six-item scale was employed. The items on the scale asked if they had ever talked (yes or no) with their teens: about the biological facts of sex and pregnancy; about how to decide whether or not to have sex; about different methods of birth control; about where to get birth control; about how to avoid sexually transmissible diseases or AIDS; and about how to use a condom. The results indicated a strong statistical relationship between parents communicating a good deal about sex and adolescent sexually activity. What was not clear from Widmer's study was whether parental discussions preceded or followed the initiation of sexual activity by the teenager. Parents' suspicions or knowledge that their adolescent was sexually active may have prompted their communication about contraception.

Huebner and Howell's (2003) US study aimed to examine the relationship between adolescent sexual risk-taking and the adolescent's perception of several parenting processes, including the frequency of parent–adolescent communication about sex and birth control, among a list of other topics. They found that the frequency of parent-adolescent communication did not demonstrate a direct relationship with sexual risk-taking. The authors highlight that they asked a range of questions about parent-adolescent communication, with the subject of sex and birth control being just one. Their contention that the lack of a relationship between these variables may be because

researchers (themselves included) tend to not ask enough sex-specific questions is very important, and something to which will be dealt in the conclusion of this report.

Fingerson (2005) explored the nature of sexual socialization within families by examining the impact of mothers' opinions on their children's sexual behavior. In total, 9,530 mother-child dyads from a nationally representative survey were assessed. This research found that the more discussion about sex that had occurred within a particular dyad, the more likely the teenager was to have had sex. Nevertheless, while mothers of virgins reported slightly less talk about sex than mothers of teenagers who had engaged in sex, on average, both groups reported high amounts of talk about sexual matters. On average, teens had much more liberal attitudes towards sex than their mothers, who, by contrast, were more likely to be sexually conservative than sexually liberal. However, teens judged parents to be slightly more liberal than mothers reported themselves to be. Consequently, adolescent perceptions, as opposed to parents' actual opinions, were sufficient predictors of sexual behavior - the more sexually liberal adolescents perceived their mothers to be, the more likely they were to have higher numbers of sexual partners. Fingerson contends that the causality in the transmission of norms is unclear (a weakness commonly identified in this type of research). In other words, rather than teens being socialised by parents, parents could in fact shift their attitudes towards sex on the basis of their adolescents' sexual behaviour.

The complex picture remains in the most recent study to emerge from the UK context. Wight, Williamson and Henderson (2006), a team of researchers from the Medical Research Council in Scotland, conducted a large-scale study on parental influences on young people's sexual behavior. This study of parental influences draws on data collected as an aspect of a randomized trial of a school sex education programme (SHARE). Wight et al. used longitudinal data to explore two aspects of parental influence:
(1) the impact of parental monitoring on the sexual behavior of respondents and (2) the impact of 'ease of communication about sex' on the sexual behavior of respondents. (Since our concern is primarily with the issue of parental communication, I will focus mainly on this here.) Data were gathered using a self-completion questionnaire from two successive cohorts of secondary school pupils in Scotland aged 13/14 (time one), and the same participants were followed up two years

later (time two). At time one, 7,616 adolescents participated, and at time two, the figure was 5,854. To measure 'ease of communication with parents about sex', participants were asked how comfortable they were talking about sex with their mothers and fathers, and a six-point scale was used to measure the degree of comfort with the following options: 'never have/does not apply', 'very uncomfortable', 'uncomfortable', 'in between', 'comfortable' and 'very comfortable'.

The effects of parenting influences (both communication and monitoring) were compared against five outcome measures: (1) sexual experience - whether respondents had sexual intercourse by time two; (2) age at first intercourse (before or after fifteenth birthday); (3) number of sex partners; (4) consistent condom use; and (5) consistent contraceptive use (which included condom use). At time one, for males in the study (13/14 year olds), the relationship between levels of comfort in talking to either parents about sex at time one, and outcome measures of sexual experience was U-shaped: Those who reported being either 'very comfortable' or 'very uncomfortable' communicating with parents about sex were more likely to have experienced their sexual debut than those who rated their comfort levels between the opposite poles. For females, the outcomes were associated with whether the question applied to mothers or fathers, with a U-shaped relationship emerging with regard to ease of communication with fathers only.

Overall, though, for the young women, there was an association between ease of communication about sex and later age of sexual debut, though there was little relationship between this and the number of sex partners or the use of condoms or contraceptives. At time two when participants were aged 15/16, the U-shaped relationship had altered with regard to sexual experience, and results showed that males who reported greater comfort about talking about sex with either the mother or father indicated a greater likelihood of sexual experience. In addition, higher reported comfort levels of males in talking to their fathers about sex was also related to younger age at sexual debut. In the case of females at time two there was no association between comfort levels in talking to mothers with any of the outcomes; however, with regard to ease in communicating with fathers, the U-shaped relationship was found with regard to sexual experience, and there was a positive association with contraceptive use.

The main associations found in multivariate logistic regression were that males who reported feeling uncomfortable talking to their fathers were most likely to use condoms consistently, while (by contrast) girls who were at greater ease talking to their fathers were more likely to report condom use. Wight et al. speculate that for boys high levels of ease in talking to parents "might legitimate sexual activity, and/or not taking precautions, though causation could plausibly be in either direction (2006: 490)." Wight et al.'s findings show a level of consistency with those of both Wellings et al. (2001) and Schubotz et al. (2004) regarding the association between young men's communication with parents, and their increased likelihood of having sex before the age of 16 years. Overall, Wight et al. conclude that that ease of communication with parents appeared to "bear little relationship to sexual behavior". Instead, this large, longitudinal research revealed parental monitoring as the variable which exhibited the greatest degree of influence on the widest range of adolescents' sexual outcomes. Significantly, not only did low parental monitoring predict early sexual activity for both males and females, but for females, it was also associated with more sexual partners and more inconsistent usage of condoms/other contraceptives.

While methodological difficulties would appear to present the greatest challenges to an accurate understanding of the influence of parent-adolescent communication, it is worth noting that part of the lack of success (in terms of outcomes) of parent-adolescent communication may be to do with the quality and accuracy of parents' own knowledge about contraception. There is some evidence from the US to indicate that the medical or scientific accuracy of the information parents provide their children cannot be assured (Eisenberg, Bearinger, Sieving, Swain and Resnick, 2004).

Eisenberg et al., using a telephone survey, explored parents' beliefs as to the effectiveness, safety and usability of condoms and the pill among 1,069 American parents of 13-17 year olds. They noted that the effectiveness of birth control for the prevention of pregnancy, when used consistently and correctly, is 97% for condoms and 99.9% for the pill. In terms of STIs, the Centre for Disease Control in the United States has concluded that condoms prevent HIV transmission in 98-100% of high-risk encounters (Eisenberg et al., 2004:50). Nevertheless, fewer than half of the respondents believed that correct, consistent use of condoms is highly effective

for either STI or pregnancy prevention. Worryingly, then, a substantial portion of parents underestimated the effectiveness of condoms for preventing pregnancy and STIs, with just 47% believing them to be very effective against STIs and 40% for pregnancy prevention (Eisenberg et al. 2004). One may speculate that the lack of effectiveness of parental sexuality education among poorer, predominantly African-American populations (upon which much US research is based) may be partly accounted for by the poor quality and accuracy of information, especially around birth control, owing to the structural disadvantages and lower education levels of these groups.

2.1.5 Influence of parent-adolescent communication in America

In the US, research and efforts to include parents in youth-related sexual health interventions have been more longstanding than in Kenya (Forehand, Miller, Armistead, Kotchick & Long, 2004). Many US-based studies have empirically demonstrated the importance of involving parents in HIV/AIDS prevention and other sexual risk reduction efforts and emphasize parent-adolescent communication.

Carabasi, Greene, and Bernt (1992) conducted an early study on parent-adolescent communication that investigated the knowledge and attitudes of seventh and eighth grade students regarding AIDS. The study included 412 seventh and eighth grade students and assessed them using a questionnaire. Results indicated that, overall, participants tended to report high levels of knowledge and positive attitudes towards people living with HIV/AIDS. It was also found that having discussed AIDS with a parent was directly related to higher levels of knowledge and more positive attitudes about a range of AIDS related issues (e.g., “More medical help should be given to people living with AIDS”).

Miller, Levin, Whitaker, and Xu (1998) also investigated parent-adolescent communication, but focused specifically on mothers. Additionally, while Carabasi, Greene, and Bernt (1992) investigated knowledge and attitudes, Miller et al., (1998) investigated preventive behavior. The study focused on the impact of timing of mother adolescent condom discussions on condom use during adolescents’ first sexual experiences and those thereafter. Time periods for the communications included those prior to first sexual experience, during the year of which the first sexual experience occurred, the year after which first sexual experience occurred, or never.

Participants included 372 sexually active adolescents aged 14 to17 years residing in the states of New York and Alabama, or Puerto Rico, a US territory. Participants completed a survey that assessed both the age at which they first discussed condoms with their mother along with their age at first sexual intercourse.

A main finding of Miller et al., (1998) was that adolescents that talked with their mother about condoms were significantly more likely to use a condom during their first sexual experience. Moreover, the study also found that adolescents that used a condom during first sexual intercourse were significantly more likely to use a condom from that point onward. Thus, the authors inferred that mother-child communication about condom use that occurred before the year of first condom use had a direct effect of increasing condom use during first sexual experiences. Dutra, Miller, and Forehand (1999) conducted additional analyses on the data collected in Miller et al. (1998). In contrast to Miller et al., (1998), Dutra, Miller, and Forehand (1999) focused on the role of parents in general, as opposed to solely mothers, in order to understand the relationship between parent-adolescent sexual communication and adolescent sexual risk-taking behavior.

A subset of participants from the earlier study included 332 African American and Latino/a adolescents aged 14 to 16 years from Alabama, New York, and Puerto Rico whose biological parents were married and residing together. Hierarchical regression analyses were conducted to examine the relationship of parent-adolescent communication and sexual risk-taking behavior. Sexual risk-taking levels varied from a low of never having had sexual intercourse to a high level of risk based on multiple partners and inconsistent condom use. The main finding was that increased communication with mothers led to decreased frequency of sexual risk-taking behaviors, though this was not the case among fathers. Based on the findings the authors inferred that adolescent communication with mothers played a key role in prevention of sexual risk-taking behaviors and should be emphasized in interventions. Coupled with the findings from Miller et al., (1998), these findings indicate that communication with mothers increases adolescent preventive behavior and decreases adolescent sexual risk taking behavior.

Kotchick, Dorsey, Miller, and Forehand (1999) investigated the impact of mothers' sexual behavior, attitudes about adolescent sexuality, and communication with their children about sex on adolescent sexual risk-taking behavior. The study also built upon data from Miller et al., (1998), but focused on children residing with single head of household mothers. The participants included 397 African American and Latino/a adolescents and their mothers. Results from a hierarchical linear regression analysis included a weak relationship between levels of mother sexual risk-taking behavior and levels of adolescent sexual risk-taking behavior. However, the quality of communication about sex between the mother and adolescent emerged as a significant predictor of adolescent risk-taking behavior. Specifically, more open and receptive communication was associated with less sexual risk-taking among adolescents. Interestingly, adolescent sexual risk-taking was not associated with the content of the sexual discussions. This prompted the authors to infer that interventions aimed at increasing sex-related communication, in general, were necessary. These findings indicate that it is not solely attitudes of a parent, but more so parent willingness to communicate with their child about sex that impacts sexual risk-taking behaviors among adolescents.

Dittus, Jaccard, and Gordon (1999) investigated communication between mothers and adolescents about premarital sexual intercourse to better understand the degree to which maternal influence impacted adolescents' beliefs about sexual behavior. Participants included 751 African American adolescents aged 14 to 17 years and their mothers. A main finding of the study was that the adolescents tended to adopt beliefs that were similar to their mothers'. Additionally, the study found that the more explicitly a mother discussed the topic, the more likely the adolescent was to endorse the belief. An interesting finding of the study was that mothers' beliefs were a stronger predictor of the adolescents' beliefs than were their sexual communications. In essence, a mother's beliefs could have an impact on the adolescent beliefs, even if the mother did not intend to communicate such values. Findings from this study seem to counter those in Kotchick et al. (1999) which found no relationship between a mother's attitude and an adolescent's sexual risk-taking behaviors. However, Dittus, Jaccard, and Gordon (1999) focused on adolescent's attitudes, whereas Kotchick et al. (1999) focused on behaviors.

Karofsky, Zeng, and Kosorok (2000) also focused on adolescent behaviors. The authors conducted a longitudinal study including 203 adolescents aged 12 to 21 years over period of 5 years. The study compared parent-child communication among adolescents that had engaged in sexual intercourse and those that remained abstinent. Results indicated a correlation between level of parent-adolescent communication (reported by the adolescent) and lack of initiation of first sexual intercourse. Specifically, increased ratings of sexual communication with mothers were positively correlated with abstinence among adolescents in the study. This study lends additional support to the findings presented in Dutra, Miller, and Forehand (1999) with regard to the important role of mothers in adolescent sexual risk reduction efforts.

Importantly all of the aforementioned US-based studies have investigated the impact of parent-child (in most cases mother-child) communication on adolescent behaviors. More recently studies have been published investigating the impact of mother-child communication on daughters' sexual risk-taking behaviors.

Hutchinson (2002) investigated the influence of both mothers' and fathers' influence on daughters' sexual risk-taking behaviors. The study included 234 Latina, African American, or Caucasian young women aged 19 to 21 years. The study assessed differences in mother-daughter and father-daughter communication, the relationship between timing of parent-adolescent communication and sexual risk-taking behaviors, the impact of the quality of communication on sexual risk-taking behaviors, and the role of ethnicity as a moderator of sexual risk-taking behaviors. A main finding of this study was that the young women were more likely to engage in parent-adolescent communication with their mothers than their fathers. The authors also found that mother-daughter communication prior to the daughter's engagement in sexual activity decreased the likelihood of daughters initiating sexual intercourse and also increased the likelihood of condom use among daughters that did initiate sexual intercourse. Furthermore, condom use increased with the quality of communication.

Hutchinson, Jemmott, Jemmott, Braverman, and Fong (2003) examined the relationship between mother-daughter communication about sex and sexual risk-taking behaviors among urban young women. The authors analyzed survey data from 219 sexually active young African American and

Latina women aged 12 to 19 years. Main findings from the study were similar to those of Hutchinson (2002); higher levels of mother-daughter communication decreased the likelihood of engaging in sexual intercourse and increased condom use among young women.

Taken as a whole, all of the US-based studies highlight the important role that Parent-adolescent communication, and particularly mothers, play in relation to adolescents' sexual and reproductive behaviors. Two of the aforementioned studies focused exclusively on mother-daughter communication and had strong findings indicating that such communication leads to decreased sexual risk-taking behavior and increased protective behavior. Based on these studies, it is evident that parents, and in particular mothers, can impact daughters' knowledge, attitudes, and ultimately sexual health risk-taking behaviors.

2.1.6 Influence of parent-adolescent communication in Kenya

Publications of interventions involving parent-adolescent communication as a mechanism for preventing STIs, including HIV, in sub-Saharan Africa are nearly nonexistent. Two published interventions that focused on parent-child communication in Kenya highlight the Nyeri Youth Health Project and the Families Matter Program (Alford, Cheetham, & Hauser, 2005; Poulsen et al., 2010)

The Nyeri Youth Health Project included Kenyan adolescents of both genders, aged 10 to 24 years, who lived in rural and urban areas. The program involved training young parents that were selected by participating community members on life-planning skills. Life planning skills included linking together the manner in which "knowledge and skills related to values, community, adolescent development, sexuality, gender roles, relationships, pregnancy, STIs, HIV and AIDS, harmful traditional practices, substance use, children's rights, and advocacy" (Alford, Cheetham, & Hauser, 2005). Once trained, the parent-leaders then worked with adolescents throughout their communities to reduce sexual risk behaviors. The parent-leaders also worked with other parents and school teachers to increase parent-adolescent communication.

Evaluations of the program included approximately 14,000 youth aged 10 to 24 years. Each project site was compared with a demographically similar comparison site. Outcomes of the

evaluation indicated that the project had the effects of increasing parent-adolescent communication, and other adults in the communities, and the results were significant only for female adolescents. In addition, the project also significantly increased abstinence among sexually experienced female adolescents and significantly reduced the number of sex partners among female adolescents that remained sexually active over a period of three years. While the intervention and evaluation findings of this project did not directly focus on the impact of biological parent-child communication, the findings did indicate that, particularly among female adolescents, increased communication about sexual health with parent-leaders tended to decrease sexual risk-taking behaviors.

The Families Matter Program (FMP) is a program that was developed for rural Kenya. FMP is an adaptation of a US-based program called Parents Matter (PMP). The PMP was designed for parents of adolescent children to give parents the necessary skills to help their adolescent children avoid sexual risks and develop healthy sexual behaviors. The PMP educates parents on practices that reduce sexual risk among adolescents and helps parents develop communication skills to "effectively convey their values and expectations about sexual behavior, as well as critical messages about HIV, STIs, and pregnancy prevention, to their children prior to the onset of sexual activity" (Poulsen et al., 2010a). Cultural adaptations were made to the PMP using feedback from local stakeholders.

Evaluations of the FMP included 375 parents and guardians of children 9 to 12 years old using a pre/post design. At one year post-intervention FMP was found to significantly increase positive parenting skills, parent-adolescent communication, and knowledge, behavior, skills, comfort, and confidence to talk about sexual issues with their children (Vandenhoudt et al., 2010). By 2009, over 45,000 families participated in FMP (Poulsen et al., 2010a). Other Kenya-based studies that involved findings related to parent-child communication tended to be focused on investigating who youth communicate with on sexual-health matters or barriers that inhibit such communication. Toroitich-Ruto (1997) included a component of the study that assessed adolescent communication. Specifically, the study assessed who adolescents of both genders communicate with about sex-related matters. Young women and men aged 15 to 19 years reported that they found parents most useful in coping with sex-related matters.

Specifically, nearly three-quarters of the participants (73%) indicated that they found parents *very useful*, along with religion (73%), and health professionals (70%). Such findings indicate that in Kenya, as with the US, there is opportunity for parents to play a key role in adolescent-based interventions related to sexual health. Another study also found that communication about sex is relatively common in Kenya, but that in-depth communication is less common. Kiragu, et al., (1996) conducted a qualitative study to ascertain the perspectives of both youth and adults on adolescent reproductive health issues. The authors interviewed 1,476 adolescents of both genders aged 15 to19 years and 2,894 adults aged 20 to 54 years. A main finding of the study was that less than half of the parents and adolescents reported communicating about STIs, AIDS, or sexual relationships. In addition, less than one-third had discussed abortion, contraception, or puberty. The study also found that mothers were more likely than fathers to have discussed reproductive health issues with the adolescents, again highlighting the key role of mothers in sexual communication with adolescents. Additionally, the study also found that the adolescents were most comfortable communicating with a same-sex parent. Based on these findings, the authors advocated interventions aimed at increasing parent-adolescent communication on reproductive health issues.

Juma, Mwaniki, and Maturi (2005) used questionnaires and focus groups to assess 2,444 young women aged 10 to 15 years on the outcomes of an adolescent female peer education program aimed at HIV prevention. The study tapped into parent involvement in reproductive health communication and exposed numerous contrasts. The study found that overall, 29% of participants felt that they had no one to talk to when they needed advice. In addition, when asked whether they had talked about certain topics with their parents in the last three months, most mentioned education (88%), personal hygiene (77%), friends (64%), and HIV/AIDS in general (56 %). Less had talked with their parents about physical changes related to puberty (44%), sexually transmitted diseases (38%), and boy-girl relationships (31%). In the focus groups, participants were asked why they had difficulty discussing reproductive health issues with parents. A primary theme was that participants felt fear and embarrassment when approaching their parents with such matters. In addition, focus group participants also indicated that they felt their parents did not want to discuss these issues with them. Moreover, some of the participants

indicated additional barriers, including that they did not want to make their parents suspicious of their personal lives and that their parents were too busy. A final main theme was that participants talked more with their mothers than their fathers about reproductive health-related matters.

As with Kigaru et al., (1996), Juma, Mwaniki, and Maturi (2005) indicated that parent-adolescent communication is relatively common in Kenya, but that in-depth communication is less common. Moreover, findings from both studies highlight the key role that Kenyan mothers play in communicating with their daughters about sexual health.

The reason that adolescents prefer communicating with mothers as opposed to fathers on reproductive and sexual health issues may in part be due to gender roles and norms. However, it may also be due to family dynamics. Specifically, according to theKDHS 2003, in Kenya nearly one-third of households are female-headed (CBS, MOH, & ORC Marco, 2004).

Similar to Juma, Mwaniki, and Maturi (2005), Obare, Agwanda, and Magadi (2005) also assessed mother-daughter sexual health communication. The authors surveyed 1,247 Kenyan girls aged 12 to 19 years and assessed sexual communication. Participants were asked whether they discuss concerns of sexual nature with a variety of individuals (e.g., mother, father, school teacher). The authors found that younger female adolescents preferred talking to their mothers about sexual concerns while older girls preferred to communicate with a peer or friend. Specifically, among young women aged 12 to15 years, 53% reported talking to a girlfriend about sexual concerns and 50% talked to their mothers. In contrast, among young women aged 16 to 19 years, 56% talked to a girlfriend, and only 35% talked with their mothers. Additionally, when young women aged 12 to 15 were asked to indicate who they talked to most, they were most likely to indicate their mother (35%). In contrast, young women aged 16-19 years were most likely to indicate girlfriend (29%), followed by boyfriend (20%), then mother (19%).

While Obare, Agwanda, and Magadi (2005) found that young women aged 16 to 19 years were less likely to talk with their mothers than those aged 12 to 15 years, the study did not investigate why communications decreased with age. In Kenya, barriers to sexual health communication are related to the knowledge and cultural views of the mothers. Specifically, Njau and Meme (1997)

conducted both focus groups and interviews with twenty Kenyan mothers and their daughters, as a first phase of an intervention project. The study included 10 Muslim mother-daughter dyads, and 10 Christian mother-daughter dyads. Daughters ranged in age from 10 to 19 years. A main finding of the study was related to incongruence between the daughters' information needs related to HIV/AIDS and what mothers provided. Despite that both mothers and daughters who participated in the study expressed desires to communicate, the communication patterns were very poor. A key finding was that many mothers did not have adequate knowledge related to STIs, including HIV. Moreover, it was found that many of the mothers who had *some* knowledge did not apply it to their own lives. Finally, it was also found that many mothers did not believe that condoms were an appropriate STI prevention method. Based on these findings the author advocated for additional studies of Kenyan mothers and daughters to further explore and validate these findings in order to enhance future and existing interventions.

Similarly, Mbugua (2007) explored reasons that Kenyan mothers are unable to provide adequate sexual education to their daughters. The qualitative study included individual interviews with 15 mothers of girls attending high school. The author also infused her experiences in communicating with her mother, as the author grew up in Nairobi. A main finding of the study was that the vast majority of mothers (90%) had not received sex education from their own parents and thus many did not feel that they were capable of discussing sexual matters with their daughters. Moreover, the author also found that many mothers felt inhibition to discussing sexual matters because of their Christian values, and the notion that even sex-related words (e.g., menstruation, intercourse, and names of sexual organs) were not acceptable to verbalize. Instead it was found that most of the mothers assumed that their daughters received adequate reproductive health education from their textbooks. However, in focus groups held with young women aged 17 to 19 years in 1996 and 2003, the author found that this was not the case.

Taken as a whole, these studies indicate that Kenyan mothers can play a key role in decreasing their daughters' sexual risk behaviors. However, many of the aforementioned studies identified that barriers inhibiting mother-daughter communication exist. In particular, it seems that Kenyan mothers may lack education and may hold values that prevent them from engaging in sexual health communication with their daughters. Unfortunately, several key areas related to

understanding the manner in which mother-daughter communication can decrease sexual risk behavior among young women in Kenya remain unaddressed.

2.1.7 Challenges of parent-adolescent communication

Even though research supports the important role parents play in talking to their adolescents about sex and sexuality, parents tend to *avoid* engaging in discussions about safe sex practices, general sexual health, or emotions related to sex (Guilamo-Romos, 2008; Warren, 1995). Parents want to play a critical role in educating their adolescent children about sex, but they doubt their ability to effectively discuss sex with their children (Rosenthal & Feldman, 1999). Parents report embarrassment or anxiety in talking about sex, particularly during their children's later adolescence (age 14-18), when many young people are engaging in sexual behavior (Jerman & Constantine, 2010). Essentially, parents struggle with their own lack of knowledge, perceived self-efficacy as communicators, situational constraints, and what information they should disclose to their children (Jaccard et al., 2002; Jerman & Constantine, 2010; Jordan, Price, & Fitzgerald, 2000).

a) Challenges About What to Say

In a recent statewide study on families with adolescent children, Jerman and Constantine (2010) found that the majority of parents in California reported having difficulty in talking with their child about specific topics related to sexuality and sex. In the open-ended question, "What is the most difficult part for you in talking to your child about sex and relationships?" (p. 1167) parents most commonly reported difficulties related to embarrassment or anxiety, lack of knowledge, age/development issues, general communication problems, and conversations about specific topics (e.g., masturbation, safe sex practices).

In this same study parents and adolescents were asked if they had discussed any of the following sex topics: human reproduction, issues in becoming sexual active, the advantages of young people avoiding sexual behavior, HIV/AIDs or STIs, importance of using protection, and where to get condoms (Jerman & Constantine, 2010). Results showed that 15 % did not discuss any of the topics and only 26 % discussed all six topics. Among those who discussed only some topics, human reproduction, HIV/AIDS or STIs, and avoiding sexual intercourse were the most

commonly reported. Importance of using protection, where to get condoms, and issues in becoming sexually active were the least discussed by parents. In another study, Raffaelli and Green (2003) also found that parents seemed to avoid direct discussions about using birth control because it would require more knowledge about sexual behavior and parents feared it may lead to personal disclosure of their own past experiences.

b) Challenges About When to Communicate

In addition to struggling with content, or what to say, parents also report uncertainty about the appropriate times to discuss sexual attitudes and behaviors with their children (Beckett et al., 2010; Geasler, Dannison, & Edlund, 1995). Beckett et al. (2010) conducted the first detailed description of what parents and adolescents discuss when they talk about sex and what topics coincide with adolescents' age. They found parents and adolescents were fairly consistent on what topics were discussed during adolescent development. For example, during early adolescence (age 10-13) parents commonly talked about puberty and reproduction; during middle adolescence (age 14-16), parents focused more on STIs, pregnancy, and birth control. In later adolescence (age 17-19) or when parents start to think their child may be engaging in sexual intercourse, parents continue to talk about pregnancy, STIs, and go into more detail on how to use condoms and birth control. One important finding in Beckett et al.'s study is that parents tend to keep the sex talk more vague in early adolescence, only becoming more specific when they think their child is sexually active. In other words, many adolescents are not communicating with their parents about key topics (e.g., how to use a condom, or what consent means) until *after* their sexual debut (Beckett et al., 2010).

Beckett et al.'s research added to the understanding of content and timing within the parent-adolescent communication, but adolescents were simply asked to check a list of sex-related topics. Thus, little is still unknown about the influence of parent-adolescent communication on sexual and reproductive health. The current study addresses this gap by further examining adolescents' view of the actual conversations they recall having with their parents, their evaluations of those conversations, and any influence of these conversations on their sexual and reproductive health.

2.1.8 Summary of existing gaps

Sex education is crucial in the present society just as it was in the traditional society. Many writers agree that sex education is subject to many questions for the youth in general and that the questions need to be tackled at the right time at different stages of development. To make sex education at the family level meaningful, the parents and adolescents need to be equipped with proper skills of communicating these sex-related issues. Most studies that have been done have dealt on the negative consequences of sexual behaviour including unwanted pregnancies, school dropouts, HIV and AIDS and other sexually transmitted diseases. There is limited research especially in Africa on communication between parents and adolescents on issues related to sexual and reproductive behavior. There is therefore, need to bridge the gap between sexual knowledge and behaviour change at the point of interaction between parents and adolescents. This study thus sought to determine the influence of parent-adolescent communication on sexual and reproductive behavior in Kibera slum, Nairobi County.

2.2.0 Theoretical framework

The study will be guided by Rommetveit and Blackar communication model and Heinz Kuhut's Object Relations Theory of the Self.

2.2.1 Rommetveit and Blackar communication model

The Rommetveit and Blakar Communication Model addresses many relevant issues in the communication process. The model provides a dialogical perspective on communication (Blakar, 1984). The communication process is seen as an interaction between two parties, with each having the ability to influence the other. In the Rommetveit and Blakar communication model, there are six processes that are named as follows: (1) Production of messages, (2) Encoding of messages, (3) Decoding of messages, (4) Processing and memory of received messages, (5) Sender's anticipation of receiver's decoding, and (6) Receiver's listening to the premises of the sender (Blakar, 1984).

According to Botchway (2004), a number of important points can be made about this conceptualization of the communication process. The participants must be willing and able to

produce a message. For example, if parents and adolescents consider communication on sexuality as a taboo subject not to be talked about, interaction is unlikely to occur. It is also obvious that participants must have the ability to relay messages to each other. This requires knowledge of the subject. In some situations, this knowledge may simply be absent, such as parent's inability to present facts related to issues of sex or due to their lack of knowledge.

Furthermore, participants must have the mutual trust and confidence in each other for communication to be effective (Botchway, 2004). In the parent-adolescent sex communication process, adolescents may regard their parents as being judgmental, overly protective, and disrespectful of their privacy and autonomy. Such factors may undermine the perceived trustworthiness of the parent as an information source, and the communication will not be effective. Communicants must also have a shared worldview. Intergenerational differences between parents and adolescents can cause misunderstanding. For example, parents may talk to the adolescents about the dangers of unprotected sexual intercourse. The adolescents may erroneously think of this communication as a signal that the parents think they are actually having unprotected sex (Botchway, 2004). The attitude of the sender and receiver of the message must thus be positive for effective communication to occur. In this case, if either the adolescents or parents have a negative attitude towards the teaching and learning of sex education at family level, effective communication may not occur.

Non-verbal cues also affect the communication. For example, parents who speak in high or low tones, their eye contact with the adolescents, and their gestures could all affect the child when he/she answers the questions. The social and situational context is also emphasized by this model. Parents may conceive a message, but due to cultural taboos they may employ vague language to transmit their message. This may be due partly to the embarrassment associated with a parent and adolescent communicating about sexuality (Botchway, 2004).

2.2.2 Heinz Kuhut's object relations theory of the self

Heinz Kohut theory maintains that children need to be mirrored. They need to have their talk and their accomplishments acknowledged, accepted and praised. Children believe that they are omnipotent and they idealize the adults around them. Such idealization enables them to develop goals (Barbara, 2006). In time, the children learn that their idealized notions are incorrect and they substitute a more realistic assessment of both themselves and the adults around them. In part, this learning depends on the adults responding positively to the children's unique, lovable and commendable characteristics. If the adults fail to respond in appropriate ways, the children may be unable to develop a good sense of self-worth and may spend the rest of their lives looking without success for such acceptance. With a well-developed self, one is aware of whom one is and that awareness gives significance and purpose to one's behaviour (Schultz, 2009). In the development of a healthy sense of self, Kohut says that an individual has a clear sense of self, has a satisfactory and reasonably stable level of self-esteem, takes pride in accomplishments and is aware of and responsive to the needs of others while responding to his or her own needs (Barbara,2006).

The young people in urban slums are at the adolescent stage characterized by confusion, vulnerability, feelings of self-worthlessness while at the same time full of fantasies of issues related to sex. They seek admiration, love and appreciation of others. They attach a lot of importance to what the adults around them say to them. Since they spend considerable time at home, their objects of idealization are their parents. This idealization, if well utilized, can help the adolescents fully understand themselves and their sexuality. Effective communication between adolescents and their parents is thus a vital tool for promoting positive sexual and reproductive behavior.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

In this chapter, the procedures that were used in carrying out the study are described. The study site, study population, research design, sample size and sampling procedures, data collection and analysis as well as ethical considerations are presented.

3.1 Study site

The study was carried out in Kibera slums in Nairobi, which is the biggest slum in Kenya. It stretches from Langata Road to the east and Ngong Road to the west. The geographical coordinates of Nairobi are 10 18 degrees South and 360 45 degrees East. The height of the city from sea level is about 1798 metres. Kibera slum originated in 1918, as a Nubian soldier's settlement.The neighbourhood is divided into 14 villages, including Kianda, Soweto East, Soweto West, Gatwekera, Kisumu Ndogo, Kambi Muru, Lindi, Laini Saba, Siranga, Makina, Mashimoni, Kichinjio and Reli (KNBS, 2010). Conditions in Kibera are extremely poor, and most of its residents lack access to basic services, including electricity and running water. Only about 20% of Kibera has electricity.

Migrants, especially girls, are often without close family members such as uncles and grandparents to guide them on sexual and reproductive behavior but only young inexperienced parents, and may have little understanding of the mechanics of life in dense and dangerous urban settings. It is in this setting that many adolescents make their transition to adulthood; in fact, increasingly; economically active young men and women are dominating urban areas in Africa (APHRC, 2002).

According to Davis (2003), in his book 'planet of slums', Kibera has a population of about 800,000 people. The selection of the site has been done purposively and conveniently. This

selection is based on the fact that Kibera is the largest and the oldest slum in Nairobi, and the second largest urban slum in Africa. It has been selected to verify what has always been said about the site's cases of sexual violence and early marriages being common to determine the influence of parent-adolescent communication on sexual and reproductive behavior.

3.2 Study population

The population refers to an entire group of individuals having a common observable characteristic, Mugenda and Mugenda (2003). The target population in this study was parents and adolescents in Kibera slums. The target population will be 800,000 residents living in the 14 villages in Kibera Division. (Davis, 2003)

3.3 Research design

A research design is a framework for specifying the relationship among the study's variables and outlines procedures for every research activity (Cooper & Schindler, 2003).
Mixed methods design approach were used in this research. According to Mugenda and Mugenda (2003), the advantage of a mixed methods approach is that it balances efficient data collection and analysis with data that provides context. Quantitative data quickly and efficiently captures potentially large amounts of data from large groups of stakeholders. Qualitative data provides the contextual information and facilitates understanding and interpretation of the quantitative data. And, because qualitative data is collected from a subset of the stakeholders, costs are mitigated (Berg, 2004).

3.4 Sample size and sampling procedure

This section describes the sample size, sampling technique and selection that was employed in the study.

3.4.1 Sample size

According to Mugenda and Mugenda (2003), a researcher should take a big a sample as possible because it reduces the sampling error. Accordingly, when the target population is bigger than 10,000 the following formula is used,

$$n = \frac{Z^2 PQ}{a^2}$$

Where:

n = the desired sample size; if the target population is greater than 10,000

Z is the Z – value = 1.96

P = Population proportion 0.50

Q = 1-P

α = level of significance = 5%

$$n = \frac{1.96x1.96x0.5x0.5}{0.05x0.05}$$

$n = 384$

3.4.2 Sampling procedures

Arising from the computing therefore, 384 subjects among residents of Kibera formed the sample. The researcher used two sampling techniques namely; cluster sampling technique and simple random sampling. In cluster technique, the total population is divided into groups (or clusters) and a simple random sample of the groups is selected. Then the required information is collected from a simple random sample of the elements within each selected group. This may be done for every element in these groups or a subsample of elements may be selected within each of these groups (Saifuddin 2009). In addition, simple random sampling is chosen among the objects since it allocates the objects equal opportunity of being sampled (Bryman 2008). Therefore the target constituents population were divided into fourteen clusters according to the 14 villages of the slum (Kianda, Soweto East, Soweto West, Gatwekera, Kisumu Ndogo, Kambi Muru, Lindi, Laini Saba, Siranga, Makina, Mashimoni, Kichinjio, Olympic and Raila) while the target officials into 2 strata (5 local influential persons and 3 out of 10 children's department

staff). With a target sample of 384 respondents, it implied that 28 households were randomly picked from each village comprising of 1 household head (parent) and 1 adolescent.

In qualitative data, simple random sampling technique was used to select a sample of 5 local influential persons (village elders, women group leader, Chief, headman) and 3 out of 10 children's department officials. This sample of respondents was used in the key informant guide. Further 10 parents and 10 adolescents were purposively sampled who were divided into five (5) groups who formed focus group discussion.

3.5 Data collection methods

3.5.1 Qualitative data

The data was obtained using key informants and focus group discussion. An interview guide is a tool used to interview a selected group of individuals who are likely to provide needed information, ideas, and insights on a particular subject. Key informants included the local influential persons and children's department staff who are involved in young people's matters. In this research 8 members were interviewed which was done through face to face interviews. This type of method is important because one can get in-depth information.

In the study area, 4 focus group discussions were conducted. Every focus group discussion comprised of about 8-10 parents and adolescent participants. This was done to facilitate the discussion due to their familiarity and better understanding, especially on sensitive issues such as the changes in lifestyles. The focus group is imperative in any study since it enables the research scientist to compare the outcome of the discussions with the responses given in the questionnaires. This enables the researcher to come out with a consensus. In addition, it enables the researcher to observe the participants' first reactions to sensitive issues (Nachmias, 1996).

3.5.2 Quantitative data

The study used quantitative data which was obtained through survey method by use of questionnaires**.** The questionnaire were delivered and collected after a few days. Both open-ended and close-ended questions were asked. Questions were clearly phrased in order to make

clear dimension along which respondent to analyze. In open ended questions, space was provided for respondents to express their feelings. Close ended questions were used to ensure that the given answers were relevant. The questionnaires were used because they allow the respondents to give their responses in a free environment and help the researcher get information that would not have been given out had interviews been used (Bryman, 2008).

3.6 Data analysis and presentation

Data collected from questionnaires was coded. The coding scheme was designed inductively. It was designed on the basis of a representative sample of responses to questions. The data was then analyzed using descriptive statistics. Descriptive statistics enable the researcher to summarize and organize data in an effective and meaningful way. They provide tools for describing collections of statistical observations and reducing information to an understandable form (Frankfort-Nachmias & Nachmias, 1996; Wimmer & Dominick, 2011)

Frequency distributions were constructed to examine the pattern of responses. These frequencies were converted to percentages for meaningful interpretation. The data was further communicated using pie charts (Nachmias, 1996)

Qualitative data was organized according to answers for the open ended questions in the Interview guide schedule. This was analyzed thematically - the analysis of verbal or written communications in a systematic way to measure variables qualitatively. The researcher developed a coding system based on the data that was collected. This was grouped according to major themes under the study and their association was identified. The data was presented in form of narrative notes that clearly show the influence of parent-adolescent communication on sexual and reproductive health among the adolescents in Kibera slums.

3.7 Ethical considerations

The research was conducted in accordance with ethical guidelines of research. The identities of respondents filling the questionnaires and those who were interviewed were kept anonymous by not requiring them to indicate their names on the questionnaires. The names were kept secretly

and were asked to mention them for dialogue purposes during the interview. For good and fair research, a letter from the University's research office was carried by the researcher.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter covers data presentation and analysis. The main objective of the study was to determine the influence of parent-adolescent communication on sexual and reproductive behavior in urban slum areas. The results were obtained from analysis and interpretation of the collected data. The data was obtained from questionnaires administered to parents and adolescents in Kibera slums. Data was collected from a sample of respondents from 384 questionnaires distributed of which 284 were completed and returned, making a response rate of 74 %.The study has provided tables and figures that summarize the collective reactions and views of the respondents.

4.2 Demographic characteristics

This section presents the findings on the demographic background of the respondents.

Table 4. 1: Demographic characteristics of the respondents

Demographics Characteristics	**Number of respondents (Frequency)**		**Total**
Age in years	**Household head**	**Adolescent**	
Below 11	0	24	24
12-15	0	66	66
16-19	0	78	78
31-35	6	0	6
36-40	59	0	59
41-45	32	0	32
41-50	19	0	19
Total	**116**	**168**	**284**
Gender	**Household head**	**Adolescent**	**Total**
Female	71	77	148
Male	45	91	136
Total	**116**	**168**	**284**

Source: Researcher 2015

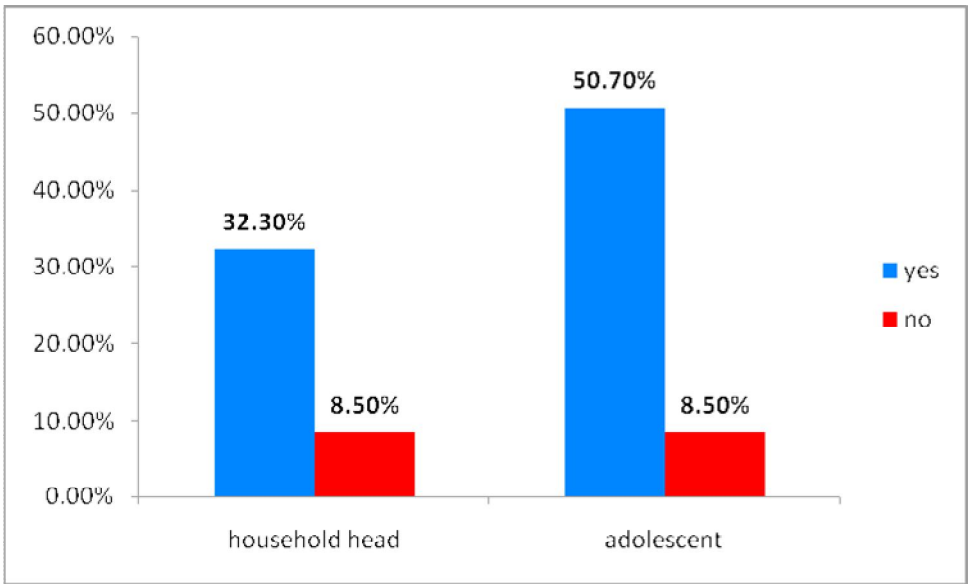
According to the findings on table 4.1, 116 household heads and 168 adolescents participated in the study. Cumulatively, most (50.7%) of the adolescents were between 12-19 years while the household heads (32.1%) were between 36-45 years. Additionally, majority of the total respondents were female (51%). However, by gender more female household heads participated in the study (25.0) while more male adolescents (32.0%) participated in the study.

4.3 Communication of sexual and reproductive information

4.3.1 Exposure to sex education

The study sought to investigate from the adolescents if they had been exposed to any sex education by their parents and from the parents whether they had exposed their children to any sex education. The findings are as presented in figure 4.1.

Figure 4. 1: Exposure to Sex Education



Source: Researcher 2015

The findings indicate that majority (50.7%) of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education. 8.5% of parents and adolescents each had no exposure to sex education.

This implies that adolescents are exposed to sex education. This contrasts the findings by Schubotz Rolston and Simpson's (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland also reported that friends (80.4%), followed by school (74.4%), were their most important source of sexuality education, with parents providing a good deal less.

The respondents' adolescents who agreed to have been exposed to any sex education by their parents and the parents, who agreed to have exposed their children to sex education, were requested to indicate at what level the exposure occurred. A summary of the findings is as shown in table 4.2.

Table 4. 2: Level when exposure to sex education occurred

	Percentage (%)			**Number of respondents**		
Level of Exposure	**Household head**	**Adolescent**	**Total**	**Household head**	**Adolescent**	**Total**
Primary School	6.3	3.2	9.5	18	9	27
Secondary school	25.0	29.2	54.2	71	83	154
College level	8.5	23.2	31.7	24	66	90
University level	1.1	3.5	4.6	3	10	13
Total	**40.9**	**59.1**	**100.0**	**116**	**168**	**284**

Source: Researcher 2015

According to the findings, most adolescents (29.2%) were exposed to sex education at secondary school level, this is also the case for parents (25.0%) exposing adolescents to sex education. This was followed by college level (adolescents, 23.2%; parents, 8.5%), then primary school (adolescents, 6.3%; parents, 3.2%) and finally university level (adolescents, 1.1%; parents, 3.5%).

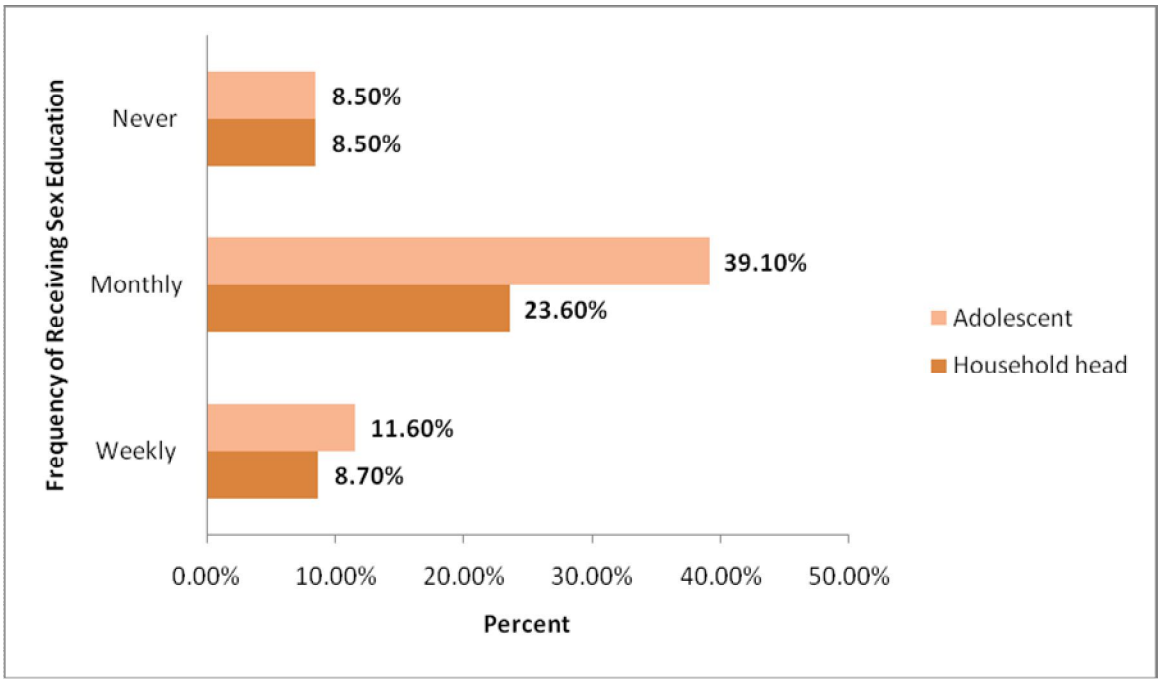
This depicts that parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Beckett et al., (2010) report that parents

report uncertainty about the appropriate times to discuss sexual attitudes and behaviors with their children.

4.3.2 Frequency of receiving/giving Sex Education

The study requested the adolescents and household heads to indicate how often they receive/give sex education respectively. The findings are as shown in figure 4.2 below.

Figure 4. 2: Frequency of receiving/giving sex education



Source: Researcher 2015

From the findings, most (39.1%) adolescents said they receive sex education monthly, 11.6% said they receive sex education weekly and 8.5% never receive sex education. On the other hand most (23.6%) parents said they give sex education monthly, 8.7% said they give sex education weekly and 8.5% never give sex education.

Therefore, parent-adolescent communication on sex issues occurs regularly. Rosenthal and Feldman's (1999) survey of 298 Australian 16-year-old high-school students examining the frequency and importance of mother and father communication about 20 different sex-related

topics, reported an infrequency of reported communication between parents and adolescents on sexuality.

4.3.3 Topics in sex education

The respondents were provided with a list of topics in sex education. They were asked to indicate which of each topic they had learnt (adolescents) or taught (parents). The findings are as illustrated in table 4.3 below.

Table 4. 3: Topics in Sex Education

Topics	**Household head**	**Adolescent**
	Percent (%)	**Percent (%)**
Human reproduction	36	43
Issues in becoming sexual active	39	47
The advantages of young people avoiding sexual behavior	40	52
HIV/AIDs	41	55
STIs	41	53
Importance of using protection	25	29
Where to get condoms	18	25
Social issues relating to sex	37	38
Contraception	30	25
Safe sex	34	52
Sex before marriage or peer pressure	38	56
Puberty	39	57
Coercion and assault	37	36

Source: Researcher 2015

As per the findings in table 4.3, the most commonly learnt topic in sex education by adolescents was puberty (57%), this was followed by sex before marriage or peer pressure (56%), HIV/AIDS (55%), STIs (53%), the advantages of young people avoiding sexual behavior (52%), issues in becoming sexually active (47%), human reproduction (43%), social issues relating to sex (38%)

and coercion and assault (36%). Others were; importance of using protection (29%), where to get condoms (25%) and contraception (25%).

This implies that adolescents have sex education conversation with their parents covering various topics, puberty is however the most commonly discussed issue. Eisenberg, Sieving, Bearinger, Seain, and Resnick (2006), drawing on data from telephone surveys conducted with 1,069 parents of adolescents (aged between 13-17 years) in the USA, noted that, of the topics covered in their research, parents were most likely to engage in a "great deal" of discussion about the consequences of pregnancy (49.6%) and the dangers of sexually transmitted infections (STIs) (41.4%). However, relatively few parents had actually discussed with their children, to any great extent, how to obtain condoms (12.3%) or other forms of birth control (11.7%).

In the case of parents, the most commonly taught topic in sex education was HIV/AIDS and STIs each (41%), the advantages of young people avoiding sexual behavior (40%), puberty (39%), issues in becoming sexually active (39%), sex before marriage or peer pressure (38%), coercion and assault (37%), social issues relating to sex (37%) and human reproduction (36%). Others were; safe sex (34%), contraception (30%), importance of using protection (25%), and lastly where to get condoms (18%).

This depicts that of the sex education topics parents talk to their adolescents about, HIV/AIDS and STIs tops the list. Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making.

4.3.4 Location of sex education sessions

The respondents were asked to state where they hold most of the sex education sessions from.

Majority (69%) of the respondents (parents and adolescents) stated that they hold most of the sex education sessions from home while the remaining 31% stated that they hold most of the sex education sessions at school.

This portrays that the home is the most common location where sex education takes place probably because that is where both parties spend the most time together.

4.3.5 Comfort with the location of sex education sessions

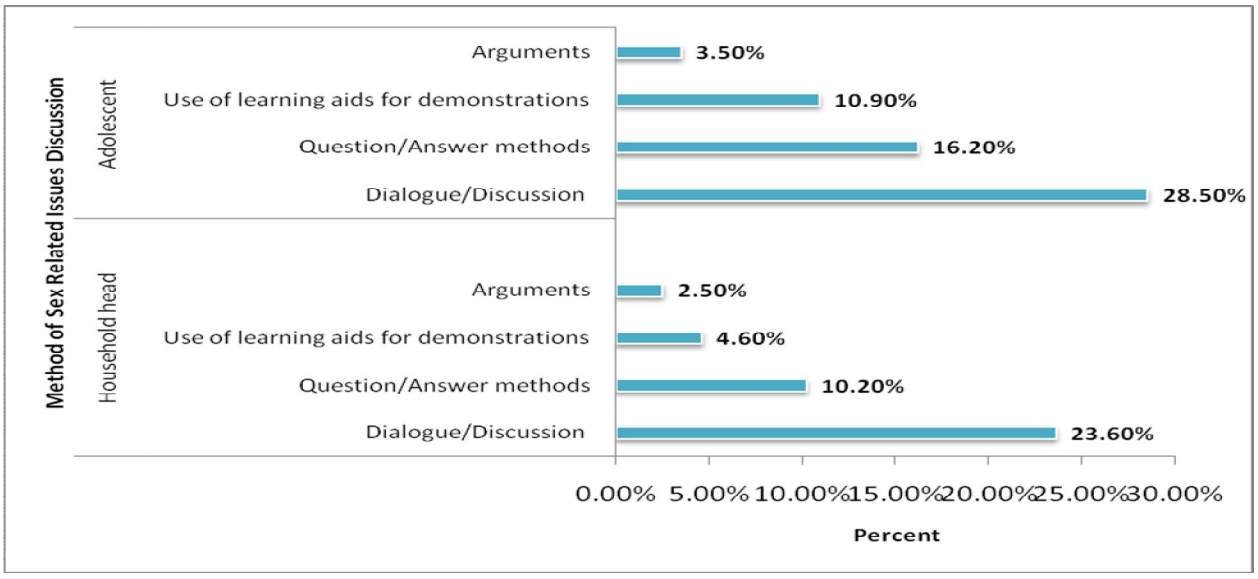
The study further requested the respondents to state if they were comfortable with the place they hold most of the sex education sessions from. All respondents agreed that they were comfortable with the location they hold most of the sex education sessions from.

This implies that home is the most conducive environment for the respondents to hold most of the sex education sessions from. This contrasts the findings by The Irish Study of Sexual Health and Relationships (ISSHR), a nationally representative, retrospective telephone survey of 7,441 adults undertaken in 2004/2005, which provides details of the sexual experiences of those aged between 18-64 years of age. The study found that a minority of men (11.3%), and almost twice as many women (21.2%) received sexual and reproductive health information at home.

4.3.6 Method of discussing sex related issues

The study sought to also find out the method used by parents to discuss sex related issues with adolescents. The methods included arguments, use of learning aids for demonstrations, question/answer method, and dialogue. Figure 4.3 illustrates the study findings.

Figure 4. 3: Method of discussing sex related issues



Source: Researcher 2015

The findings reveal that the most common method used by parents to discuss sex related issues with adolescents is dialogue/discussion (28.5% adolescents, 23.6% household head), this was followed by question/answer methods (16.2% adolescents, 10.2% household head), use of learning aids for demonstration (10.9% adolescents, 4.6% household head), arguments (3.5% adolescents, 2.5% household head).

This portrays that sex related issues are discussed using various methods including dialogue/discussion, question/answer methods, use of learning aids for demonstration as well as arguments. Dialogue and discussion was the most preferred and this can be explained by the fact that it allows both the parents and adolescents to express their views.

Likewise, Joffe and Franca-Koh Joffe and Franca-Koh question why high levels of verbal sexual communication, unlike high levels of non-verbal sexual communication, are linked to later onset of sexual activity and higher levels of contraceptive usage, a perspective they invoke by selectively focusing on existing studies that showed positive outcomes for verbal communication. They posit that while verbal communications about sexuality are likely to include messages about responsible sexual behavior and contraception, covert, nonverbal messages on the other hand, serve to model a sense of how the body is regarded.

The Key informants were also asked for their opinion on how different methodologies of parent-adolescent communication on sexual and reproductive behavior are associated with different types of sexual behavior among adolescents. The following was the view of a Children's' Officer;

> *The methodologies used in parent-adolescent communication on sexual and reproductive behavior could be associated with different types of sexual behavior among adolescents. For instance if parents use a quarrel method to communicate on sexual and reproductive with adolescents, this might be met by rebellion by the young people. In the end the adolescents might end up engaging in indiscriminate behaviors. On the other hand, a "consultative" method of parent-adolescent communication on sexual and reproductive issues give adolescents the feeling that they are being heard and their concerns taken into consideration. This might lead to safe sexual behavior among adolescents as they are informed about what is right or wrong and the reasons why.*

The findings imply that even the parents were of the opinion that open and non-judgemental communication methodologies with adolescents on issues sexual behaviour and reproductive behavior may lower the tendencies of this adolescents in engaging in different types of sexual behavior among.

Likewise, Joffe and Franca-Koh Joffe and Franca-Koh question why high levels of verbal sexual communication, unlike high levels of non-verbal sexual communication, are linked to later onset of sexual activity and higher levels of contraceptive usage, a perspective they invoke by selectively focusing on existing studies that showed positive outcomes for verbal communication. They posit that while verbal communications about sexuality are likely to include messages about responsible sexual behavior and contraception, covert, nonverbal messages on the other hand, serve to model a sense of how the body is regarded.

4.4: The influence of parent-adolescent communication on behavior of adolescents

4.4.1 Sexual activeness of adolescents

The adolescents asked if they were sexually active, whereas parents were asked if they knew if their children were sexually active. The findings are shown in table 4.4 below.

Table 4. 4: Sexual Activeness of adolescents

	Percentage (%)		**Total**	**Number of respondents**		**Total**
	Household head	**Adolescent**		**Household head**	**Adolescent**	
Yes	10.9	20.4	31.3	31	58	89
No	22.2	38.7	60.9	63	110	173
Not sure	7.8	0.0	7.8	22	0	22
Total	**40.8**	**59.2**		**116**	**168**	**284**

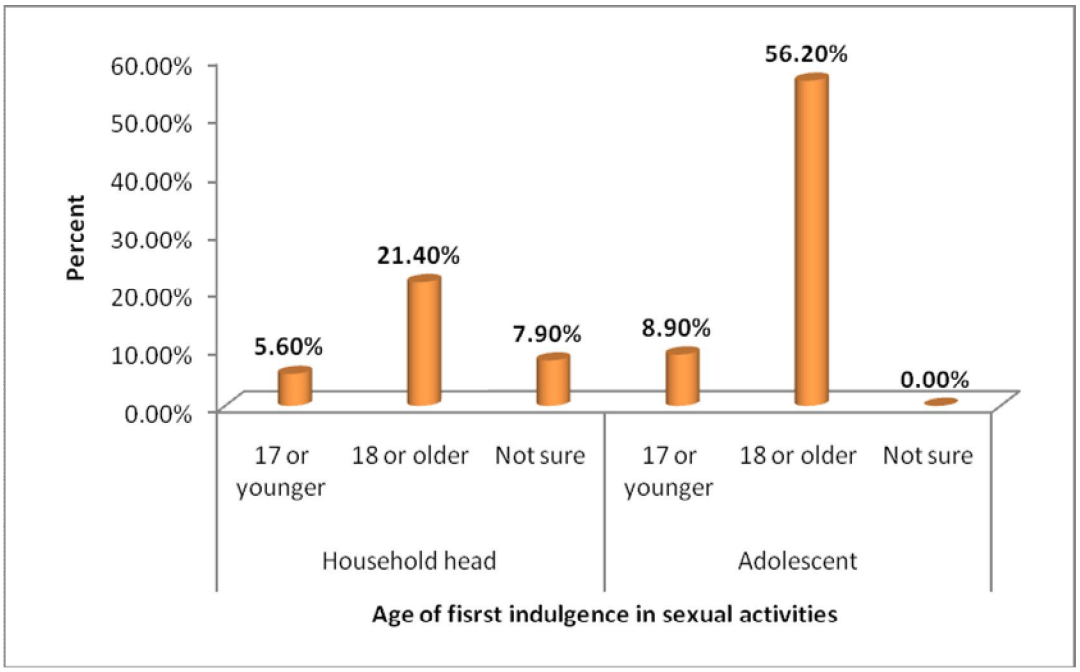
Source: Researcher 2015

From the findings, most (38.7%) adolescents said they were not sexually active while 20.4% said they were sexually active. On the other hand, most (22.2%) household heads said their adolescents were not sexually active while 10.9% said they were sexually active.

This implies that there was a slight variance on the awareness about adolescents sexual activeness between household heads and the adolescents. More adolescents are seen to be sexually active as compared to the perception of their household heads. This difference in awareness maybe attributed to the levels of communication between parents and the adolescents. Similarly, a major study by Resnick et al., (1997) showed that adolescents who reported feeling connected to parents and their families were more likely than other teens to delay initiating sexual intercourse.

The study went on to request the parents to indicate the age at which they thought their children had their first sexual relationship and also from the adolescents, the age at which they had their first indulgence in a sexual relationship. The findings are as illustrated in figure 4.4 below.

Figure 4. 4: Age of first indulgence in a sexual relationship



Source: Researcher 2015

As per the findings on figure 4.4, majority (56.2%) of the adolescents said they first indulged in a sexual relationship at the age of 18 or older while 8.9% said they first indulged in a sexual relationship at the age of 17 or younger. As for the household heads, most (21.4%) household heads said their adolescents first indulged in a sexual relationship at the age of 18 or older, 5.6%

said it was at the age of 17 or younger however, 7.9% were not sure when their adolescents first indulged in a sexual relationship.

This depicts that most adolescents first indulged in a sexual relationship when they were 18 years or older. Wellings, Nanchahal, Macdowall et al. (2001) reported that women who reported having discussed sex with their parents were slightly more likely to delay the age of sexual debut; 25.2% of women who discussed sex with parents reported having sexual intercourse before the age of 16 compared to 28.2% who reported not having discussed sex with parents. However, for men, sexual debut before 16 years was slightly higher for those who reported having discussed sex with parents, at 27.8%, compared to 26.3% of those who reported that they had not discussed sex with parents.

The study sought to determine the KIIs opinion on the influence of exposure to information on sexual and reproductive health contribute to delayed first sexual intercourse among the adolescents living in slums. The following was the view of a Reedemed church pastor;

> *It is hard to speak for all adolescents, but for the majority especially girls, exposure to information on sexual and reproductive health contributes to delayed first sexual intercourse. The reason being, most want to remain pure until they get married, fear of getting pregnant which would mean they become child parents, and there is also the risk of getting infected with HIV. This depicts that exposure to information on sexual and reproductive health contribute to delayed first sexual intercourse among the adolescents living in slums especially for the female adolescents.*

During the focus group discussion it was indicated that poverty and peer pressure have negatively impacted on the gains of exposure to sexual and reproductive information in regard to delayed sexual intercourse.

> P1: Due to the high poverty levels some children are encouraged by their parents to engage in money making ventures. So some adolescents do engage in sexual behaviors at an early age.
>
> P2: Incases where parents do not have adequate means to support the family, adolescents

are forced to also chip in supporting the family. Some end up engaging in sex for money.

P3: Parents do try their best to ensure their adolescents do not indulge in sex at an early age, however, there is the issue of peer pressure and not being able to monitor all their moves.

This shows that poverty and peer pressure have negatively impacted on the gains of exposure to sexual and reproductive information in regard to delayed sexual intercourse.

Wellings, Nanchahal, Macdowall et al. (2001) reported that women who reported having discussed sex with their parents were slightly more likely to delay the age of sexual debut; 25.2% of women who discussed sex with parents reported having sexual intercourse before the age of 16 compared to 28.2% who reported not having discussed sex with parents. However, for men, sexual debut before 16 years was slightly higher for those who reported having discussed sex with parents, at 27.8%, compared to 26.3% of those who reported that they had not discussed sex with parents.

4.4.2 Influence of parent-adolescent conversations on sexual behavior

The study sought to determine whether conversations between adolescents and their parent influence their sexual behavior. The findings are shown in table 4.5 below.

Table 4. 5: Influence of parent-adolescent conversations on sexual behavior

	Percentage (%)		**Total**	**Number of respondents**		**Total**
	Household head	**Adolescent**		**Household head**	**Adolescent**	
Yes	32.3	50.7	83.0	92	144	236
No	8.5	8.5	17.0	24	24	48
Total	**40.8**	**59.2**		**116**	**168**	**284**

Source: Researcher 2015

According to the findings in table 4.5 above, majority (50.7%) of the adolescents agreed that conversations between them and their parents influence their sexual behavior while 8.5%

disagree with this. Additionally, most (32.3%) of the household heads agreed that conversations between them and adolescents influence their adolescents sexual behavior while 8.5% disagree with this.

Therefore, conversations between adolescents and their parent influence their sexual behavior. Whitaker, Miller, May, & Levin (1999) observe that serious parent-adolescent discussions about sex and condoms can be especially important for adolescents in communicating with sexual partners about sexual risk and condom use and in preventing adolescents from conforming to more permissive peer norms about sexual risk-taking.

The KIIs were investigated on whether sexual content in parent-adolescent communication promotes more risky sexual behavior among adolescents living in slums. The following was the view of an elder in Gatwekera Village;

> *Moderately because, very few parents discuss sexual contents in details with their children, so adolescents do not get such contents from their parents. But with this era of internet and mobile devices that support browsing on the internet, children are exposed to graphic contents on sex which could to risky sexual behaviours amongst them. In addition, adolescents do not come out openly during communication on what types of sex content they have discovered and so parents may assume that their children are too young and unexposed to some contents. In such cases the discussions on content are not really discussed during the parent-adolescent communication.*

During the focus group discussion most of the adolescents indicated that parent-adolescent communication does not promote more risky sexual behavior among adolescents living in slums.

> (Q) Does sexual content in parent-adolescent communication promote more risky sexual behavior among adolescents living in slums?
>
> P1: No because parents do not get into details about the sexual behaviour. So u just have a rough idea about what them mean about issues sexual behaviour.
>
> P2: the most detailed parent-adolescent communication gets is “sleeping” with the opposite sex. No details about how it happens, what you feel, so no risky sexual behaviour

can be taken up from such communication methods.

P3: Parents who encourage adolescents to indulge in sex for money even go to an extent of giving you tips on what to do so as to make more money or keep clients. Some of the things you try with your peers.

Whitaker, Miller, May, & Levin (1999) observe that serious parent-adolescent discussions about sex and condoms can be especially important for adolescents in communicating with sexual partners about sexual risk and condom use and in preventing adolescents from conforming to more permissive peer norms about sexual risk-taking. Eisenberg et al., (2006) noted in his study that participants also reported receiving general advice about how to behave on a date. They also recalled receiving mainly 'book knowledge' from their parents, that is, information from educational videos and books about human reproduction.

The KIIs were also asked to explain to what extent parent-adolescent communication influences the following sexual behaviors among adolescents living in slums.

Abstinence

Mashimoni village elder indicated that;

To a great extent as this is biblical and considered morally upright. Adolescents are therefore encouraged to live in the right way and they also do not want to disappoint their parents.

Eisenberg et al., (2006) noted that of those who did recall discussing sexuality with their parents, the majority responded that the messages were negative and cautionary in nature. The most common message from parents involved the encouragement of contraception and STI protection. The second most common message involved abstinence until marriage and/or until a loving relationship. Participants also reported receiving general advice about how to behave on a date. They also recalled receiving mainly 'book knowledge' from their parents, that is, information from educational videos and books about human reproduction.

Masturbation

The Elder further stated that;

> *Not sure, as this is an act which happens in one's privacy. Therefore it is hard to tell whether or not adolescents engage in the act.*

Likewise, Jerman and Constantine (2010) found that the majority of parents in California reported having difficulty in talking with their child about specific topics related to sexuality and sex. In the open-ended question, "What is the most difficult part for you in talking to your child about sex and relationships?" (p. 1167) parents most commonly reported difficulties related to embarrassment or anxiety, lack of knowledge, age/development issues, general communication problems, and conversations about specific topics (e.g., masturbation, safe sex practices).

Petting behaviors

According to Siranga Elder,

> *To a moderate extent because even though adolescents may not engage in the sexual act, they have "boyfriends" and "girlfriends" and this might be one of the behaviours they engage in as it is borne out of attraction to other people. If adolescents did not have "special" friends of the opposite sex then I would fully agree that parent-adolescent communication influences the petting behaviors.*

Anal sex

The Elder further stated that,

> *Parent-adolescent communication could deter this sexual behaviors among adolescents because this is an unusual act. This fact is what would be shared to the adolescents, and if they were to follow their parents advise, then they would not engage in it. Above all, it is a high risk behavior associated with transmission of HIV/AIDS. If the parent-adolescent communication involves such advice, the result would be adolescents not engaging in it at all.*

In light of this, the respondents were asked to indicate their feelings about the conversations between parents and adolescents on sexual matters. The findings are shown in table 4.6

Table 4. 6: Feelings about the Conversations between Parents and Adolescents

Feeling about conversation	**Percent (%)**
It was a helpful conversation	80
Our conversation was very beneficial	75
My parent(s) was an unhelpful communicator(s)	43
The conversation was very unrewarding	38
It was a useless conversation.	25

Source: Researcher 2015

From the findings most of the respondents feel that the conversations between adolescents and parents on sexual matters were helpful (80%), others felt that the conversations between adolescents and parents on sexual matters were very beneficial (75%). However, they disagreed that their parent(s) was an unhelpful communicator (43%), the conversation was very unrewarding (38%) and it was a useless conversation (25%).

This depicts that respondents have positive feelings towards the conversations between adolescents and parents on sexual matters as they consider them helpful. This is in agreement with Jaccard, Dittus, & Gordon (1996); Romo, Lefkowitz, & Sigman (2002) that adolescents, whose parents clearly express their values and beliefs, including those who communicate strong disapproval of sexual activity or unprotected sex, are more likely to avoid risky sexual behaviors.

The KIIs were questioned on how parent-adolescent communication influence sexual and reproductive behavior among adolescents living in slums. The following was the view of the Children's' officer;

> *It influences adolescent's sexual and reproductive behavior in Kibera slums to a great extent for various reasons. Firstly, adolescents are told about the changes to expect as they mature into puberty. This includes menstrual periods for girls and body changes for both girls and boys which signal sexual maturity for adolescents. They are also advised not to engage in sexual behavior on the basis of being too young/mental immaturity, bible teachings and the disease and*

pregnancy risks associated with such behaviours. Therefore, with this kind of information, adolescents are bound to understand and keep their behaviours in check.

During the focus group discussion it was majority of adolescents indicated that parent-adolescent communication influences their sexual and reproductive behavior.

P1; To a great extent because no child wants to go against what their parents advises them on.

P2: To some extent because at this age as much as one is advised on the best thing to follow/take up, we still want to experiment and find out things for ourselves.

P3: No extent because some parents and adolescents do not talk about issues related to sex and reproduction. This in turn means that the behaviour of the adolescents is not influenced by the parent-adolescent communication.

The findings imply that parent-adolescent communication positively influence sexual and reproductive behavior among adolescents living in slums by enabling them to understand the sexual and reproductive changes they should expect to encounter and how to go about sexual and reproductive behavior.

This is in agreement with Jaccard, Dittus, & Gordon (1996); Romo, Lefkowitz, & Sigman (2002) that adolescents, whose parents clearly express their values and beliefs, including those who communicate strong disapproval of sexual activity or unprotected sex, are more likely to avoid risky sexual behaviors.

4.4.3 Effect of parent-adolescent communication on sexual behaviors of adolescents

The study sought to examine how parent-adolescent communication affects the some sexual behaviors. The respondents were asked to indicate the extent to which they agreed with statements related to some sexual behaviors. The findings are shown in table 4.7

Table 4. 7: Effect of Parent-Adolescent Communication on Sexual Behaviors of Adolescents

Sexual behavior	**Percent (%)**
Oral sex	75
Petting behaviors	77
Masturbation	81
Abstinence	81
Anal sex	81
Preventing adolescents from conforming to more permissive peer norms about sexual risk-taking	82
Communicating with sexual partners about sexual risk and condom use	84
Increased self-efficacy to negotiate safer sex	87
A lower risk of pregnancy	88
Iincreased communication between adolescents and their sex partners	89
Improved use of condoms and/or other contraceptives	89.5
Sex with an unknown partner	89.5
Reduced sexual activity	90
Delayed sexual initiation	92

Source: Researcher 2015

As per the findings in table 4.7 above, higher effect of parent-adolescent communication on sexual behaviors was on; delayed sexual initiation (92%); reduced sexual activity (90%); improved use of condoms and/or other contraceptives and sex with an unknown partner (89.5% each), increased communication between adolescents and their sex partners (89%), a lower risk of pregnancy (88%), increased self-efficacy to negotiate safer sex (87%) as well as communicating with sexual partners about sexual risk and condom use (84%). In addition to this, preventing adolescents from conforming to more permissive peer norms about sexual risk-taking (82%), abstinence, anal sex and masturbation (81% each), petting behaviors (77%) and oral sex (75%). This portrays that parent-adolescent communication positively affects sexual behaviors amongst adolescents especially by delayed sexual initiation, reduced sexual activity, improved use of condoms and/or other contraceptives and sex with an unknown partner.

The KIIs indicated that parent- adolescent communication promotes healthy sexual behaviors, by even advocating for use of protection or being with a single partner at a time. The following was the view of an elder in Laini Saba Village;

> *Parent-adolescent communication contributes to healthy sexual behavior of adolescents in most cases. When adolescents are warned against engaging in sexual behaviors or for those who cannot, advise on safe ways to engage in sexual behaviours plays a key role in ensuring they uphold healthy sexual behaviours. Parents advocate for use of protection or being with a single partner at a time. Some parents even go to an extent of undertaking HIV/AIDs tests regularly on children they suspect are engaging in sexual behaviors.*

The focus group provided a mixed reaction in regard to the extent to which parent-adolescent communication influences adolescent's sexual and reproductive behavior.

> (Q) Explain the extent to which parent-adolescent communication influences adolescent's sexual and reproductive behavior in Kibera slums?
>
> P1: Not really because, sometimes you just listen to what a parent says so that you don't seem disrespectful and end up doing otherwise.
>
> P2: The "unhealthy" sexual behaviours seem attractive because you do not really understand the consequences. So adolescents end up indulging in a little bit of both most of the times.
>
> P3: Yes, because parents give us examples of people we know who are suffering after indulging in risky sexual behaviours. Some are young mothers, others have dropped out of school as a result, but the worst are those who have died or suffer from STDs. It makes us fear to go down that road.

The household heads as well are of the opinion that parent-adolescent communication postiviely influences adolescent's sexual and reproductive behavior in Kibera slums especially abstinence and protection incase of sexual activeness.

These findings corroborate those by Joffe and Franca-Koh's (2001) whose UK research called into the question the corollary between greater sexual communication on the part of parents and later age of initiation of sexual activity. They explored the link between remembered non-verbal sexual communication at home and current sexual behaviour among 137 (78 female, 59 male) young British adolescents. The researchers found that higher levels of parental non-verbal sexual communication were linked to: (i) earlier onset of sexual activity, (ii) fewer sexual partners and (iii) lower feelings of sexual guilt. Greater openness about nudity in the home, in particular, was linked to earlier onset of sexual activity. In addition, while greater expression of affection between parents was associated with having fewer sexual partners, this had no relationship to contraceptive usage. Additionally using data from the National Survey of Sexual Attitudes and Lifestyles (NSSAL), Wellings, Wadsworth, Johnson, Field and Macdowall (1999) found that the most important factor influencing the chances of becoming a teenage mother was the quality of communication about sexual matters in the home.

4.5 Challenges faced by parents and adolescents in communicating sex-related issues

4.5.1 Ease of discussing sex related topics

The respondents were asked if there is a sex related topic they find easy to discuss. The findings are shown in table 4.8 below.

Table 4. 8: Ease of discussing sex related topics

	Percentage (%)		**Total**	**Number of respondents**		**Total**
	Household head	**Adolescent**		**Household head**	**Adolescent**	
Yes	37.0	53.2	90.2	105	151	256
No	3.8	6.0	9.8	11	17	28
Total	**40.8**	**59.2**		**116**	**168**	**284**

Source: Researcher 2015

The findings reveal that most (53.2%, adolescent; 37.0% household head) agreed that there is a sex related topic they find easy to discuss, while (6.0%, adolescent; 3.8% household head) agreed otherwise.

4.5.2 Easiest sex related topic to discuss

The study sought to determine which sex related topic was easy to discuss. The respondents were asked to indicate the extent to which they agreed with statements related to sex related topic. The findings are summarized in table 4.9.

Table 4. 9: Easiest sex related topic to discuss

Easiest Sex Related Topic to Discuss	Percent (%)
Anal sex	41
Oral sex	51
Masturbation	60
Safe sex	73
Petting behaviors	79
Sex with an unknown partner	80
Abstinence	88

Source: Researcher 2015

From the findings, most respondents agreed that the sex related topic they found easy to discuss was abstinence (88%), this was followed by sex with an unknown partner (80%), petting behaviors (79%), safe sex (73%), masturbation (60%), oral sex (51%) as well as communicating anal sex (41%).

This implies that the easiest sex related topic to discuss was abstinence. Beckett et al. (2010) conducted the first detailed description of what parents and adolescents discuss when they talk about sex and what topics coincide with adolescents' age. They found parents and adolescents were fairly consistent on what topics were discussed during adolescent development. For example, during early adolescence (age 10-13) parents commonly talked about puberty and reproduction; during middle adolescence (age 14-16), parents focused more on STIs, pregnancy, and birth control. In later adolescence (age 17-19) or when parents start to think their child may be engaging in sexual intercourse, parents continue to talk about pregnancy, STIs, and go into more detail on how to use condoms and birth control.

4.5.3 Challenges in discussing sex related topics

The study sought to investigate the reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents. The findings are presented in table 4.10 below.

Table 4. 10: Challenges in discussing sex related topics

Challenges in Discussing Sex Related Topics	**Percent (%)**
General communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices).	88
Am most comfortable communicating with a same-sex parent	84
Difficulties related to embarrassment	82
Age/development issues	79
Appropriate times to discuss sexual attitudes and behaviors with their children	78
It may lead to personal disclosure of their own past experiences	75
Anxiety	71
Lack of knowledge	43

Source: Researcher 2015

The findings in table 4.10 depict that the most common reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents was general communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices) (88%). This was followed by comfort in communicating with a same-sex parent (84%), difficulties related to embarrassment (82%), age/development issues (79%), appropriate times to discuss sexual attitudes and behaviors with their children (78%), it may lead to personal disclosure of their own past experiences (75%), anxiety (71%) and lack of knowledge poses the greatest challenge to parent in discussing sex related topic with adolescents (43%). This depicts that there were reasons that pose the greatest challenge in discussing sex related topic between parents and adolescents. General communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices) were the most profound.

Rosenthal and Feldman (1999) assert that the provision of sexual and reproductive information by parents involves not simply the dissemination of information on the part of parents, but also necessitates receptivity on the part the listener. So, while adolescents may accept advice and information from parents within some sexual domains, most notably in areas concerning sexual safety, within other areas parental input may be perceived as inappropriate and irrelevant. Similarly, Jerman and Constantine (2010) found that the majority of parents in California reported having difficulty in talking with their child about specific topics related to sexuality and sex.

Upon being asked some of the challenges of parent- adolescent communication in influencing sexual and reproductive behavior, the Children's officer explained that;

> *There are various challenges of parent- adolescent communication in influencing sexual and reproductive behavior. To begin with, most parents and adolescents are not open in discussing sexual topics. This is mainly because of the age gap and the consideration that adolescents are not aware of matters sex. Some adolescents might be afraid of being punished or victimized for seeking sexual and reproductive information.*

This depicts that there were reasons that pose the greatest challenge in discussing sex related topic between parents and adolescents. General communication problems and conversations about specific topics (e.g. masturbation, safe sex practices) were the most profound.

Rosenthal and Feldman (1999) asserts that the provision of sexual and reproductive information by parents involves not simply the dissemination of information on the part of parents, but also necessitates receptivity on the part the listener. So, while adolescents may accept advice and information from parents within some sexual domains, most notably in areas concerning sexual safety, within other areas parental input may be perceived as inappropriate and irrelevant. Similarly, Jerman and Constantine (2010) found that the majority of parents in California reported having difficulty in talking with their child about specific topics related to sexuality and sex.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary, conclusion and recommendations of the study in line with the objective of the study aimed at determining the influence of parent-adolescent communication on sexual and reproductive behavior in urban slum areas and therefore the use of parents to provide guidance on sexual and reproductive health values and behavior to adolescents.

5.2 Summary and Discussion

Demographics characteristics

Out of the 384-targeted respondents, 116 household heads and 168 adolescents participated in the study. Cumulatively, most (50.7%) of the adolescents were between 12-19 years while the household heads (32.1%) were between 36-45 years. Additionally, majority of the total respondents were female (51%). However, by gender more female household heads participated in the study (25.0) while more male adolescents (32.0%) participated in the study.

Communication of sexual and reproductive information

The study showed that 50.7%, of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education.

Parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Twenty nine percent of adolescents were exposed to sex education at secondary school level, Twenty-three percent were exposed to sex education at college level, six percent were exposed to sex education at primary school, and One percent were exposed to sex education at university level. Twenty-five percent of parents had exposed their adolescents to sex education at secondary school level, eight percent had exposed their

adolescents to sex education at college level, three percent had exposed their adolescents to sex education at primary school and three percent had exposed their adolescents to sex education at university level.

Parent-adolescent communication on sex issues was found to occur regularly as thirty-nine percent of adolescents received sex education monthly, twelve percent received sex education weekly however nine percent never received sex education. On the other hand twenty four percent of parents give sex education monthly, nine percent give sex education weekly but nine percent never give sex education.

The most commonly learnt topic in sex education by adolescents was puberty, this was followed by sex before marriage or peer pressure, HIV/AIDS, STIs, the advantages of young people avoiding sexual behavior, issues in becoming sexually active, human reproduction, social issues relating to sex and coercion, assault, importance of using protection, where to get condoms and contraception.

In the case of parents, the most commonly taught topic in sex education was HIV/AIDS and STIs, the advantages of young people avoiding sexual behavior, puberty, issues in becoming sexually active, sex before marriage or peer pressure, coercion and assault, social issues relating to sex, human reproduction, safe sex, contraception, importance of using protection and lastly where to get condoms.

Sex education sessions were found to be held from home. Both household heads and adolescents were comfortable with the home as the location they hold most of the sex education sessions from.

Sex related issues were found to be discussed using various methods with the most common method being dialogue/discussion, this was followed by question/answer methods, use of learning aids for demonstration and last but not least arguments.

The influence of parent-adolescent communication on sexual and reproductive behavior

A slight variance was found to exist on the awareness about adolescents sexual activeness between household heads and the adolescents. As thirty eight percent of adolescents said they were not sexually active twenty two percent of household heads said their adolescents were not sexually active. However there was a consensus that most adolescents first indulged in a sexual relationship when they were 18 years or older between the adolescents and household heads. Fifty six percent of the adolescents said they first indulged in a sexual relationship at the age of while twenty one percent of the household heads said their adolescents first indulged in a sexual relationship at the age of 18 or older.

Influence of parent-adolescent conversations on sexual behavior

Conversations between adolescents and their parent were found to influence sexual behavior as fifty one percent of the adolescents agreed that conversations between them and their parents influence their sexual behavior. Thirty two percent of the household heads agreed that conversations between them and adolescents influence their adolescents sexual behavior.

Most of the respondents feel that the conversations between adolescents and parents on sexual matters were helpful, others felt that the conversations between adolescents and parents on sexual matters were very beneficial.

Effect of parent-adolescent communication on sexual behaviors

Parent-adolescent communication was found to positively affect sexual behaviors amongst adolescents especially in relation to delayed sexual initiation, followed by reduced sexual activity, improved use of condoms and/or other contraceptives and sex with an unknown partner, increased communication between adolescents and their sex partners, a lower risk of pregnancy, increased self-efficacy to negotiate safer sex, communicating with sexual partners about sexual risk and condom use, preventing adolescents from conforming to more permissive peer norms about sexual risk-taking, abstinence and anal sex, masturbation, petting behaviors and oral sex.

Challenges faced by parents and adolescents in communicating sex-related issues

Fifty three percent of adolescent and thirty seven percent of household head agreed that there is a sex related topic they find easy to discuss. First in ranking was abstinence, this was followed by sex with an unknown partner, petting behaviors, safe sex and masturbation respectively. On the other hand oral sex as well as communicating anal sex were not easy to discuss.

The most common reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents was general communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices). This was followed by comfort in communicating with a same-sex parent, difficulties related to embarrassment, age/development issues, appropriate times to discuss sexual attitudes and behaviors with their children, it may lead to personal disclosure of their own past experiences and anxiety.

5.3 Conclusion

The study concludes that parents and adolescents in Kibera slums do engage sexual and reproductive communication especially after the adolescents are enrolled in their institutions of learning. This kind of communication mostly occurs on a monthly basis encompassing sex education topic on puberty, sex before marriage or peer pressure, HIV/AIDS, STIs, the advantages of young people avoiding sexual behavior, issues in becoming sexually active, human reproduction, social issues relating to sex and coercion, assault, importance of using protection, where to get condoms and contraception for adolescents. In the case of parents, the most commonly taught topic in sex education was; HIV/AIDS and STIs, the advantages of young people avoiding sexual behavior, puberty, issues in becoming sexually active, sex before marriage or peer pressure, coercion and assault, social issues relating to sex, human reproduction, safe sex, contraception, importance of using protection and lastly where to get condoms.

Sex education sessions are held from home with both household heads and adolescents being comfortable with the home as the location they hold most of the sex education sessions from.

The most common method for communicating sex related issues is dialogue/discussion, followed by question/answer methods, use of learning aids for demonstration and last but not least arguments. There is a slight variance on the awareness about adolescents sexual activeness between household heads and the adolescents. However there is a consensus that most adolescents first indulged in a sexual relationship when they were 18 years or older between the adolescents and household heads. Conversations between adolescents and their parent positively influence adolescents sexual behavior. This is because the conversations between adolescents and parents on sexual matters are found to be helpful, the conversations between adolescents and parents on sexual matters are found to be very beneficial.

Parent-adolescent communication positively affects sexual behaviors amongst adolescents especially in relation to delayed sexual initiation, followed by reduced sexual activity, improved use of condoms and/or other contraceptives and sex with an unknown partner, increased communication between adolescents and their sex partners, a lower risk of pregnancy, increased self-efficacy to negotiate safer sex, communicating with sexual partners about sexual risk and condom use, preventing adolescents from conforming to more permissive peer norms about sexual risk-taking, abstinence and anal sex, masturbation, petting behaviors and oral sex.

There are sex related topics that are easy to discuss, they include; abstinence, followed by sex with an unknown partner, petting behaviors, safe sex and masturbation respectively. However topics such as oral sex as well as communicating anal sex were not easy to discuss.
The most common reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents was general communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices). This was followed by comfort in communicating with a same-sex parent, difficulties related to embarrassment, age/development issues, appropriate times to discuss sexual attitudes and behaviors with their children, it may lead to personal disclosure of their own past experiences and anxiety.

5.4 Recommendations

Based on the findings discussed, this study recommends that;

1. Parent-adolescent communication should occur more often unlike the current monthly frequency to enhance the observed positive effects on sexual behaviors amongst adolescents.

2. Parent-adolescent topics on sexual and reproductive behavior should also include topics on the sexual activeness of adolescent so as to reduce the variance on the awareness about adolescents sexual activeness between household heads and the adolescents.

3. Since parents and adolescents have a positive attitude towards the teaching and learning sex education, adolescents should be encouraged to utilize any available time that they have to get sex-related information from parents.

4. With regard to challenges faced by parents and adolescents in communicating sex-related issues, the government should fund training programmes on communicating sex-related issues. Involving the wider community in appreciating the significance of parent-adolescent sexuality communication and identifying interventions to enhance communication on sexuality should be considered to overcome challenges to communication.

5. Parents and adolescents should be encouraged to openly talk about issues related to sex. They should be provided with information and skills to enable them overcome the communication challenges related to talking about sexuality issues. This can be done through involving them in seminars and workshops hence minimizing the cultural bottlenecks related to sexuality communication. This is based on the premise that, in this study, some adolescents mentioned that peer pressure affects sexual and reproductive behavior.

5.5 Recommendations for further research

The study had a limited scope. More research needs to be done to enlighten adolescents on some outstanding concerns and address the influence of parent- adolescent communication on sexual and reproductive behavior among adolescents in Kenya.

First, it is worth noting that this study was limited to adolescents in Kibera slums, Nairobi County. There is need to carry out further research for a comparative study to establish how parent- adolescent communication influence sexual behavior of adolescents in other urban and rural slums in Kenya.

Second, the study focused mostly on influence of parent-adolescent communication on sexual and reproductive behavior among the adolescents. The study recommends that further research should be carried out to establish whether parent- adolescent communication can enlighten the adolescents on HIV and AIDS. This is particularly important ant in Kenya due to the current alarming HIV infections among the adolescents.

Third, the study focused on parent- adolescent communication and how it influences sexual and reproductive behavior among the youth. Further studies should be carried on other interpersonal communication programmes and campaigns that influence adolescent sexual and reproductive behavior.

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LIST OF APPENDICES

APPENDIX I: INTRODUCTION LETTER

University of Nairobi,
P.O Box 30197,
Nairobi.

Date…….
Dear Sir/Madam/
RE: LETTER OF INTRODUCION

I am a student at The University of Nairobi pursuing a Master of Arts communication studies. As a requirement for the fulfillment of the master's degree, I intend to carry out research on the influence of parent-adolescent communication on sexual and reproductive behavior, case study of Kibera slums. Kindly spare some of your time to complete the questionnaire attached herein. The information given will be handled with utmost confidentiality.

Yours faithfully

Njenga Geoffrey Gathii

APPENDIX II: QUESTIONNAIRE FOR ADOLESCENTS

THE INFLUENCE OF PARENT-ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE BEHAVIOR OF ADOLESCENTS: CASE STUDY OF KIBERA SLUMS

Adolescent's Questionnaire

This questionnaire is to collect data for purely academic purposes. You are kindly requested to answer the questions as sincerely as possible. The information you give will be treated with confidentiality.

Part A: Personal Information

Age ☐

Gender M ☐ F ☐

Part B: How parents communicate sexual and reproductive information to their adolescents

1. Have you ever been exposed to any sex education by your parents?
   Yes ☐ No ☐

   If yes, in what level?
   Primary School [ ]
   Secondary school [ ]
   College level [ ]
   University level [ ]

2. How often do you receive sex education from your parents?
   Daily [ ]
   Weekly [ ]
   Monthly [ ]
   Never [ ]

3. Which of the following topics have you learnt in sex education? Tick where appropriate (X)

	(X)
Human reproduction	
Issues in becoming sexual active	
The advantages of young people avoiding sexual behavior	
HIV/AIDs	
STIs	
Importance of using protection	
Where to get condoms	
Social issues relating to sex	
Contraception	
Safe sex	
Sex before marriage or peer pressure	
Puberty	
Coercion and assault	
Others	

4. Where do you hold most of your sex education sessions from?

   Home [ ]

   School [ ]

   Church [ ]

   Other…….

   Are you comfortable with these places?

   Yes ☐ No ☐

5. Tick one method among the ones listed below that your parents use to discuss sex related issues with you:

    a) Dialogue/Discussion ☐

    b) Lecture method Dictation (Talk and make notes) ☐

    c) Use of learning aids for demonstrations ☐

    d) Question/Answer methods ☐

    e) Debates ☐

Part C: The influence of parent-adolescent communication on sexual and reproductive behavior

6. Are you sexually active?

    Yes ☐

    No ☐

    If yes, at what age was your first indulge in a sexual relationship?

    17 or younger ☐

    18 or older ☐

7. Do conversations between you and your parent influence your Sexual Behavior?

    Yes ☐

    No ☐

8. Complete the following items about the conversations between you and your parent on sexual matters. Use the following scale to indicate your feelings about that specific conversation. There is no right or wrong answer. The scale ranges from 1 (strongly disagree) to 5 (strongly agree).

	1	**2**	**3**	**4**	**5**
Our conversation was very beneficial.					
It was a useless conversation.					
It was a helpful conversation					
My parent(s) was an unhelpful communicator(s)					
The conversation was very unrewarding.					

9. To what extent does parent-adolescent communication affect the following sexual behaviors? Use 1-5 , where 1 is to a no extent and 5 is to a very great extent

	1	**2**	**3**	**4**	**5**
Delayed sexual initiation					
Reduced sexual activity					
Improved use of condoms and/or other contraceptives					
Iincreased communication between adolescents and their sex partners					
A lower risk of pregnancy					
Increased self-efficacy to negotiate safer sex					
Communicating with sexual partners about sexual risk and condom use					
Preventing adolescents from conforming to more permissive peer norms about sexual risk-taking					
Abstinence					
Masturbation					
Petting behaviors					
Oral sex					
Anal sex					
Sex with an unknown partner					
Other					

Part D: Challenges Faced by parents and adolescents in Communicating Sex-Related Issues

10. Is there a sex related topic you find easy to discuss with parents?

Yes ☐ No ☐

11. Which of the following sex related topic do you find easy to discuss with parents? Use 1-5 , where 1 is to a no extent and 5 is to a very great extent

	1	**2**	**3**	**4**	**5**
Abstinence					
Masturbation					
Petting behaviors					
Oral sex					
Anal sex					
Sex with an unknown partner					
Safe sex					
Other					

12. Which of the following reasons in your opinion pose the greatest challenge to your parent in discussing sex related topic with you? Use 1-5 , where 1 is to a no extent and 5 is to a very great extent

	1	**2**	**3**	**4**	**5**
Difficulties related to embarrassment					
Anxiety					
Am most comfortable communicating with a same-sex parent					
Lack of knowledge					
Age/development issues					
General communication problems, and conversations about specific topics (e.g., masturbation, safe sex practices).					
It may lead to personal disclosure of their own past experiences					
Appropriate times to discuss sexual attitudes and behaviors with their children					

APPENDIX III: QUESTIONNAIRE FOR PARENTS

THE INFLUENCE OF PARENT-ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE BEHAVIOR OF ADOLESCENTS: CASE STUDY OF KIBERA SLUMS

Parent's Questionnaire

This questionnaire is to collect data for purely academic purposes. You are kindly requested to answer the questions as sincerely as possible. The information you give will be treated with confidentiality.

Part A: Personal Information

Age ☐

Gender M ☐ F ☐

Part B: How parents communicate sexual and reproductive information to their adolescents

1. Have you ever exposed your children to any sex education?
   Yes ☐ No ☐

   If yes, in what level?
   Primary School [ ]
   Secondary school [ ]
   College level [ ]
   University level [ ]

2. How often do you give sex education to your children?

   Daily [ ]
   Weekly [ ]
   Monthly [ ]
   Never [ ]

3. Which of the following topics have taught your children in sex education? Tick where appropriate (X)

	(X)
Human reproduction	
Issues in becoming sexual active	
The advantages of young people avoiding sexual behavior	
HIV/AIDs	
STIs	
Importance of using protection	
Where to get condoms	
Social issues relating to sex	
Contraception	
Safe sex	
Sex before marriage or peer pressure	
Puberty	
Coercion and assault	
Others	

4. Where do you hold most of your sex education sessions from?

   Home [ ]

   School [ ]

   Church [ ]

   Other…….

   Are you comfortable with these places?

   Yes ☐ No ☐

5. Tick one method among the ones listed below that you use to discuss sex related issues with your children:

   a) Dialogue/Discussion ☐

   b) Lecture method Dictation (Talk and make notes) ☐

   c) Use of learning aids for demonstrations ☐

   d) Question/Answer methods ☐

   e) Debates ☐

Part C: The influence of parent-adolescent communication on sexual and reproductive behavior

6. Are your children sexually active?

   a) Yes ☐

   b) No ☐

   If yes, at what age do you think your adolescent child indulge in a sexual relationship?

   17 or younger ☐

   18 or older ☐

7. Do conversations between you and your adolescent children influence their Sexual Behavior?

   Yes ☐

   No ☐

8. Complete the following items about the conversations between you and your child on sexual matters. Use the following scale to indicate your feelings about that specific conversation. There is no right or wrong answer. The scale ranges from 1 (strongly disagree) to 5 (strongly agree).

	1	**2**	**3**	**4**	**5**
Our conversation was very beneficial.					
It was a useless conversation.					
It was a helpful conversation					
My parent(s) was an unhelpful communicator(s)					
The conversation was very unrewarding.					

9. To what extent does parent-adolescent communication affect the following sexual behaviors? Use 1-5 , where 1 is to a no extent and 5 is to a very great extent Safe sex

	1	**2**	**3**	**4**	**5**
Delayed sexual initiation					
Reduced sexual activity					
Improved use of condoms and/or other contraceptives					
Iincreased communication between adolescents and their sex partners					
A lower risk of pregnancy					
Increased self-efficacy to negotiate safer sex					
Communicating with sexual partners about sexual risk and condom use					
Preventing adolescents from conforming to more permissive peer norms about sexual risk-taking					
Abstinence					
Masturbation					
Petting behaviors					
Oral sex					
Anal sex					
Sex with an unknown partner					
Other					

Part D: Challenges Faced by parents and adolescents in communicating Sex-Related Issues

10. Is there a sex related topic you find easy to discuss with your child?

Yes ☐ No ☐

11. Which of the following sex related topic do you find easy to discuss with your child? Use 1-5 , where 1 is to a no extent and 5 is to a very great extent

	1	**2**	**3**	**4**	**5**
Abstinence					
Masturbation					
Petting behaviors					
Oral sex					
Anal sex					
Sex with an unknown partner					
Safe sex					
Other					

12. Which of the following reasons in your opinion pose the greatest challenge to you as a parent in discussing sex related topic with your child? Use 1-5 , where 1 is to a no extent and 5 is to a very great extent

	1	**2**	**3**	**4**	**5**
Difficulties related to embarrassment					
Anxiety					
Am most comfortable communicating with a same-sex parent					
Lack of knowledge					
Age/development issues					
General communication problems, and conversations about specific topics (e.g., masturbation, safe sex practices).					
It may lead to personal disclosure of their own past experiences					
Appropriate times to discuss sexual attitudes and behaviors with their children					

APPENDIX IV: KEY INFORMANTS INTERVIEW GUIDE

Position ……

Name of the location where attached …….

Explain the extent to which parent-adolescent communication influences adolescent's sexual and reproductive behavior in Kibera slums?

Does parent-adolescent communication contribute to healthy sexual behavior of adolescents living in slums?

Does exposure to information on sexual and reproductive health contribute to delayed first sexual intercourse among the adolescents living in slums?

Does sexual content in parent-adolescent communication promote more risky sexual behavior among adolescents living in slums?

Are different methodologies of parent-adolescent communication on sexual and reproductive behavior associated with different types of sexual behavior among adolescents in?

In your own opinion, how does parent-adolescent communication influence sexual and reproductive behavior among adolescents living in slums?

What are some of the challenges of parent- adolescent communication in influencing sexual and reproductive behavior?

Explain to what extent parent-adolescent communication influences the following sexual behaviors among adolescents living in slums

Abstinence

Masturbation

Petting behaviors

Oral sex

Anal sex

APPENDIX V: FOCUS GROUP DISCUSSION

Explain the extent to which parent-adolescent communication influences adolescent's in Kibera slum sexual and reproductive behavior?

In your own opinion, does parent-adolescent communication influence the youth to indulge in sex at an early age?

Does parent- adolescent communication contribute to healthy sexual behavior of adolescents in Kibera slum?

Do sexual content in parent-adolescent communication promote more risky sexual behavior among adolescents in Kibera slums?

Are different methodologies of parent-adolescent communication on sexual and reproductive behavior associated with different types of sexual behavior among adolescents in?

In your own opinion, how does parent-adolescent communication influence sexual and reproductive behavior among adolescents living in slums?

What are some of the challenges of parent- adolescent communication in influencing sexual and reproductive behavior?

Explain to what extent exposure to parent-adolescent communication influences the following sexual behaviors among adolescents living in slums?

Abstinence

Masturbation

Petting behaviors

Oral sex

Anal sex

Thank you very much for your participation.