

FACTORS AFFECTING PARENTS-ADOLESCENTS' COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN JUBA CITY. A CROSS-SECTIONAL STUDY

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Page | 1

Abstract

Background.

Effective communication between parents and adolescents on sexual and reproductive health issues is essential, yet challenging for many parents across Africa. The purpose of this study is to assess the effect of socio-demographic, cultural, and religious factors on communication between parents and their adolescent children concerning sexual and reproductive health (SRH) issues in Juba City.

Methods.

This study, conducted in Juba, employed a mixed-methods approach targeting parents and adolescents. Quantitative surveys and qualitative interviews were conducted in seventeen clusters, with a target sample of 384 households. Key informants, including village elders and school principals, were also interviewed.

Results.

Nearly half of parents (44.16%) were unaware of their children's sexual activity, while 41.55% of adolescents reported being sexually active. Most sexually active adolescents-initiated relationships between ages 10 and 13 years. Fathers/guardians primarily worked in government or NGOs (43.27%), while mothers/guardians were mostly business people (42.7%). The majority of adolescents (62.46%) lived in medium-sized families. 40.26% of parents had never provided sex education to their children. Most parents (37.34%) believed their communication efforts did not reduce adolescents' sexual activity, while 40.58% reported no delay in sexual activity due to communication. Religion was a significant communication barrier, with 27.9% of parents and 35.8% of adolescents citing it. Culture was also a major challenge, according to 25.97% of parents and 9.17% of adolescents.

Conclusion.

Despite a high prevalence of adolescent sexual activity, communication between parents and adolescents on sexual and reproductive health issues is low in Juba. Employment, culture, and religion significantly influence communication dynamics.

Recommendation.

There is a need to enhance information, education, and communication initiatives targeting both parents and adolescents to improve sexual and reproductive health outcomes.

Keywords: *Socio-demographic, cultural and religious factors, Juba City, Adolescent-parents communication on sexual reproductive health issues.*

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Background.

Adolescence is a transitional period from childhood to adulthood characterized by significant physiological, psychological, and social changes in the age group of 10 to 19 years. As we transition from childhood through

adolescence to adulthood, all people must be equipped with the knowledge and skills they need to take advantage of the opportunities and meet the challenges they face in the adult world, Parents (and other family members) play an important role in implementing interventions such as preparing girls and boys for puberty and building equal

gender norms. They also play a role in increasing youth access to community-based interventions, such as human papillomavirus (HPV) vaccination and voluntary medical male circumcision. Almost all parents want their sons and daughters to grow up and develop healthily and make a meaningful contribution to this. However, in many places, they feel unprepared and unable to address the sensitive issues surrounding puberty, sexuality, and reproduction.

Adolescents often lack basic reproductive health information and knowledge and access to affordable, confidential health services. Many people are uncomfortable discussing reproductive health with their parents. Additionally, when young people no longer feel connected to family, they may engage in activities that endanger their health. However, when parents affirm their children's worth, teens are more likely to develop positive, healthy attitudes about themselves. Parents often have difficulty communicating with their teens about sex. Nevertheless, positive communication between parents and children helps adolescents establish individual values and make sexually healthy decisions. Sexually transmitted diseases, HIV/AIDS, and other reproductive health issues pose the greatest threat to adolescent well-being. However, despite the growing need, there is a lack of adequate parental health counseling (Chane & Cherie, 2018).

Parent-child communication about sexuality is considered an effective means of reducing risky sexual behavior and HIV infection among adolescents. However, for many parents across Africa, one of the challenges of raising children is answering a child's questions about sexuality, Chane & Cherie, (2018). Motsomi, Makanjee, Basera, and Nyasulu (2016) in their studies conducted in Lesotho and Ethiopia report that only 20% of parents discussed sexual topics with their adolescent children, in contrast to 90% of parents in the United States. Likewise, many children find it uncomfortable to talk to their parents about sexuality because the topic is taboo in most families. Chane and Cherie (2018) stated that teens who talk to their parents about sexuality are more likely than other teens to delay the initiation of sexual intercourse and are more likely to use condoms and other contraceptives when they eventually feel like having sex. Therefore, this study intends to assess the effect of socio-demographic, cultural, and religious factors on communication between parents and their adolescent children concerning sexual and reproductive health (SRH) issues in Juba City.

Methodology.

Research design

This study was conducted in Juba and employed a mixed-methods approach targeting both parents and adolescents. The quantitative approach quickly and efficiently captured potentially large amounts of data from large stakeholders. While the qualitative method provided the contextual information and facilitated the understanding and interpretation of the quantitative data. Since qualitative data was collected from a subset of stakeholders, costs were reduced (MS Rahman, 2017). This combination allows for a comprehensive exploration of the research topic, using both numerical data and rich, descriptive insights (<https://www.quora.com>).

study site

The study was carried out in Juba city, the capital and largest city of South Sudan. The city is situated on the White Nile and also serves as the capital of Central Equatoria State. It is the world's newest capital city, and has a population of 421,292 projections for 2021 (United Nations 2017). It has an area of 52 km² (20 sq m), with the metropolitan area covering 336 km² (130 sq m). Juba has the following bomas: Hai Buluk, Hai Cinema, Hai Commercial, Hai Gabat, Hai Malakal, Hai Mayo, Hai Neem, Hai Neggily, Hai Nyakama, Hai Orselim, Hai Soura, Hai Zenda, Juba Nabari, Juba Quarter Council Mtc, Nimra Talata and Tomping. South Sudan is emerging from a prolonged civil conflict with a very high human cost. More than half of the South Sudanese population requires urgent food assistance, about 40 percent of the population is internally displaced or live as refugees in neighboring countries. More than 80 percent live below the poverty line. Recently, floods and locusts have further worsened living conditions for millions of South Sudanese (IMF 2020). The selection of the site has been done purposively and conveniently. This selection is based on the fact that Juba has received relative peace compared to some locations in South Sudan. It has been selected to verify the influence of parent-adolescent communication on sexual and reproductive issues.

Study population

The target population in this study was parents and adolescents in Juba city with a projected population of 74,303 people by the South Sudan Bureau of Statistics 2020.

Table 1: Source, South Sudan Bureau of statistic

Boma	population	Males	Females	household
Hai Buluk\ Hai-Buluk	4028	2424	1604	445
Hai Cinema\ Hai-Cinema	1992	1163	829	291
Hai Commercial\ Hai-Commercial	5840	3170	2670	951
Hai Gabat\ Hai-Gabat	4536	2579	1957	490
Hai Malakal\ Hai-Malakal	5779	3582	2197	858
Hai Mayo\ Hai-Mayo	2261	1216	1045	300
Hai Neem\ Hai-Neem	1093	607	486	117
Hai Neggily\ Hai-Neggily	401	250	151	59
Hai Nyakama\ Hai-Nyakama	1554	1011	543	4
Hai Orselim\ Hai-Orselim	3410	1947	1463	402
Hai Soura\ Hai-Soura	3590	2282	1308	341
Hai Zendia\ Hai-Zendia	5160	2769	2391	812
Juba Nabari	2325	1271	1054	356
Juba Quarter Council	1688	1318	370	141
MTC	5408	2951	2457	779
Nimra Talata (inves. GIS)	3225	2005	1220	339
Topping	22013	13874	8139	2970
Total	74303	44419	29884	9655

Sample size and selection

Accordingly, when the target population is bigger than 10,000, therefore, a formula that bases its estimation of sample size on the target population (N) was used; one such formula is the formula by Krejcie and Morgan (1970), given,

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

However, since Krejcie & Morgan (1970) came up with a table for determining sample size for a given population for easy reference, therefore, there is no need to use the formula since the table for determining sample size has all the provisions one requires to arrive at sample size.

Table 2 For determining sample size for the finite population.

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368

140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note: N is population size. S is the sample size.

Source: Krejcie and Morgan (1970).

Sampling techniques and procedures

Arising from the computing, therefore, 384 subjects among residents of Juba city formed the sample. The researcher used two sampling techniques namely; cluster sampling technique and

simple random sampling. In the cluster technique, the total population was divided into groups (or clusters), and a simple random sample of the groups was selected. Then the required information was 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. In addition, simple random sampling was chosen among the objects since it allocates the objects equal opportunity of being sampled. Therefore, the target constituent's population was 50% of the seventeen clusters of Juba City selected by simple random sampling (Hai Buluk, Hai Malakal, Hai Mayo, Hai Neem, Hai Neggily, Hai Nyakama, Hai Soura and Juba Nabari). With a target sample of 384, respondents reaching 1 household head (parent) and 1 adolescent. In qualitative data, a simple random sampling technique was used to select a sample of 5 local influential persons (village elders, women group leader, Chief, Headteacher) and 3 out of 10 children's department officials. This sample of respondents was used in the key informant guide.

Separately, the study conducts 4 focus Group discussions with parents and 4 focus group discussions with adolescents both boys and girls consisting of 8-10 members per group who were purposively sampled.

Data collection methods and procedure

Qualitative data

The data was obtained using key informants and focus group discussions. An interview guide tool was 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 in this study were 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, 6 focus group discussions were conducted, two with parents and

four with adolescent children. Every focus group discussion was comprised of about 8-10 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.

Quantitative data

The study used quantitative data which was obtained through the survey method by use of questionnaires. The questionnaires were delivered and collected after a few days. Both open-ended and close-ended questions were asked. Questions were phrased to make clear dimensions 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 allowed the respondents to give their responses in a free environment and helped the researcher get information that would not have been given out during the interview.

Data analysis and presentation

Data collected from questionnaires was coded. The coding scheme was designed inductively, based on a representative sample of responses to questions. The data was then analyzed by using descriptive statistics. Descriptive statistics enable the researcher to summarize and organize data in an effective and meaningful way and provide tools for describing collections of statistical observations and reducing information to an understandable form. Frequency distribution was constructed to examine the pattern of responses. These frequencies were converted to percentages for meaningful interpretation. The data was further analyzed using Excel spreadsheets to communicate pie charts. Qualitative data was organized according to the answers to 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 the

form of narrative notes that clearly show the influence of parent-adolescent communication on sexual and reproductive health among adolescents in Juba City.

data, provides insights into the frequency and distribution of specific variables, and enables comparison and interpretation of results.

Measurement of variables (quantitative studies)

The study used descriptive statistics as a method to analyze the data. Descriptive statistics use numerical summaries to describe and present the key features of the data. This includes using frequency distribution tables, and numbers with frequencies and percentages to provide a clear and concise summary of the data set. These statistical methods enable the organization and presentation of data in a meaningful and interpretable way, allowing researchers to understand the distribution, patterns, and characteristics of the variables under study. Additionally, the use of descriptive statistics facilitates the analysis of numerical

Ethical considerations

The research was conducted by the 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 secret and participants were only asked to mention them for dialogue purposes during the interview. For good and fair research, a letter from the office of Juba Block was carried out by the researcher.

Results.

Adolescent findings questionnaire interview.

Table 3: Adolescent Demographic Information

Variable	Frequency	Percentage
Gender		
Female	191	54.73%
Male	158	45.27%
Level of your education		
primary education	180	51.58%
secondary education	162	46.42%
No education	4	1.15%
post-secondary education/tertiary	3	0.86%
Religion		
Christian	308	88.25%
Islam	29	8.31%
Other religion		
JCC	5	1.43%
A1C	4	1.15%
Full Gospel	2	0.57%
Live with parents/relatives.		
I live with both parents	242	69.34%
I live with relatives	38	10.89%
I live only with my father	34	9.74%
I live only with my mother	33	9.46%
Others specify		
I live with my sister	1	0.29%
I live with my grandfather	1	0.29%
Occupation of your father/guardian		
Government/NGO employee	151	43.27%
Business person	140	40.11%
Farmer	28	8.02%
carpenter/welder	12	3.44%

Others specify		
No job	10	2.86%
Lawyer	2	0.58%
My father is death	1	0.29%
Teacher	1	0.29%
Occupation of your mother/guardian		
Government/NGO employee	73	20.92%
Business person	149	42.69%
Farmer	41	11.75%
carpenter/welder	1	0.29%
Others specify		32.75%
Housewife	45	12.9%
No job	33	9.47%
Teacher	1	0.29%
I have lost my mother	4	1.15%
Size of the family		
Less than 4	108	30.95%
4 – 10	218	62.46%
Greater than 10	23	6.59%

The findings in Table 3: show the socio-demographic characteristics of both the female and male adolescents that were interviewed. For the females, the findings show that the majority of the respondents were 54.73% (191) and males 45.27% (158) with a mean age of 15.44, median of 16, mode of 16, and standard deviation of 2.56. The majority of the respondents were at the primary level of education 51.58%, (180) followed by 46.27% (162) who were at the secondary level and then those at the post-secondary level amount for (3) 0.86% and those with no education were 1.15% (4). Most of the respondents were from the Christian denominations 88.2% (308), 8.31% 29 were from the Islamic denomination and others were from JCC 1.43%, AIC 1.15%, and Full Gospel 0.57%.

The findings also show that the majority of the adolescents 69.34% (242) live with both parents, 9.74% (38) live with only their fathers, 9.46% (34) live with only their mothers and rest 0.58% (2) live with their grandfather and sister. In regards to the occupation of the parents of the respondents, the findings have shown that 43.27% (151) of the fathers/guardians of the adolescent respondents interviewed work either with the government or NGOs, 40.11% (140)

were business people, 8% (28) were farmers, 3.4% (12) were carpenters/welders and the rest do other jobs like lawyer 0.58% (14), teaching 0.29%. Only 2.86% of respondents said that their fathers had no jobs and 0.29% lost their fathers. The findings also show that nearly all of the interviewed adolescents' mothers/guardians were business people 42.7% (149), those who worked with either government or NGO were 20.9% (73), and farmers were 11.75% (41), carpenter/welder 0.29% and teacher 0.29%. Of the other respondents 32.75% (83), had responded that their mothers were only housewives 12.9% (45), mothers with no jobs amount to 9.47% (33), and 1.15% (4) lost their mothers. The finding showed that the majority of the respondents 62.46% live in families with a size between 4 to 10, 30.95% of the respondents live in families that were less than 4 in number and only 6.49% live in families than 10 in number.

How do parents communicate sexual and reproductive health information to their Adolescent children?

Table 4: Communication about sexual and reproductive health issues with adolescent

Variable	Frequency	Percentage
Ever been exposed to any sex education by your parents?		
No	213	61.03%
Yes	136	38.97%
Age Exposed to sex education.		
14 – 16 yrs.	65	18.62%
10 – 13 yrs.	24	6.88%
17 – 19 yrs.	18	5.16%
How often do you receive sex education from your parents?		
Never	160	45.85%
Monthly	90	25.79%
Weekly	44	12.61%
Daily	2	0.57%

Table 4: shows that out of the 349 respondents, only 136 (38.97%) had communication on sexual and reproductive health issues with their parents, and the majority 213 (61%) did not have any communication. Out of those who had communication on SRH issues (38.97%), the age at exposure to the majority was between 14 – 16 yrs. 65 (18.6

%), followed by the ages between 10 – 14 yrs. 24 (6.9%) and then the least age at exposure was 17 – 19 yrs. 18 (5.2%). Most of the sex education was conducted monthly 90 (25.8%), then those who received weekly were 44 (12.6%), and only 2 (0.57%) received sex education daily.

Table 5: Topics you have learned in sex education from your parent.

Variable	Frequency	Percentage
Sex before marriage or peer pressure		
Yes	129	36.96%
No	6	1.72%
STIs		
Yes	100	28.65%
No	34	9.74%
Human reproduction		
Yes	95	27.22%
No	40	11.46%
Social issues relating to sex		
Yes	96	27.51%
No	38	10.89%
Importance of using protection		
No	70	20.06%
Yes	64	18.34%
HIV/AIDS		
Yes	109	31.23%
No	26	7.45%
Safe sex		
No	95	27.22%
Yes	39	11.17%
Puberty		
Yes	110	31.52%
No	23	6.59%

Issues in becoming sexually active		
Yes	86	24.64%
No	49	14.04%
The advantages of young people avoiding sexual behaviors		
Yes	117	33.52%
No	18	5.16%
Contraception		
No	97	27.79%
Yes	38ly	10.89%
Where to get condoms		
No	96	27.51%
Yes	37	10.6%
Coercion and assault		
No	85	24.36%
Yes	48	13.75%

Table 5: shows that the majority of adolescents who received sex education from their parents had learned about sex before marriage 129 (36.96%), the advantages of young people avoiding sexual behavior 117 (33.52%), puberty 110 (31.52%) and HIV/AIDS 109 (31.23%). Whereas the rest had learned about STIs 100 (28.65%), contraception 97

(27.8%), where to get condom 96 (27.51%), social issues related to sex 96 (27.51%), human reproduction 27.2%, safer sex 95 (27.2%), issues of becoming sexually active 86 (24.64%), coercion and assault 85 (24.36 %) and importance of using protection 70 (20.06%).

Table 6: Reasons that prevent parents from communicating sexual issues to their children.

Variables	Frequency	Percentage
Human reproduction		
Lack of Knowledge by the parent	29	8.31%
Culture	16	4.58%
Shame	11	3.15%
Religion	5	1.43%
Issues in becoming sexually active		
Culture	32	9.17%
Lack of Knowledge by the parent	31	8.88%
Shame	20	5.73%
Religion	16	4.58%
The advantages of young people avoiding sexual behavior		
Lack of Knowledge by the parent	16	4.58%
Culture	12	3.44%
Religion	9	2.58%
Shame	6	1.72%
STIs		
Lack of Knowledge by the parent	28	8.02%
Culture	20	5.73%
Religion	7	2.01%
Shame	7	2.01%

HIV/AIDS		
Lack of Knowledge by the parent	27	7.74%
Culture	13	3.72%
Shame	7	2.01%
Religion	3	0.86%
Importance of using protection		
Culture	59	16.91%
Lack of Knowledge by the parent	36	10.32%
Religion	34	9.74%
Shame	31	8.88%

Table 6: shows that adolescents who were interviewed admitted that they did not learn about human production because of lack of knowledge by their parents 29 (8.3%), whereas, 16 (4.6%) responded that they didn't learn because of culture, 11 (3.25%) was because of shame and 5 (1.43%) was due to religion. Most respondents admitted that culture was the leading cause 32 (9.17%) that made parents not communicate about issues of becoming sexually active, followed by lack of knowledge by the parents 31 (8.9%), then shame 20 (5.7%) and then lastly religion 16 (4.6%). The findings also show that adolescents who were interviewed reported that they didn't learn about the advantages of young people in avoiding sexual behavior mostly because of lack of knowledge by their parents 16 (4.6%), followed by culture 12 (3.44%), then religion 9

(2.6%) and lastly because of shame 6 (1.7%). The interviewed adolescents also reported that they did not learn about STIs mainly due to lack of knowledge by their parents 28 (8.02%), followed by culture 20 (5.73%), and then religion and shame amount for 7 (2.01%).

The majority of the adolescents who were interviewed reported that they could not learn about HIV/AIDS due to lack of knowledge by their parents 27 (7.7%), followed by culture 13 (3.7%), then religion 7 (2.01%) and lastly was because of religion 3 (0.86%). The majority of adolescents who were interviewed admitted that they could not learn about the importance of protection because of culture 59 (16.9%), followed by lack of knowledge 36 (10.3%), then religion 34 (9.74%), and lastly because of shame 31 (8.9%).

Table 7: Reasons that prevent parents from communicating sexual issues to their children continues

Variable	Frequency	Percentage
Where to get condoms		
Culture	74	21.2%
Religion	48	13.75%
Lack of Knowledge by the parent	45	12.89%
Shame	40	11.46%
		%
Social issues relating to sex		
Culture	34	9.74%
Lack of Knowledge by the parent	30	8.6%
Shame	25	7.16%
Religion	23	6.59%
Contraception		
Culture	58	16.62%
Lack of Knowledge by the parent	44	12.61%
Religion	43	12.32%
Shame	18	5.16%
Safe sex		
Culture	69	19.77%
Religion	49	14.04%
Lack of Knowledge by the parent	45	12.89%
Shame	30	8.6%

Table 7: shows that the majority of the adolescents interviewed reported that, they didn't learn about where to get condoms from their parents because of culture 74 (21.2%), followed by religion 48 (13.8%), then lack of knowledge by the parents 45 (12.9%) and lastly shame 40 (11.46%). They also admitted that their parents did not give them sex education about social issues related to sex mainly due to culture 34 (9.74%), followed by lack of knowledge by their parents 30 (8.6%), then shame 25 (7.2%) and the least number reported that it was because of religion 23

(6.6%). The majority of the interviewed adolescents likewise reported that they didn't learn about contraception because of culture 58 (16.6%), followed by lack of knowledge by parents 44 (12.6%), then religion 43 (12.3%), and lastly shame 18 (5.16%). The majority of those adolescents also reported that culture 69 (19.8%) was the major cause that caused them not to learn about safer sex from their parents, followed by religion 49 (14.04%), lack of knowledge by the parents 45 (12.9%), and then shame 30 (8.6%).

Table 8: Reasons that prevent parents from communicating sexual issues to their children continue.

Variable	Frequency	Percentage
Sex before marriage or peer pressure	2%	
Culture	12	3.44%
Religion	9	2.58%
Lack of Knowledge by the parent	8	2.29%
Shame	2	0.57%
Puberty		
Lack of Knowledge by the parent	11	3.15%
Culture	7	2.01%
Religion	5	1.43%
Shame	2	0.57%
Coercion and assault		
Culture	53	15.19%
Lack of Knowledge by the parent	38	10.89%
Shame	17	4.87%
Religion	15	4.3%

Table 8: shows that the adolescents who were interviewed reported that culture 12 (3.44%) was the leading cause that made their parents not educate them about sex before marriage, followed by religion 9 (2.58%), lack of knowledge by the parents 8 (2.29%) and then shame 2 (0.57%). The findings also show that those who did not learn about puberty were mainly affected by lack of knowledge by the

parents 11 (3.2), followed by culture 7 (2.01%), religion 5 (1.15%), and lastly shame 2 (0.57%). The majority of them also reported that Culture 58 (15.3%) was the reason why they couldn't learn about coercion and assault from their parents, the second reason was lack of knowledge by the parents 38 (10.9%), the third was shame 17 (4.9%) and the last was religion 15 (4.3%).

Health Education sessions

Figure 2: Where sex education sessions were held most

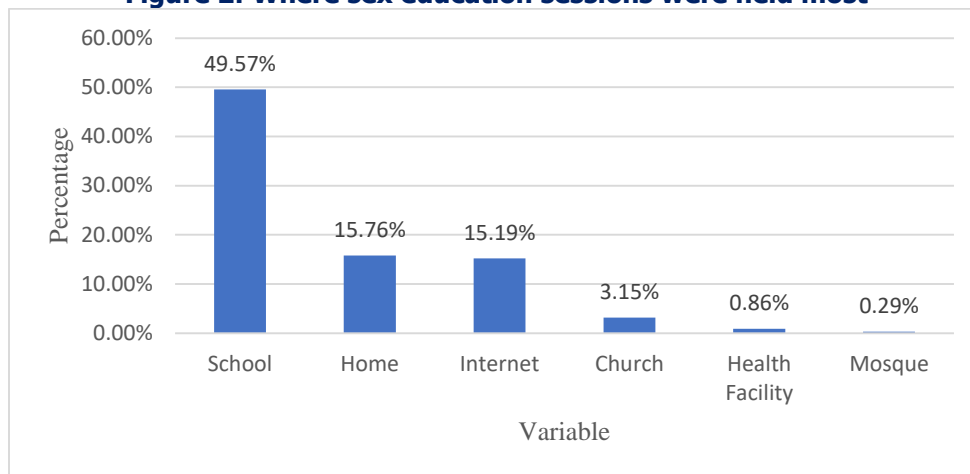


Figure 2: shows that the majority of the young people interviewed reported that they hold education sessions at Schools 173 (49.57%), followed by Home 55 (15.76%) Internet 53 (15.19%), Church 11 (3.15%), Health Facilities 3 (0.86%) Mosque 1 (0.29%). Others include friends 10 (2.29%), sister 3 (0.21%) both home and school 1 (0.29).

Figure 3: comfortable with these places

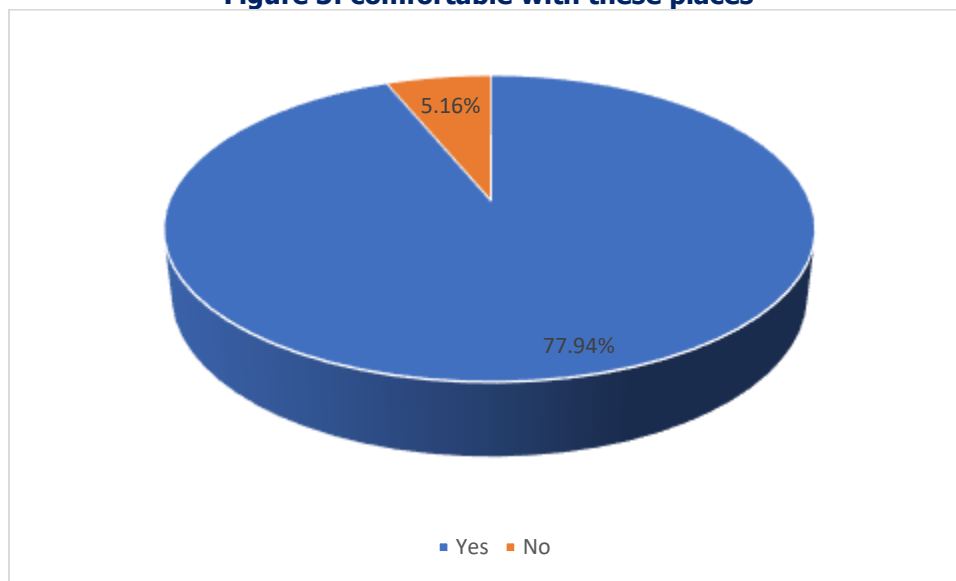


Figure 3: shows that most of the respondents 272 (77.94%) reported they are comfortable with places where they received information. Only 18 (5.16%) were not comfortable.

Table 1: Method parents use to discuss sex-related issues with Adolescents

Variable	Frequency	Percentage
Lecture method	93	26.65
Dialogue/Discussion	26	7.45
Question/Answer methods	12	3.44
Use of learning aids for demonstrations	12	3.44
Dictation (Talk and make notes)	4	1.15

Table 9: shows that the majority of the adolescents interviewed reported that lecture method 93 (26.65%) was the method of communication used by their parents during sex education, 26 (7.45%) used dialogue/discussion method, 12 (3.44%) used question and answer method, 12 (3.44%)

as well used learning aids for demonstrations and only 4 (1.15%) used dictation method.

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

Figure 4: sexually active.

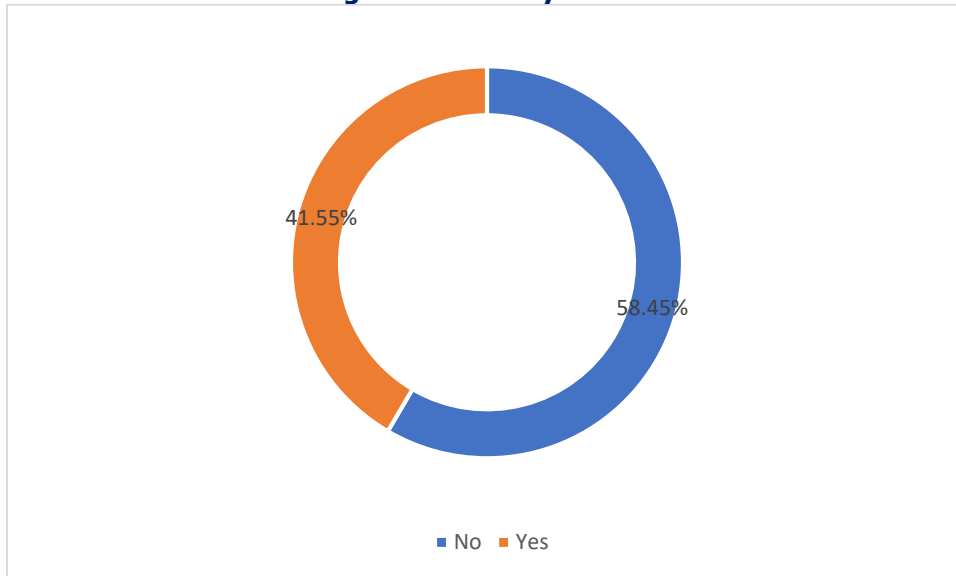


Figure 4: shows that nearly half of the young people interviewed were sexually active 145 (41.55%) and more than half were not sexually active 204 (58.45%).

Figure 1: Age first indulges in a sexual relationship.

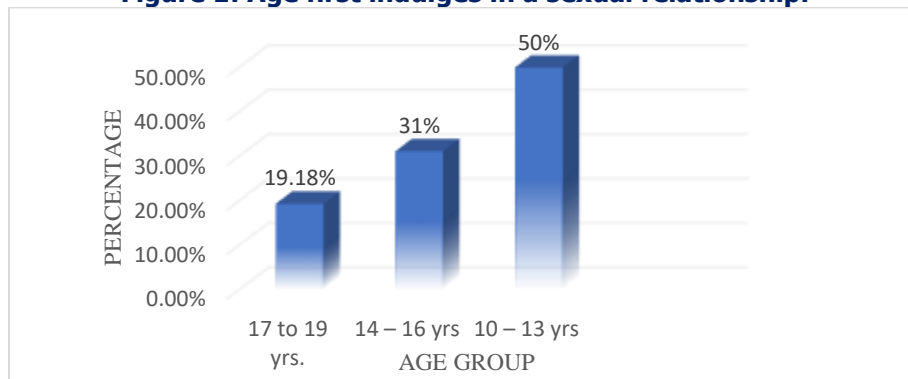


Figure 5: shows that most of the younger people who were sexually active first indulged in a sexual relationship when aged between 10 - 13 Years 72(50%) followed by 14 - 16 Years age group 45(31%) and lastly 17 - 19 Years 28(19.18%).

Figure 2: conversations between adolescents and parent and influence Sexual behavior

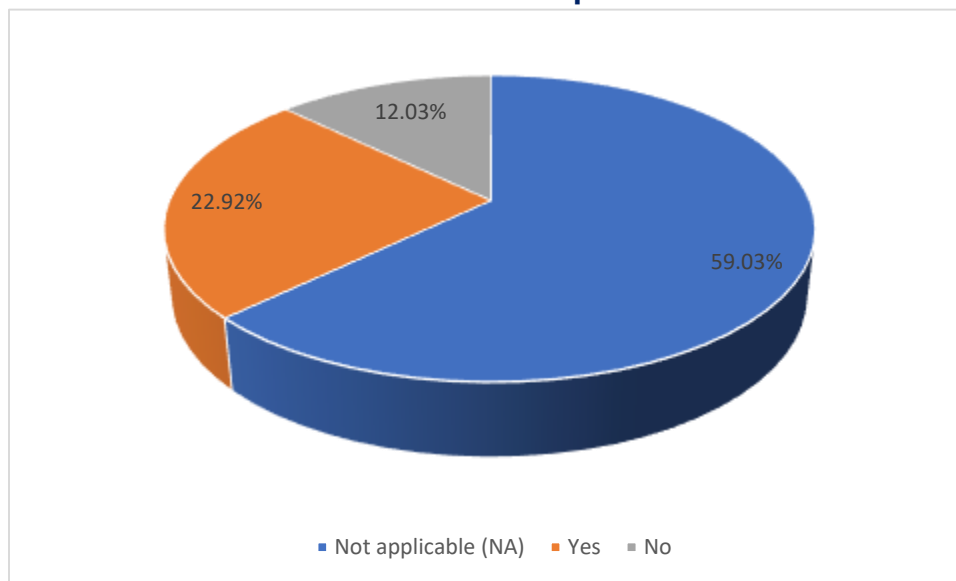


Figure 6: shows that Only 80 (22.92%) of the young people reported that conversations between parents influence their Sexual behavior, 42 (12.03) reported not, and 206 (59.03%) were not applicable.

Table 2: Conversations between adolescents and parents on sexual matters.

Variable	Frequency	Percentage
Our conversation was very beneficial.		
Agree	73	20.92%
Strongly agree	58	16.62%
Neither agree nor disagree	7	2.01%
It was a helpful conversation.		
Agree	75	21.49%
Strongly agree	51	14.61%
Neither agree nor disagree	11	3.15%
My parent(s) was an unhelpful communicator(s)		
Disagree	85	24.36%
Neither agree nor disagree	29	8.31%
Agree	10	2.87%
Strongly disagree	9	2.58%
Strongly agree	5	1.43%
The conversation was very unrewarding.		
Disagree	78	22.35%
Neither agree nor disagree	46	13.18%
Strongly disagree	5	1.43%
Agree	4	1.15%
Strongly agree	2	0.57%
It was a useless conversation.		
Disagree	98	28.08%
Strongly disagree	21	6.02%
Neither agree nor disagree	9	2.58%
Strongly agree	6	1.72%

Agree	2	0.57%
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Table 10: shows that the majority of the adolescents interviewed agreed 73 (20.9%) that the conversation between them and their parents was beneficial, 58 (16.6%) strongly agreed and 7 (2.01%) neither agreed nor disagreed. Most of them also agreed 75 (21.5%) that the conversation between them and their parents was helpful, 51 (14.6%) strongly agreed and 11 (3.2%) neither agreed nor disagreed. The majority of the adolescents interviewed disagreed 85 (24.4%) that their parents were unhelpful communicators, 29 (8.3%) neither agreed nor disagreed and 9 (2.6%) strongly disagreed; meanwhile, 10 (2.9%) agreed and 5 (1.4%) strongly agreed that their parents were unhelpful

communicators. The majority of the adolescents interviewed disagreed that their conversation was unrewarding 78 (22.4%), 46 (13.2%) neither agreed nor disagreed, and only 5 (1.4%) strongly disagreed; whereas, 4 (1.15%) strongly agreed and 2 (0.5%) agreed that their conversation was unrewarding. It is also clear from the report that, the greatest number of adolescents interviewed disagreed 98 (28.08%) that their conversation was useless, 21 (6.02%) strongly disagreed, and only 9 (2.58%) neither agreed nor disagreed; while 6 (1.72%) strongly agreed and 2 (0.57%) agreed that their conversation was useless.

Table 11: The extent to which parent-adolescent communications affect the following sexual behaviors.

Variable	Frequency	Percentage
Risk-taking		
Not at all	108	30.95%
To a moderate extent	80	22.92%
To a very great extent	59	16.91%
To a great extent	59	16.91%
To a slight extent	15	4.3%
Not applicable	5	1.43%
Abstinence		
To a very great extent	128	36.68%
To a moderate extent	77	22.06%
Not at all	64	18.34%
To a great extent	40	11.46%
To a slight extent	13	3.72%
Not applicable	4	1.15%
Masturbation		
Not at all	126	36.1%
To a moderate extent	73	20.92%
To a great extent	49	14.04%
Not applicable	43	12.32%
To a slight extent	20	5.73%
To a very great extent	16	4.58%
Increased self-efficacy to negotiate safer sex		
Not at all	143	40.97%
To a great extent	64	18.34%
To a moderate extent	45	12.89%
Not applicable	32	9.17%
To a very great extent	26	7.45%
To a slight extent	15	4.3%
Lower risk of pregnancy		
To a very great extent	114	32.66%
Not at all	69	19.77%
To a moderate extent	63	18.05%
To a great extent	53	15.19%

To a slight extent	14	4.01%
Not applicable	14	4.01%

Table 11: shows that the majority of the adolescent respondents interviewed reported that communication with parents does not affect sexual behavior or risk-taking at all 108 (30.95%). 80 (22.92%) reported that it affects to a moderate extent, 59 (16.91%) stated that it affects to a great extent 59 (16.91%) as well to a great, 15 (4.3%) to a slight extent and it did not apply to 5 (1.43%). Most of them reported that communication between parents and adolescents affects abstinence to a great extent 128 (36.68%), followed by 77 (22.06%) who stated that it affects it to a moderate extent, 40 (11.46%) to a great extent, and 13 (3.72%) to a slight extent. 64 (18.34%) reported that communication between parents does not help at all and it wasn't applicable for 16 (4.58%). The majority of the

interviewed adolescents also reported that communication between them and their parents 143 (40.97%) doesn't at all increase self-efficacy to negotiate safer sex. 64 (18.34%) indicated that it increases to a great extent, 45 (12.89%) to a moderate extent, 26 (7.45%) to a very great extent, 15 (4.3%) to a slight extent and the question didn't apply to 32 (9.17%) respondents. Most adolescents 114 (32.7%) reported that communication between parents and adolescents can lower their risk of getting pregnant to a very great extent, 63 (18.05%) to a moderate extent, 53 (15.2%) to a great extent, 14 (4.01%) to a slight extent; whereas 69 (19.8%) reported that the communication cannot at all lower the risk of pregnancy, the question wasn't applicable for 14 (4.01%) adolescents' respondents.

Table 12: The extent to which parent-adolescent communication affects the following sexual behaviors continues.

Variable	Frequency	Percentage
Communicating with sexual partners about sexual risk and condom use		
To a moderate extent	97	27.79%
Not at all	83	23.78%
To a great extent	66	18.91%
Not applicable	31	8.88%
To a very great extent	29	8.31%
To a slight extent	20	5.73%
Sex with an unknown partner		
Not at all	143	40.97%
To a very great extent	67	19.2%
To a great extent	51	14.61%
To a moderate extent	42	12.03%
Not applicable	16	4.58%
To a slight extent	6	1.72%
Oral sex		
Not at all	155	44.41%
Not applicable	117	33.52%
To a moderate extent	23	6.59%
To a great extent	20	5.73%
To a very great extent	9	2.58%
To a slight extent	2	0.57%

Table 12: shows that the majority of the interviewed adolescents admitted that communication with parents can affect adolescents' sexual behaviours in communicating with sexual partners about sexual risk and condom use to a moderate extent 97 (27.79%) and many others reported that it doesn't affect at all 83 (23.78%). Those who reported that it can affect to a great extent are 66 (18.91%), 29 (8.3%) to a very great extent and minority 20 (5.78%) stated that it can

only affect to a slight extent, 31 (8.9%), the question was not applicable. Concerning sex with an unknown partner, most adolescents interviewed reported that, communication between parents and adolescents 143 (40.97%) cannot affect their sexual behavior, whereas 67 (19.2%) stated that it can affect to a very great extent, 51 (14.6%) to a great extent and only 6 (1.72%) reported that it can affect to a slight extent.

The question didn't apply to 9 (2.58%) adolescent respondents.

Regarding oral sex, the majority of the interviewed adolescents stated that communication between parents and their adolescents' children cannot affect the sexual behaviors of those adolescents at all 155 (44.4%). Although,

23 (6.59%) reported that it can affect the sexual behavior of adolescents to a moderate extent, 20 (5.73%) to a great extent, 9 (2.58%) to a very great extent, and only 2 (0.57%) to a slight extent. The question was not relevant to 117 (33.52%) respondents.

Table 13: The extent to which parent-adolescent communication affects the following sexual behaviors continues.

Variable	Frequency	Percentage
Delayed sexual initiation		
Not at all	135	38.68%
To a great extent	66	18.91%
To a very great extent	59	16.91%
To a moderate extent	39	11.17%
To a slight extent	19	5.44%
Not applicable	8	2.29%
Petting behaviours		
Not at all	150	42.98%
To a great extent	76	21.78%
To a moderate extent	66	18.91%
Not applicable	19	5.44%
To a very great extent	9	2.58%
To a slight extent	7	2.01%
Preventing adolescents from conforming to more permissive peer norms about sexuality		
Not at all	139	39.83%
To a great extent	80	22.92%
To a moderate extent	56	16.05%
To a very great extent	37	10.6%
To a slight extent	9	2.58%
Not applicable	6	1.72%
Anal sex		
Not at all	158	45.27%
Not applicable	120	34.38%
To a moderate extent	21	6.02%
To a great extent	19	5.44%
To a very great extent	4	1.15%
To a slight extent	3	0.86%

Table 13: shows that the majority of the adolescents interviewed reported that communication between parents and adolescents does not delay sexual initiation at all 135 (38.68%). While 66 (18.9%) admitted that communication between parents and adolescents can delay sexual initiation to a great extent, followed by 59 (16.9%) to a very great extent, 39 (11.17%) to a moderate extent, 19 (5.44%) to a slight extent and minority 8 (2.3%) the questions were not applicable. Most respondents interviewed stated that communication between parents and adolescents cannot affect the petting behaviors of adolescents at all 150 (42.98%). However, 76 (21.78%) reported that

communication between parents and adolescents can affect the petting behaviors of adolescents to a great extent, 66 (18.9%) to a moderate extent, 9 (2.58%) to a very great extent, and 7 (2.01%) to a slight extent. The question did not apply to 19 (5.44%). Regarding the prevention of adolescents from conforming to more permissive peer norms about sexuality, the majority of the interviewed adolescents reported that parents' communication does not affect that at all. While, 80 (22.9%) stated that, it can affect to a great extent, 56 (16.05%) to a moderate extent, 37 (10.7%) to a very great extent, and 9 (2.58%) to a slight extent; the question did not apply to 6 (1.7%). Concerning

anal sex, most interviewed adolescent respondents reported that, communication between parents and their adolescent's children cannot affect the sexual behaviors of adolescents at all 158 (45.27%). However, 21 (6.02%) reported that it can

affect a moderate extent, 19 (5.44%) to a great extent, 4 (1.15%) to a very great extent, and 3 (0.86%) to a slight extent. To 120 (34.4%) respondents, the question was not applicable.

Table 14: The extent to which parent-adolescent communication affects the following sexual behaviors continues.

Variable	Frequency	Percentage
Increased communication between adolescents and their sex partners		
Not at all	89	25.5%
To a moderate extent	85	24.36%
To a great extent	72	20.63%
To a slight extent	34	9.74%
To a very great extent	23	6.59%
Not applicable	23	6.59%
Reduced sexual activity		
To a moderate extent	94	26.93%
Not at all	72	20.63%
To a great extent	65	18.62%
Not applicable	22	6.3%
To a slight extent	8	2.29%
Improved use of condoms and/or other contraceptives		
Not at all	81	23.21%
To a great extent	74	21.2%
To a slight extent	27	7.74%
Not applicable	27	7.74%
To a very great extent	22	6.3%

Table 14: shows that the majority of the adolescents interviewed stated that, communication between parents and adolescents cannot increase communication between adolescents and their sex partners at all 89 (25.5%). Although 85 (24.36%) reported that it can increase to a moderate, 72 (20.63%) to a great extent, 34 (9.74%) to a slight extent, 23 (6.59%) to a very great extent, and 23 (6.59%) of the respondents the questions were not applicable. The majority of the respondents reported that communication between adolescents and their parents reduces sexual activity 94 (26.92%), followed by 65

(18.62%) to a great extent, and 8 (2.29%) to a slight extent. Whereas, 72 (20.63%) cannot reduce sexual activity at all and the question did not apply to 22 (6.3%). Most adolescent respondents also reported communication between parents and adolescents cannot improve the use of condoms and other contraceptives at all 81 (23.21%). Though, 74 (21.2%) stated that communication can improve condom and contraceptive use to a great extent, 27 (7.74%) to a slight extent, 22 (6.3%) to a very great extent, and 27 (7.7%) the question not applicable.

Challenges faced by parents and adolescents in Communicating Sex-Related Issues

Figure 7: Sex-related topics adolescents found easy to discuss with parents

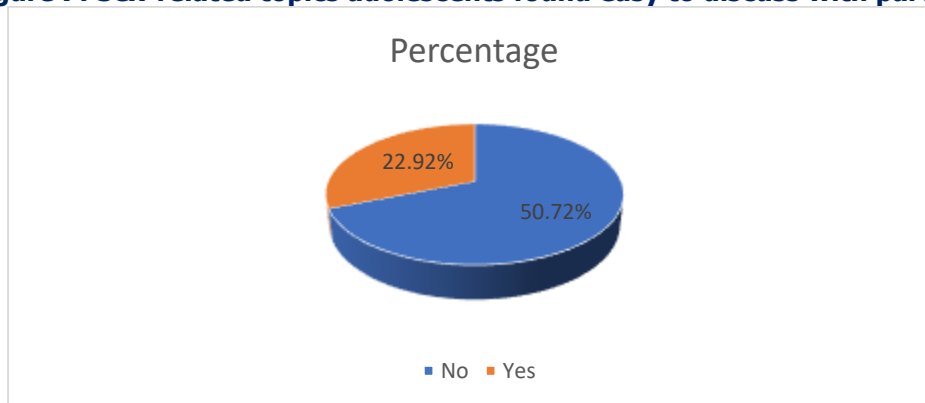


Figure 7: shows that more than half of the young people interviewed 177 (50.72%) reported no sex-related topic they find easy to discuss with parents or think they can discuss

with their parents. Only 80 (22.92) reported a sex-related topic they find easy to discuss with parents or they think to discuss with parents.

Table 3: The extent to which adolescent could discuss sex-related topics with their parents

Variable	Frequency	Percentage
Abstinence		
To a very great extent	54	15.47%
Not at all	42	12.03%
To a great extent	21	6.02%
To a moderate extent	21	6.02%
To a slight extent	1	0.29%
Sex with an unknown partner		
Not at all	99	28.37%
To a moderate extent	17	4.87%
To a very great extent	16	4.58%
To a great extent	4	1.15%
To a slight extent	3	0.86%
Oral sex		
Not at all	123	35.24%
To a moderate extent	12	3.44%
To a great extent	3	0.86%

Table 15: shows that most of the interviewed adolescents reported that they can discuss abstinence with their parents to a very great extent 54 (15.47%), followed by 21 (6.02%) to a great extent, 21 (6.02%) to a moderate extent, only 1 (0.21%) to a very slight extent; whereas 42 (12.03%) reported that to no extent can communication between parents and adolescent affect abstinent. Regarding sex with an unknown partner, the majority of the respondents reported that they cannot communicate with their parents at

all. Although, 17 (4.9%) reported that they can communicate to a moderate extent, 16 (4.6%) to a very great extent, 4 (1.15%) to a great extent, and only 3 (0.86%) can communicate to a slight extent. The majority of the respondents likewise reported that they cannot communicate about oral sex with parents at all 123 (35.24%). However, 12 (3.44%) stated they can communicate to a moderate extent and minority 3 (0.86%) to a great extent.

Table16: The extent to which adolescent can discuss sex-related topics with their parents continues

Variable	Frequency	Percentage
Petting behaviours		
Not at all	99	28.37%
To a moderate extent	23	6.59%
To a great extent	9	2.58%
To a very great extent	5	1.43%
To a slight extent	3	0.86%
Masturbation		
Not at all	113	32.38%
To a moderate extent	19	5.44%
To a slight extent	3	0.86%
To a great extent	3	0.86%
Anal sex		
Not at all	124	35.53%
To a moderate extent	11	3.15%
To a great extent	3	0.86%
To a very great extent	1	0.29%
Safe sex		
Not at all	98	28.08%
To a moderate extent	20	5.73%
To a great extent	14	4.01%
To a very great extent	5	1.43%
To a slight extent	2	0.57%

Table 16: shows that the majority 99 (28.37%) cannot communicate about petting behaviors at all, while, 23 (6.59%) can communicate to a moderate extent, 9 (2.58%) to a great extent, 5 (1.43%) to a very great extent and 3 (0.86%) to a slight extent. Most of the adolescent respondents reported that they cannot communicate about masturbation with their parents at all 113 (32.38%), whereas 19 (5.44%) stated that they can communicate to a moderate extent, 3 (0.86%) to a great extent and 3 (0.86%) as well to a slight extent. Regarding anal sex, the majority of the

adolescents interviewed 124 (35.53%) reported that to no extent can they communicate about anal sex with their parents. Though 11 (3.15%) reported that they can communicate to a moderate, 3 (0.86%) to a great extent, and only 1 (0.29%) to a very great extent. Concerning safer sex, most respondents stated that 98 (28.1%) to no extent can communicate with their parents; although, 20 (5.73%) reported that they can communicate to a moderate extent, 14 (4%) to a great extent, 5 (1.43%) to a very great extent and only minority 2 (0.57%) to a slight extent.

Table17: The extent to which adolescent can discuss sex-related topics with their parents continues

Variable	Frequency	Percentage
Lack of knowledge		
Not at all	142	40.69%
To a moderate extent	73	20.92%
To a great extent	47	13.47%
To a very great extent	41	11.75%
To a slight extent	31	8.88%
General communication problems, and conversations about specific c topics (e.g. masturbation, safe sex practices).		
To a very great extent	89	25.5%

To a moderate extent	87	24.93%
To a great extent	73	20.92%
Not at all	68	19.48%
To a slight extent	16	4.58%
Religious belief		
To a moderate extent	125	35.82%
Not at all	72	20.63%
To a great extent	72	20.63%
To a very great extent	36	10.32%
To a slight extent	27	7.74%

Table 17: shows that the majority of the respondents 142 (40.7%) reported that lack of knowledge was not the greatest challenge that prevented the communication between them and their parents. Whereas, those who stated it was a lack of knowledge, were 73 (20.9%) to a moderate extent, 47 (13.5%) to a great extent, 41 (11.76%) to a very great extent, and lastly 31 (8.9%) to a slight extent. Most respondents reported that general communication and conservation problem of specific topics was their greatest challenge. 89

(25.5%) to a very great extent, followed by 87 (24.9%) to a moderate extent, 73 (20.9%) to a great extent, and then lastly 16 (4.6%) to a slight extent; 68 (19.5%) reported that was not their challenge at all. Concerning religious belief as a challenge to communication between parents and their children, the majority of the respondents reported religion was the cause. 125 (35.8%) to a moderate extent, 72 (20.6%) to a great extent, 36 (10.3%) to a very great extent, and lastly 27 (7.74%) to a slight extent.

Table 18: The extent to which adolescent can discuss sex-related topics with their parents continues

Variable	Frequency	Percentage
Anxiety		
Not at all	151	43.27%
To a moderate extent	102	29.23%
To a great extent	50	14.33%
To a slight extent	19	5.44%
To a very great extent	11	3.15%
Appropriate times to discuss sexual attitudes and behaviors with their children (parents too busy)		
To a moderate extent	111	31.81%
To a great extent	80	22.92%
To a very great extent	64	18.34%
Not at all	50	14.33%
To a slight extent	28	8.02%
Difficulties related to embarrassment		
Not at all	157	44.99%
To a moderate extent	83	23.78%
To a great extent	58	16.62%
To a very great extent	21	6.02%
To a slight extent	13	3.72%
Age/development issues		
Not at all	155	44.41%
To a very great extent	76	21.78%
To a moderate extent	57	16.33%
To a great extent	37	10.6%
To a slight extent	8	2.29%

Table 18: shows that nearly half 151 (43.3%) of the adolescents interviewed reported that, anxiety was not a challenge to their communication with their parents; however, the majority admitted that it was their greatest challenge. 102 (29.23%) to a moderate extent, 50 (14.33%) to a great extent, 19 (5.44 %) to a slight extent, and 11 (3.2%) to a very great extent. Appropriate time of communication was also another challenge of communication, with 111 (31.8%) to moderate, 80 (22.82%) to a great extent, 64 (28.34%) to a very great extent, and 28 (8.02%) to a slight extent and minority 50 (14.3%) it was not a challenge at all. Nearly half of the respondents 157

(44.99%) reported that difficulties related to embarrassment were never a challenge to their communication between them and their parents. Although the Majority reported that it was a challenge to different extents. 83 (44.4%) to moderate extent, 58 (16.6%) to a great extent, 21 (6.02%) to a very great extent, and 13 (3.7%) to a slight extent. The majority also stated that age posed challenges to their communication with their parents to different extents; 76 (21.8%) to a very great extent, 57 (16.3%) to a moderate extent, 37 (10.6%) to a great extent, and lastly 8 (2.3%) to a slight. While nearly half of the respondents report that age was not their challenge 155 (44.4%).

Table 19: The extent to which adolescent could discuss sex-related topics with their parents continues.

Variable	Frequency	Percentage
It may lead to personal disclosure of their own past experiences.		
Not at all	220	63.04%
To a moderate extent	59	16.91%
To a great extent	35	10.03%
To a slight extent	10	2.87%
To a very great extent	8	2.29%
Am most comfortable communicating with a same-sex parent		
To a very great extent	108	30.95%
To a moderate extent	76	21.78%
To a great extent	64	18.34%
Not at all	61	17.48%
To a slight extent	26	7.45%

Table 19: shows that the majority of the adolescents interviewed 220 (63%) stated that communication between them and their parents can never lead to the personal disclosure of their past. Although, 59 (16.9%) reported that it may lead to a moderate extent, 35 (10.03%) to a great extent, 10 (2.9%) to a slight extent, and 8 (2.3%) to a very great extent. 108 (30.95%) adolescents interview reported that they are comfortable communicating with their parents of the same sex, to a very great extent, followed by 76 (21.8%) to a moderate extent, 64 (18.4%) to a great extent, and 26 (7.5%) to a slight extent. While 61 (17%) reported that they cannot communicate with same-sex parents.

Findings from Parents

Personal Information

The mean age of parents was 40.65, the median was 39, and the mode 38. The majority were female 207 (67.21%) and male 99 (32.14%) of which 256 (831.2%) were married, 20 (6.49%) were single, 15 (4.87%) were divorced and 15 (4.87%) were widow/widower. Most of the parents 279 (90.58%) were Christian and 26(8.44%) were Muslim. The level of education was mostly post-secondary

education/tertiary 122 (39.61%), secondary education 105, (34.09%), no education 40, (12.99%), and primary education 38, (12.34%). In regards to occupation, most fathers/guardians were business persons 114 (37.01%), government/NGO employees 99 (32.14%), farmers 12 (3.9%), and carpenters/welders 6 (1.95%). Other were housewife 10 (2.6%) No Job (20.77%), Housewife 10 (3.25%), teacher 1 (0.32%), Causal work 2(0.64%) and Teacher 1 (0.32%) and most mother/guardian were Business person 110 (35.71%), Government/NGO employee 105 (34.09%), Farmer 11 (3.57%), Carpenter/welder 6 (1.95%), no job 65(21%), housewife 2(0.64%), student 1 (0.32%), Tailor 1(0.32%), driver 1(0.32%), Nurse 1(0.32%) and Engineer 2(0.65%). According to parents, the family was majorly from 4 – 10, 178 (57.79%), followed by Less than 4, 91(29.55%) and greater than 10, 37(12.01%). Of most parents 161 (52.27%) reported having exposed their children to any sex education and 145 (47.08%) had not.

How parents communicate sexual and reproductive information to their adolescent children

The parents reported that they have exposed to age 17 - 19 yrs. 60 (19.48%), 14 – 16 yrs. 60 (19.48%) and 10 – 13 yrs. 17(5.52%). When we asked parents to give sex education to their children Majority mentioned Never 124 (40.26%), Daily 63 (20.45%), Monthly 59 (19.16%), Weekly 38(12.34%). In below Table 20, the majority of parents interviewed reported that they have been taught about sex before marriage or peer pressure to a very great extent

81(26.3%), to a great extent 19 (6.17%), to a moderate extent 8 (2.6%) and 7 (2.3%) to a slight extent. Regarding STIs, the majority stated that they have taught; 71 (23.05%) to a very great extent, 19 (6.2%) to a great extent, 12 (3.9%) to a moderate extent, and lastly 5 (1.6%) to a slight extent; whereas, 56 (18.2%) reported that they have not taught STIs to their children.

Table20: The extent to which the following topics were taught to adolescents in sex education

Variable	Frequency	Percentage
Sex before marriage or peer pressure		
To a very great extent	81	26.3%
Not at all	48	15.58%
To a great extent	19	6.17%
To a moderate extent	8	2.6%
To a slight extent	7	2.27%
STIs		
To a very great extent	71	23.05%
Not at all	56	18.18%
To a great extent	19	6.17%
To a moderate extent	12	3.9%
To a slight extent	5	1.62%
Human reproduction		
To a very great extent	66	21.43%
Not at all	65	21.1%
To a great extent	20	6.49%
To a moderate extent	8	2.6%
To a slight extent	4	1.3%
Social issues relating to sex		
Not at all	105	34.09%
To a moderate extent	23	7.47%
To a great extent	18	5.84%
To a very great extent	11	3.57%
To a slight extent	6	1.95%
Importance of using protection		
Not at all	138	44.81%
To a moderate extent	12	3.9%
To a slight extent	6	1.95%
To a very great extent	5	1.62%
To a great extent	2	0.65%

Table 20: shows that the majority of the respondents were able to give sex education about human reproduction 66 (21.43%) to a very great extent, 20 (6.5%) to a great extent, 8 (2.6%) to a moderate extent and only 4 (1.3%) to a slight extent. Those who did not educate their children about human production amounted to 65 (21.1%). Parents

participants were also asked if they gave sex education on social issues related to their children, a minority of them admitted that they gave sex education about that to their children; 23 (7.5%) to a moderate extent, 18 (5.8%) to a great extent, 11 (3.9%) to a very great extent, and 6 (1.95%) a slight extent. The majority 105 (34.04%) reported that they

have not educated their children at all on social issues related to sex. The majority of respondents reported that 138 (44,8%) haven't educated their children on the importance

of using protection at all. However, 12 (3.9%) to a moderate extent, 6 (1.95%) to a slight extent, 5 (1.62%) to a very great extent, and 2 (0,65%) to a great extent.

Table 21: The extent to which the following topics were taught to adolescents in sex education continues.

Variable	Frequency	Percentage
HIV/AIDs		
Not at all	96	31.17%
To a very great extent	39	12.66%
To a great extent	15	4.87%
To a moderate extent	9	2.92%
To a slight extent	4	1.3%
Safe sex		
Not at all	91	29.55%
To a very great extent	30	9.74%
To a great extent	26	8.44%
To a moderate extent	15	4.87%
To a slight extent	1	0.32%
Puberty		
Not at all	76	24.68%
To a very great extent	60	19.48%
To a moderate extent	14	4.55%
To a great extent	10	3.25%
To a slight extent	3	0.97%
Issues in becoming sexual active		
Not at all	95	30.84%
To a very great extent	36	11.69%
To a great extent	20	6.49%
To a moderate extent	11	3.57%
To a slight extent	1	0.32%
The advantages of young people avoiding sexual behaviour		
Not at all	78	25.32%
To a very great extent	59	19.16%
To a great extent	15	4.87%
To a moderate extent	11	3.57%
Contraception		
Not at all	110	35.71%
To a moderate extent	20	6.49%
To a very great extent	18	5.84%
To a great extent	10	3.25%
To a slight extent	6	1.95%
Where to get condoms		
Not at all	95	30.84%
To a very great extent	26	8.44%
To a great extent	20	6.49%
To a moderate extent	16	5.19%
To a slight extent	6	1.95%

Coercion and assault		
Not at all	125	40.58%
To a slight extent	13	4.22%
To a very great extent	11	3.57%
To a moderate extent	8	2.6%
To a great extent	5	1.62%

Table 21: shows that the interviewed parents reported that they had not taught their children HIV/AIDS at all; although 39 (39 (12.7%) have taught to a very great extent, 15 (4.9%) to a great extent, 9 (2.9%) to a moderate extent and 4 (1.3%) to a slight. Regarding safer sex, the majority of the respondents reported having not exposed their children to safer sex; whereas, 30 (9.74%) have exposed their children to a very great, 26 (8.4%) to a great extent, 15 (4.9%) to a moderate extent and only 1 (0.3%) to a slight extent. Parents when asked about puberty reported that they haven't exposed their children to sex education about puberty 76 (24.68%); meanwhile, the rest have exposed their children to puberty, 60 (19.5%) to a very great extent, 14 (4.6%) to a moderate extent, 10 (3.3%) and 3 (0.97%) to a slight extent. Most parents interviewed reported to haven't exposed their children to issues of becoming sexually active 95 (30.8%); nevertheless, 36 (11.7%) reported to have exposed to a very great extent, 20 (6.5%) to a great extent, 11(3.6%) to a moderate extent and only 1 (0.32%) to a slight extent. The majority of the respondents stated that they didn't expose their children to the advantages of young people avoiding sexual behavior 78 (25.3%); while 59 (19.2%) exposed their children to a very great extent, 15 (4.9%) to a great extent, 11 (3.6%) to a moderate extent. The majority of the respondents reported having not exposed their children to sex education about contraception 110 (35.7%), whereas, the rest have been exposed. 20 (6.5%) to a moderate extent, 18 (5.8%) to a very great extent, 10 (3.3%) to a great extent, and lastly 6 (1.95%) to a slight extent. Concerning where to get condoms, most parents when asked report to have not exposed their children to them 95 (30.8%); although have exposed them 26 (8.44%) to a very great extent, 20 (6.5%)

to a great extent, 16 (5.2%) to a moderate extent and then 6 (1.59%) to a slight extent. Regarding coercion and assault, the majority of the parents 125 (40.6%) when asked reported that they have not educated their children about that; the rest of the rest of the respondents reported to have done that. 13 (4.2%) to a slight extent, 11 (3.6%) to a very great extent, 8 (2.6%) to a moderate extent and 5 (1.6%) to a great extent. When asked where do you hold most of their sex education sessions, most parents 157 50.97% mentioned Home followed by Church 3 (0.97%), School 2 (0.65%), and most parents 159 (51.62%) were comfortable and only 1 (0.32%) was comfortable with the places. The parents used the following method to discuss sex-related issues with their children Dialogue/Discussion 117(37.99%), Lecture method 27(8.77%) Question/Answer method 15(4.87%) Use of learning aids for demonstrations 1(0.32%) and Dictation (Talk and make notes)1 (0.32%)

The influence of parent-adolescent communication on sexual and reproductive Behavior.

Nearly half of the parents 136 (44.16%) were not aware if their children were sexually active, more than a quarter 94 (30.52%) and I am not sure 70 (22.73%). Parents reported that most adolescent children indulge in a sexual relationship between 15 to 19 years. 66 (21.43%) followed by 10 to 14 yrs. 41 (13.31%), however, most parents 135 (43.83%) believed conversations between you and your adolescent children influence their Sexual Behaviour, 35(11.36%) reported Not applicable (NA), and 16 (5.19%) reported not.

Table 22: Conversations between Parent and child on sexual matters.

Variable	Frequency	Percentage
Our conversation was very beneficial		
Strongly agree	112	36.36%
Agree	38	12.34%
Disagree	5	1.62%
Neither disagree, nor agree	4	1.3%
It was a helpful conversation		
Strongly disagree	2	0.65%
Strongly agree	109	35.39%
Agree	42	13.64%
Disagree	5	1.62%
Neither disagree, nor agree	5	1.62%

It was a useful conversation		
Strongly agree	102	33.12%
Agree	40	12.99%
Disagree	8	2.6%
Neither disagree, nor agree	8	2.6%
Strongly disagree	2	0.65%
My child(ren) was an unhelpful communicator		
Disagree	74	24.03%
Strongly disagree	42	13.64%
Neither disagree, nor agree	21	6.82%
Strongly agree	20	6.49%
Agree	5	1.62%
The conversation was very unrewarding		
Disagree	62	20.13%
Strongly disagree	61	19.81%
Neither disagree, nor agree	22	7.14%
Strongly agree	10	3.25%
Agree	6	1.95%

Table 22: shows that the majority of the parents interviewed strongly agreed that the conversation between them and their children was very beneficial 122 (36.36%), followed by 38 (12.34%) who agreed, 5 (1.62%) disagreed, and 4 (1.3%) neither agreed nor disagreed. The majority of the parents as well strongly agreed that their conversation was helpful 109 (35.4%), 42 (13.64%) agreed, 5 (1.62%) disagreed, another 5 (1.62%) neither agreed nor disagreed and 2 (0.65%) strongly disagreed. Concerning whether the

children were unhelpful communicators or not, the majority of the parents interviewed disagreed that their children were unhelpful 74 (24.03%), 42 (13.64%) strongly disagreed, 21 (6.82%) neither agreed nor disagreed, 20 (6.5%) strongly agreed and then lastly 5 (1.62%) agreed to that. Most parents interviewed disagreed 62 (20.13%) that their children were unhelpful was very unrewarding, 61 (19.8%) strongly disagreed, 22 (7.14%) neither agreed nor disagreed, 10 (3.25%) strongly agreed, and lastly 6 (1.95%).

Table 23: The extent to which parent-adolescent communication affects the following sexual behaviors

Variable	Frequency	Percentage
Petting behaviours		
Not at all	136	44.16%
To a very great extent	51	16.56%
To a moderate extent	51	16.56%
To a great extent	39	12.66%
To a slight extent	19	6.17%
Reduce sexual activity		
Not at all	115	37.34%
To a very great extent	87	28.25%
To a moderate extent	36	11.69%
To a great extent	35	11.36%
To a slight extent	25	8.12%
Delay sexual initiation		
Not at all	125	40.58%
To a very great extent	78	25.32%
To a great extent	44	14.29%
To a moderate extent	34	11.04%

To a slight extent	16	5.19%
Abstinence		
To a very great extent	119	38.64%
To a moderate extent	54	17.53%
To a great extent	53	17.21%
Not at all	51	16.56%
To a slight extent	20	6.49%
Lower risk of pregnancy		
Not at all	93	30.19%
To a very great extent	79	25.65%
To a great extent	60	19.48%
To a moderate extent	40	12.99%
To a slight extent	25	8.12
Masturbation		
Not at all	176	57.14%
To a moderate extent	65	21.1%
To a slight extent	33	10.71%
To a very great extent	14	4.55%
To a great extent	9	2.92%

Table 23: shows majority of the parents interviewed reported that, the communication between them and their children didn't affect the petting behaviors of the adolescents at all. However, 51 (16.56%) reported that it can affect to a very great extent, 51(16.56%) as well stated that it can affect to a moderate extent, 39 (12.7%) to a great extent, and lastly 19 (6.17%) to a very great extent. The majority of the parents interviewed reported that their communication with their adolescent children cannot reduce the sexual activity of the adolescents at all 115 (37.34%). Though other parents reported that their conversation can reduce the sexual activity of the adolescents, 87 (28.25%) to a very great extent, 36 (11.67%) to a moderate extent, 35 (11.36%) to a great extent, and 25 (8.12%). The majority of parents 125 (40.58%) interviewed reported that communication between them and their adolescent's children cannot delay sexual activity at all; while, 78 (25.32%) reported that it can delay to a very agreed extent,

44 (14.3%) to a great extent, 34 (11.04%) to a moderate extent and 16 (5.19%) to a slight extent. Most interviewed parents reported that 119 (38.64%) can lead to abstinent to a very great extent, 54 (17.53%) to a moderate extent, and 20 (6.19%) to a great extent; nevertheless, 53 (17.2%) parents stated that it will not lead to abstinent at all. The majority of the parents also reported that communication about sex issues can never lower the risk of getting pregnant 93 (30.19%); whereas, the rest of the parents 79 (25.65%) reported that it can lower to a very great extent, 60 (19.5%) to a great extent, 40 (12.99%) to a moderate extent and 25 (8.12%) to a slight extent. The majority of mothers who were asked about masturbation reported that it cannot to any extent affect sexual behaviors, although, to the rest of the mothers, it can affect 65 (21.1%) to a moderate extent, 33 (10.71%) to a slight extent, 14 (4.55%) to a very great extent and lastly 9 (2.92%) to a great extent.

Table24: The extent to which parent-adolescent communication affects the following sexual behaviors continues

Variable	Frequency	Percentage
Increase self-efficacy to negotiate safer sex		
Not at all	159	51.62%
To a slight extent	50	16.23%
To a moderate extent	39	12.66%
To a very great extent	26	8.44%
To a great extent	23	7.47%
Risk taking		
Not at all	147	47.73%

To a very great extent	48	15.58%
To a moderate extent	44	14.29%
To a great extent	38	12.34%
To a slight extent	19	6.17%
Oral sex		
Not at all	176	57.14%
To a moderate extent	46	14.94%
To a slight extent	34	11.04%
To a very great extent	29	9.42%
To a great extent	11	3.57%

Table 24: shows majority of the interviewed parents reported that communication between them and their children 159 (51.6%) didn't at all increase self-efficacy to negotiate safer sex. 50 (16.23%) indicated that it increases to a slight extent, 38 (12.7%) to a moderate extent, 26 (8.44%) to a very great extent, and 23 (7.47%) to a great extent. The majority of the parents interviewed reported that their communication with adolescents did not affect sexual behavior on risk-taking at all 147 (47.7%); but 48 (15.6%) reported that it has affected to a very great extent, 44

(14.3%) to a moderate extent, 38 (12.3%) to a great and 19 (6.2%) to a slight extent. In regards to oral sex, the majority of the interviewed parents stated that communication between parents and their adolescents' children cannot affect the sexual behaviors of those adolescents at all 176 (57.14%). Although, 46 (14.9%) reported that it can affect the sexual behavior of adolescents to a moderate extent, 34 (11.04%) to a slight extent, 29 (9.42%) to a very great extent, and 11 (3.6%) to a great extent.

Table25: The extent to which parent-adolescent communication affects the following sexual behaviors continues

Variable	Frequency	Percentage
Improve use of condoms and/or other contraceptives		
Not at all	196	63.64%
To a moderate extent	40	12.99%
To a very great extent	32	10.39%
To a slight extent	19	6.17%
To a great extent	10	3.25%
Anal sex		
Not at all	209	67.86%
To a very great extent	34	11.04%
To a moderate extent	27	8.77%
To a great extent	15	4.87%
To a slight extent	11	3.57%
Communicating with sexual partners about sexual risk and condom use		
Not at all	189	61.36%
To a moderate extent	48	15.58%
To a very great extent	26	8.44%
To a great extent	24	7.79%
To a slight extent	11	3.57%
Increase communication between adolescents and their sex partners		
Not at all	174	56.49%
To a moderate extent	45	14.61%
To a great extent	32	10.39%

To a slight extent	27	8.77%
To a very great extent	20	6.49%

Table 25: shows that the majority of parents when asked whether communication on sexuality can improve the use of condoms or not, reported that not at all 196 (63.6%). Whereas, the rest of the parents reported it can improve, 40 (12.99%) to a moderate extent, 32 (10.4%) to a very great extent, 19 (6.2%) to a slight extent, and 10 (3.3%) to a great extent. The majority of the parents stated that anal sex behavior can never be affected 209 (67.9%) by communicating with adolescents' children. Though 34 (11.04) reported it can affect to a very great extent, 27 (8.8%) to a moderate extent, 15 (4.9%) to a great extent, and 11 (3.6%) to a slight extent. The majority of parents 189 (61.4%) interviewed report that communication between

them and their adolescent children cannot improve all their communication with their sexual partners about sexual risk and condom use. While the other parents reported that it improves, 48 (15.6%) to a moderate extent, 26 (8.4%) to a very great extent, 24 (7.8%) to a great extent, and 11 (3.8 %) to a slight extent. Parents when asked about the increase in communication between adolescents and their sex partners, the majority 174 (56.5%) reported that it can never be affected; although, the rest of the parents reported that it be affected. 45 (14.6%) to a moderate extent, 32 (10.4 %) to a great extent, 27 (8.8%) to a slight extent, and 20 (6.5%) to a very great extent.

Table 26: The extent to which parent-adolescent communication affects the following sexual behaviors continues.

Variable	Frequency	Percentage
Preventing adolescents from conforming to more permissive peer norms about sexual		
Not at all	155	50.32
To a very great extent	87	28.25
To a great extent	33	10.71
To a moderate extent	14	4.55
To a slight extent	8	2.6
Sex with an unknown partner		
Not at all	153	49.68
To a very great extent	57	18.51
To a moderate extent	38	12.34
To a slight extent	26	8.44
To a great extent	24	7.79

Table 26: shows that regarding the prevention of adolescents from conforming to more permissive peer norms about sexuality, the majority 155 (50.3%) of the interviewed parents reported that, parents' communication cannot affect that at all. While, 87 (28.3%) stated that, it can affect to a very great extent, 33 (10.1%) to a great extent, 14 (3.6%) to a moderate extent, and 8 (2.6%) to a slight extent. Concerning anal sex, a most interviewed parent reported that, communication between them and their adolescent's children cannot affect the sexual behaviors of adolescents at all 153 (49.7%). However, 57 (18.5%) reported that it can

affect to a very great extent, 38 (12.34%) to a moderate extent, 26 (8.4%) to a slight extent, and 24 (7.8%) to a great extent.

Challenges Faced by parents and Adolescents in communicating on Sex-Related Issues

When asked the parents if there is a sex-related topic, they find easy to discuss with their child, 191 (62.01%) reported yes and 113 (36.69%) reported no. For those who found it easy to discuss the topics, the extent is presented in the table 27:

Table 27: Extent to which sex-related topics affect parents – adolescents communication

Variable	Frequency	Percentage
Anal sex		
Not at all	171	55.52%
To a moderate extent	17	5.52%

To a slight extend	7	2.27%
To a very great extent	4	1.3%
To a great extent	3	0.97%
Masturbation		
Not at all	139	45.13%
To a moderate extent	22	7.14%
To a very great extent	20	6.49%
To a slight extend	17	5.52%
To a great extent	4	1.3%
Oral sex		
Not at all	147	47.73%
To a moderate extent	27	8.77%
To a slight extend	15	4.87%
To a very great extent	7	2.27%
To a great extent	6	1.95%
Safer sex		
Not at all	111	36.04%
To a very great extent	52	16.88%
To a moderate extent	23	7.47%
To a great extent	11	3.57%
To a slight extend	3	0.97%

Table 27: shows that the majority of parents reported that they cannot discuss anal sex at all 171 (55.5%), but the rest can discuss to different extents. 17 (5.5%) to a moderate extent, 7 (2.3%) to a slight extent, 4 (1.3%) to a very great extent, and 3 (0.97%) to a great extent. Most parents interviewed reported they cannot communicate masturbation with their children at all 139 (45.13%); 22 (7.14%) can discuss to a moderate extent, 20 (6.5%) to a very great extent, 17 (5.5%) to a slight extent and 4 (1.3%) to a great extent. The majority of the parents likewise

reported that they cannot communicate about oral sex with parents at all 147 (47.7%). However, 27 (8.8%) stated they can communicate to a moderate extent, 15 (4.9%) to a slight extent, 7 (2.3%) to a very great extent, and minority 6 (1.95%) to a great extent. The majority of the interviewed parents reported that 111 (36.04%) to no extent can communicate with their parents; although, 52 (16.9%) reported that they can communicate to a very great extent, 23 (7.5%) to a moderate extent, 11 (3.6%) to a great extent and only 3 (0.97%) to a slight extent.

Table 28: The extent to which sex-related topics affect parents – adolescents communication continues.

Variable	Frequency	Percentage
Petting behaviours		
Not at all	108	35.06%
To a very great extent	42	13.64%
To a moderate extent	24	7.79%
To a great extent	20	6.49%
To a slight extend	7	2.27%
Abstinence		
To a very great extent	152	49%.35
Not at all	28	9.09%
To a great extent	16	5.19%
To a moderate extent	6	1.95%

Table 28, it is seen that the majority of the interviewed parents 108 (35.06%) cannot communicate about petting behaviors with their children at all, while, 42 (13.64%) can communicate to a very great extent, 24 (13.64%) to a moderate extent, 24 (7.8%) to a moderate great extent, 20 (6.5%) to a great extent and 7 (2.3%) to a slight extent. The majority of the parents interviewed reported that they can

discuss abstinence with their children to a very great extent 152 (49.4%), followed by 16 (5.2%) to a great extent, 6 (1/95%) to a moderate extent. Only a minority reported they cannot discuss abstinence 28 (9.1%) reported that to no extent can communication between parents and adolescents affect abstinence.

Table 29: The extent to which sex-related topics affect parents – adolescents communication continues

Variable	Frequency	Percentage
Difficulties related to embarrassment		
Not at all	210	68.18%
To a moderate extent	42	13.64%
To a slight extent	24	7.79%
To a very great extent	21	6.82%
To a great extent	8	2.6%
Age development issues		
Not at all	115	37.34%
To a very great extent	80	25.97%
To a moderate extent	55	17.86%
To a slight extent	29	9.42%
To a great extent	25	8.12%
Cultural norms		
To a very great extent	80	25.97%
To a great extent	71	23.05%
To a moderate extent	66	21.43%
Not at all	65	21.1%
To a slight extent	23	7.47%
Anxiety		
Not at all	141	45.78%
To a slight extent	74	24.03%
To a moderate extent	44	14.29%
To a very great extent	29	9.42%
To a great extent	15	4.87%

Table 29: shows that difficulties related to embarrassment do not pose the greatest challenge to the communication between parents and their children on sex-related topics to the majority 210 (68.2%). But it can pose to the rest, 42 (13.6%) to a moderate extent, 24 (7.8%) to a slight extent, 21 (6.8%) to a very great extent, and 8 (2.6%) to a great extent. The majority of the interviewed parents reported that age development issue is a challenge to their communication 80 (25.97%) to a very great extent, 55 (17.9%) to a moderate extent, 29 (9.4%) to a slight extent, and 25 (8.1%) to a great extent. While to rest, age wasn't at all 115 (37.34%). The

majority of the parents interviewed likewise reported that culture is their greatest challenge to their communication to a very great extent 80 (25.97%), followed by 71 (23.05%) to a great extent, 66 (21.43%) to a moderate extent, 23 (7.5%) to a slight extent; but to 65 (21.1%) of the parents, it was not a challenge. The majority of the parents reported that anxiety didn't pose any challenge to their communication on sexual topics at all 141 (45.8%), while to the rest of the parents, it was a challenge. 74 (24.03%) to a slight extent, 44 (14.29%) to a moderate extent, 29 (9.42%) to a very great extent, and 15 (4.9%) to a slight extent.

Table30: Extent to which sex-related topics affect parents – adolescents' communication continues

Variable	Frequency	Percentage
Appropriate time to discuss sexual attitudes and behaviours with their children		
Not at all	138	44.81%
To a moderate extent	58	18.83%
To a slight extent	56	18.18%
To a very great extent	43	13.96%
To a great extent	7	2.27%
Lack of knowledge		
Not at all	213	69.16%
To a moderate extent	36	11.69%
To a very great extent	28	9.09%
To a slight extent	19	6.17%
To a great extent	8	2.6%
It may lead to personal disclosure of their own past experience		
Not at all	208	67.53%
To a slight extent	36	11.69%
To a moderate extent	34	11.04%
To a very great extent	12	3.9%
To a great extent	12	3.9%

Table 30: shows that nearly half of the parents interviewed reported that time did not pose any challenge to communication at all 138 (44.8%), though to the rest of the parents, it was. 58 (18.8%) to a moderate extent, 56 (18.2%) to a slight, 43 (13.9%) to a very great extent, and 7 (2.3%) to a great extent. The majority of the parents likewise reported that lake of knowledge was never their challenge at all 213 (69.2%) in communicating sex-related topics, whereas some parents reported that it posed a challenge to

their communication. 36 (11.7%) to a moderate extent, 28 (9.1%) to a moderate extent, 19 (6.2%) to a slight extent, and 8 (2.6%) to a very great extent. The majority of the interviewed parents 208 (67.5%) stated that conversation between them and their children may not lead to personal disclosure of their past; however, the rest of the parents reported that it may lead. 36 (11.7%) to a slight extent, 34 (11.04%) to a moderate extent, 12 (3.9%) to a very great extent, and 12 (3.9%) to a great extent.

Table31: Extent to which sex-related topics affect parents – adolescents communication continues

Variable	Frequency	Percentage
General communication problems, and conversation about specific topics (e.g. Masturbation, safe sex practice)		
Not at all	128	41.56%
To a very great extent	65	21.1%
To a moderate extent	64	20.78%
To a slight extent	25	8.12%
To a great extent	21	6.82%
I am most comfortable communicating with same-sex child		
Not at all	160	51.95%
To a slight extent	51	16.56%
To a moderate extent	42	13.64%
To a very great extent	37	12.01%

To a great extent	14	4.55%
Religious belief		
To a moderate extent	86	27.92%
Not at all	83	26.95%
To a great extent	53	17.21%
To a very great extent	45	14.61%
To a slight extent	38	12.34%

Table 31: shows that nearly an average of parents who were asked about general communication problems about specific topics reported that, communication problem about specific topics wasn't their greatest challenge at all 128 (41.6%); but for the rest it was. 65 (21%) to a very great extent; followed by 64 (20.8%) to a moderate extent, 25 (8.12%) to a slight extent, and 21 (6.8%) to a great extent. Half of the parents 160 (51.95%) reported that they are not comfortable discussing sexual matters with same-sex children. Whereas, other parents reported that they are comfortable discussing sexual issues with same-sex children. 51 (16.56%) to a slight extent, 42 (13.64%) to a moderate extent, 37 (12%) to a very great extent, and lastly 14 (4.6%) to a slight extent. The majority of the parents likewise reported that religion poses the greatest challenge to their communication about sexual matters with their children, 86 (27.9%) to a moderate extent, 53 (26.95%) to a great extent, 45 (14.6%) to a very great extent and lastly 38 (12.34%) to a slight extent. 83 (26.9%) of the parents reported that religion is not their challenge.

Findings: Key informant.

When asked to which extent can parents – adolescents' communication influence the sexual and reproductive behaviors of adolescents in Juba City,

A Chief area of the quarter council in Hai Soura responded, "Any relation concerning puberty of girls is the responsibility of their mothers, she is the one to talk to them". He further stated, "I have witnessed two fathers who said that they know their daughters are now not staying alone, but they might be having boyfriends". He said, one of the parents said, "I have told my daughter to use a condom if his boyfriend asks her for sexual relations". "I did not keep quiet, I told him that I don't agree with him, but instead, she should go to her mother to give her advice". "But If you give your daughter the green light to use condoms, do you think she will be a good child in the future or might she even finish her education? Because some men do not like protection, her boyfriend might force her to have sex without a condom; then she might end up getting pregnant or acquiring some diseases like HIV".

"I have told the son that the puberty period is dangerous, if you don't listen to your father, and it happens that you made a girl pregnant, then you will drop out of school and will not finish your education; that means you will end up doing casual works in future".

"An elderly well well-known woman in Hai mayo responded: Teaching children about sex or the use of

condoms can even lead them to practice sexual activity without fear because they will think they are now protected. Most of the people who use condoms are prostitutes. She added in our cultures, it is forbidden to talk about sex issues with children, it is not easy. Even though our parents did not talk to us about these sex issues who are we to talk to our children? The children will find their ways; they will learn from the schools about these SRH matters".

One of the PTAs – woman Hai Nyakama responded, "In reality, I have never taught my children about sexual issues. What I mostly talk to them is not to move a lot or go to parties; but I have not touched real sex matters".

The Chief area of the quarter council in Hai Soura, when asked which methodologies (procedures, practices) of parent-adolescent communication are directly associated with the various sexual behaviors among adolescents in Juba city. He responded, "For me, I usually call my son to my tailoring place at night and talk to him because I work late hours". An elderly well-known woman in Hai Mayo added "I don't discuss SRH issues with my children"

Youth Leader, Hai Juba Nabari, responded, "If parents start giving sex education to their children at earlier ages, children will become more aware of sex issues than waiting until they start puberty; by then it will be too late". He added, "Most parents dictate, they don't have that courage of putting their children down to discuss these sexual matters with them; so, the only way is to tell them that don't do this and don't do that. The children will not understand anything if you don't tell them the facts about sexual and reproductive health issues".

A chief in Hai Neggly responded, "Parents cannot talk to children about sexual issues because they are still young; once they learn about these things they will want to try as well, maybe when they are grown up then we can talk to them because by that time they can reason well". He added "What I see most parents do is only giving instructions to their children. For me, it is good like that, most children misbehave when you try to be friendly to them, especially in these sexual issues".

A female teacher Hai Buluk responded, "Communicating to children about sexual issues cannot lead them to start sexual activity, but how can you start in the first place to discuss sex issues with them, I find it very difficult. Maybe because our parents do not use to talk to us about SRH issues, that is why we are like that?" she continued "But in reality, we need to start being courageous". She added "What I usually tell

my children is to avoid associating with bad friends and to come home early". She added "We parent only commands our children and we do not think of sitting down with them to discuss these SRH issues with them. Mothers should be the first people to talk to their daughters about puberty (the starting of the menstruation, coming out of the breast, etc.), but we don't do that".

When asked what the socio-demographic factors, Cultural norms & Religious factors affecting Parent-Adolescent communication on SRH issues at the family or community level; the Chief area of the quarter council in Hai Soura reported, "Peer influence: You may try to teach your children not to indulge in sex, but they may not listen to you as a parent because some of their peers might be having smartphones that they got from their boyfriends and they may be forced to do the same".

He further responded "Some of the cultural norms are taken from religious books. During the times of our mothers, one is not allowed to have sexual relations until one is given to one husband because that is considered a sin in religion. So, no religion prevents us from advising our children about that".

One of the PTAs – a woman in Hai Nyakama, responded, "I think it depends on the child, if she/he is a good child that listens to the advice, he/she may not start having sex at an earlier age and by doing that, they will stay healthy". She also added, "You know, because we are brought up like that culturally, we find it very difficult to discuss these sexual issues with our children".

Youth Leader, Hai Juba Nabari said "Parents do not accept that their children are sexually active, they look at them as if they don't know anything about sex because they are still at the adolescent's age; but in reality, they know everything. They learn these sexual issues life from the internet, and some also learn from their peers".

A chief in Hai Neggly responded "In our cultures, we do not communicate with our children about sexual issues, they find this information from their friends and peers; this is how we were brought up".

A female teacher Hai Buluk also responded "Our cultural norm is our challenge, most of us have been socialized in a way that one cannot discuss sex issues with children, it is considered a taboo and because of that, we also follow the same steps of our parents and ancestors".

When asked which of the following sexual behaviors among adolescents living in Juba city can be influenced by parent-adolescent communication,

A Chief area of the quarter council in Hai Soura responded "Once a boy and a girl reach the extent of touching themselves, it will lead to sexual arousal which can lead to sexual activity. If one is not able to abstain, it is advisable to only have one boyfriend that you can stay with".

One of the PTAs – woman Hai Nyakama, responded, "I can talk about abstinence, as I have said before, if the child is a good listening child, he/she will listen and avoid out-of-

marriage sex; but most of these children these days start sexual relation very early".

Youth Leader, Hai Juba Nabari said, "If the child is being exposed to sex education by his/her parents when still young, he/she will be more knowledgeable about SRH issues and will distinguish between what is wrong and good and can make an informed choice. The child can even refrain from practicing sex or if he/she does it will be in a responsible manner".

A chief in Hai Neggly responded, "I don't think these behaviors can be influenced by the communication of the parents to their children, they usually find their own means of getting such information. Abstinence is very rare for the children of these days."

A female teacher Hai Buluk said, "Talking to our children about sexual issues may make them improve their sexual behaviors. Because, when you advise someone, he/she will be able to understand what you are talking about and its benefits and he/she may change depending on how they picked that information from you."

Findings from Focus Discuss with adolescents:

When asked to which extent parents – adolescents' communication influences the sexual and reproductive behaviors of adolescents in Juba City.

"At this adolescent age, my mother told me that when menstruation starts, I should not stay with boys be anything can happen like pregnancy. Now, I don't visit boys at their homes, we just communicate or meet on the roadside" (**the 17-year-old girl from Hai May**).

"At home, parents do not talk to us about sex, we only get the information from our teachers at our schools. SRH issues are supposed to be told to us by our parents but our mothers, but they don't talk to us"-15 years old boy from Hai Mayo "My mother told me that son, you are now growing up you will see changes in your body, but these changes were not well touched. She also told me not to move at night because it is dangerous" (**An 18-year-old from Hai Neggly**).

"Listening to parents like father, mother and elderly sister's advice at home enables children to change their behaviors. Constant advice every day has enabled us to know what is bad and good" (**18-year-old boy from Hai Nyakama**).

"The issue of corona in 2019 has forced most of us then to move freely, but because of continued advice and talks about sexual issues, has changed some of us to be good people. Especially we students and pupils are now able to set our objectives and goals concerning the school" (**a 19-year-old boy from Juba Nabari**).

"My parents have set for us rules and principles at home. They said to me and my other brothers that, if any of us happen to make somebody's daughter pregnant, then that person has to move away from home and establish his own. That has made some of us to fair and become careful to involve in sexual relations with ladies" (**a 16-year-old boy from Hai Malakal**). "Most children even if their parents talk to them, do not listen, an example is myself. When I

started puberty, I became very stubborn until I became pregnant and it has affected my life. I dropped out of school, now I know that what my mother used to tell me was good, I wish I had listened. To be honest with you, she did not talk to me about those changes that happen to children during adolescence age but was just telling me to avoid having relationships with boys and peers especially those who do not respect their parents” **A 17 years old girl from Hai Soura** “My mother told us about sexual issues before puberty started. She used to call us in her own free time and she tells us every including HIV and the dangers of early pregnancy. She also says to us if one messes up his/her life, she/he will not have a good life in the future, instead she will only become a housewife” **(16 years old from Hai Malakal).**

Please tell me some Socio-demographic factors, Cultural norms & Religious factors affecting Parent-Adolescent communication on SRH issues at the family or community level.

“Most parents do not talk to their children about puberty and wet dreams because they think their children will try to practice that in their real lives bearing in mind that their children are still young. But because of that, some of us will end up doing bad things without the notice of our parents”. **(A 19 year old from Hai Neem)**

When asked what you think, can parent-adolescent communication influence the youth to indulge in sex activities at an early age? Promote risky sexual behaviors What about its contribution to healthy sexual behavior of adolescents in Juba city?

“When you are going in the wrong direction, your elderly sister or aunt will advise you, you only pick what is good for you and go with it; it will help you to change your bad behaviors and become a better person. They are not talking to you in bad faith, but they are trying to help you so that you become a good person in the future” **(A 17-year-old girl from Hai Mayo).**

“Our parents do not talk to us about these things” **(5 out of 8 in the age group of 12 -14 years old).**

“For me, I don’t have someone to talk to me, I stay with my grandmother and my uncle’s wife, they don’t give attention or have time to talk to me, but there is an older girl from my neighbor who advises me on SRH issues”. **(A 16-year-old girl from Hai Neem)**

“If you have your boyfriend it is good to go for check-ups so that you know your status, if it is syphilis or HIV or what, you can all start treatment. It is advisable to only have one boyfriend and to go from one person to another”. **(A 17-year-old girl from Hai Mayo)**

When asked which methodologies (procedures, practices) of parent-adolescent communication are directly associated with the various sexual behaviors among adolescents in Juba City?

“My mother used to talk to me in a good way”. **(A 17-year-old girl from Hai Mayo)**

“My mother just talks to me and I listen”. **(A 16-year-old girl from Hai Neggly)**

When asked What are some of the challenges encountered in parent-adolescent communication in influencing sexual and reproductive behavior? “My parents do not have time, maybe they assume that I am already a grown-up person, so I know everything, that’s why they don’t talk to me.” **(18-year-old girl from Hai Buluk).**

“Some of our parents come home late, so they don’t even have time to talk to us about this issue of sexuality”. **(15 years old boy from Hai Soura)**

“Our parents do not dare to talk to us about these sex issues, some of them mostly say don’t do this or that but about puberty, nothing is said. I don’t understand whether it is fear or what”. **(16 years old boy from Hai Nyakama)**

“My parents are older people, so it is not easy for me to discuss sexual issues with them, but I do discuss freely with my friends and peers without any problem”. **(19 years old boy from Hai Malakal)**

When asked which of the following sexual behaviors among adolescents living in Juba city can be influenced by parent-adolescent communication?

“My mother mostly talks to me about having good behaviors and how I should associate with boys and other people on the straights. If you don’t behave well, other people can use force to have sex with you and the consequences of that may be pregnancy when that happens, others can think of doing abortion which is not good and dangerous. So, she advises me to avoid sex because of that”. **(A 17 year old girl from Hai Mayo).**

“You should not think of having sexual relation before marriage, my father used to tell me that. He further says that even the Bible talks about not having sex before marriage” **(A 19 years old boy from Juba Nabari)**

“I am very sure continued advice from parents can change our behaviors because there will be a time whereby you will ask yourself a question, why do my parents usually talk to me about these sex issues? One can internalize and say, let me try to listen be what I have been advised about can help me and that’s why one finds his/ her behaviors are changing slowly by slowly”. **(An 18 years old from Hai Nyakama).**

Findings from focus discussion with parents:

When asked to which extent can parent-adolescent communication influence the sexual and reproductive behaviors of adolescents in Juba city

“To tell you the truth, children of this era do not listen to the advice of their parents, be it sexual advice or what. An example is my son, I tried to make him become a good person but I failed, he goes to parties, drinks alcohol, and does all these bad things”. He added, “When one is involved in all those things that means he is also sexually active. That means the results will be making somebody’s daughter pregnant, but if he listens, he cannot reach up to that extent”. **(A 45-year-old father from Hai Soura)**

“When parents start sex education to their children before they reach puberty it may influence their behaviors, but if you wait until you see changes in their behaviors or see your son standing with girls on the streets or moving with involving with bad groups then do not think your child can change because he has been doing that before you notice”. (A 30-year-old father from Hai Malakal)

“In those days of our parents, education starts from home, followed by schools then from there it goes to the streets, but these days many children get most of their information from the streets first or the Internet. After seeing that your child has done wrong and want to correct it is already too late”. (A 39-year-old father from Hai Nyakama)

“I thought, there should be a workshop about this for parents especially for mothers, because mothers can talk to their daughters but fathers do not talk to their boys about sexual matters”. He added, “Mothers can also be the cause of children getting spoiled because some mothers encourage their daughters to have abortions whenever they are pregnant before marriage. They also encourage their daughters to use family planning (FP) and by the time she is married and thinking of conceiving she is not able because she has been using FP for a long. Natural FP is very important that this model FP of this days”. (A 47-year-old father from Juba Nabari)

“My daughter has not yet started seeing her periods, I think the right time to talk to her is after that so that she can be careful with men in order not to get pregnant”. (A 28-year-old mother from Hai Mayo)

“I don't talk to my children about this thing, I don't know where they get their information from. Maybe from their friends, from school, or where, nobody knows”. (A 40-year-old mother from Hai Malakal)

“When we were still at that age, we used to learn about our bodies mostly from our peers because we move together, sleep together, and do all things together. Our aunts only come to our rescue when they know that we are already in the stage of becoming married”. “In our culture when a girl starts her first menstruation, we celebrate announcing that she is now ready for marriage. Aunts will start now preparing you on how you should be protecting yourself when you are menstruating; even in some cultures you will be isolated until your period stops, but before that, no one pays attention to you”. (A 47-year-old mother from Juba Nabari)

When asked which methodologies (procedures, practices) of parent-adolescent communication are directly associated with the various sexual behaviors among adolescents in Juba city

I witnessed a father who had set rules for his children saying: Rule No. 1: Boys, “if any of you is a cause of pregnancy to someone's daughter, he has to leave my house and start his own. Rule No. 2: Girls, “if any anyone of gets pregnant, I will kill her”. One of his daughters happened to get pregnant, and because of fear, she tried to get an abortion but in the

process, she died. Our attitudes and the way we are brought up culturally sometimes lead us to talk to our children not in a friendly manner to make them understand. (A 34-year-old father from Hai Soura)

“You shouldn't be too friendly to your children because whatever you try to tell them becomes a joke and they will not take it seriously; especially friendly relations with boys”. (A 37-year-old mother from Hai Soura)

“For us, as I told you before, after she sees her period, she will be put down by an elderly aunt at home and then she is given advice which is mainly preparing her for marriage. But now in the city here, some of these norms are fading out, and most children even do not listen to the advice. You” (A 47 years old father from Juba Nabari)

When asked what some of the challenges encountered in parent-adolescent communication in influencing sexual and reproductive behavior

“The truth is that we in South Sudan make mistakes because most of us do not have different rooms for our children due to our economic status, tonight when you as parents have sexual relations they see and that builds their interest in practicing what they show from you. Now when you try to give them advice about sexual behaviors, they can listen to you but do not consider it because they may be saying to themselves what about you what were you doing, we also want to try that”. (A 50 years old father from Hai Juba Nabari)

“The age difference between me and my children is mainly my problem, I sometimes feel the shame of talking to my children about sex”. (A 31-year-old mother from Hai Neem)

“Things are not easy to discuss; how do you even start talking about sex to your children. They will look at you as if you spoil or are not a good mum”. (A 40-year-old mother from Hai Buluk)

“But for me, I think it good to tell your children to be careful about their bodies, so that no one can rape them in the future. Talking about sexuality is not bad, children will learn more and the learning should start from home”. (A 20-year-old mother from Buluk)

When asked what are the sexual behaviours among adolescents living in Juba city can be influenced by parent-adolescent communication.

“It depends on who listens and who does not. A good child may abstain and others even if they receive the information may not. But sex education for children is important”. (A 20-year-old mother from Buluk).

Discussion of key findings.

Influence of socio-demographic factors on parents – adolescents' communication.

Parents play an important role in adolescents' lives by addressing factors that influence communication between parents and adolescents about sexual and reproductive health issues. The study found that although almost half of

the parents 136 (44.16%) did not know whether their children were sexually active and 70 (22.73%) were unsure, almost half of the young people surveyed said that they were sexually active 145 (41.55% and most younger people who were sexually active first entered into a sexual relationship between the ages of 10 and 13 (72%), followed by 14 - 16 years with 45% (31%) and 17-19 years with 28 years (19.18%). According to (Bastien et al., 2011), the results of the study are consistent with the existing literature on parent-child communication about sexuality. The study's discovery that nearly half of parents were unaware of their children's sexual activity is consistent with the authoritarian and one-sided nature of parent-child discussions about sexuality highlighted in the review. This suggests a need for more open and direct communication between parents and adolescents on sexual and reproductive health issues, as highlighted by (Bastien et al., 2011). According to (Ayalew et al., 2014), the study on adolescent-parent communication on sexual and reproductive health issues in Dire Dawa, Eastern Ethiopia found that 44.16% of parents were unaware of their children's sexual activity while 41.55% of parents were not aware of their children's sexual activity. The young people surveyed said they were sexually active. This finding is consistent with the study's conclusion that communication about sexual and reproductive health issues between adolescents and their parents was low. The study also highlighted that cultural taboos, shame, and lack of communication skills are communication barriers. This is consistent with existing literature, such as a study in Atlanta, Georgia, which also found that safe sex negotiation skills were significantly associated with sexual and reproductive health communication (Ayalew et al., 2014). According to (Mekie et al., 2020), the prevalence of parent-adolescent communication on sexual and reproductive health (SRH) issues in Ethiopia is 45.18%. This finding is consistent with the results of the study, which showed that almost half of the parents were unaware of their children's sexual activity, while a significant proportion of the adolescents surveyed were sexually active. The study also highlighted that adolescents' knowledge of reproductive health issues and their belief in the importance of discussing SRH issues are positive predictors of parent-adolescent communication, which could be compared with the existing literature to highlight the importance of evidence-based education in improving communication on SRH issues.

The study revealed that most of the fathers/guardians (43.27% (151)) of the surveyed youth worked either in the government or NGOs, 40.11% (140) were businessmen, 8% (28) were farmers, 3.4% (12) were carpenters/welders and other professions such as lawyer 0.58% (14), teachers 0.29% and mothers/guardians were businessmen 42.7% (149), those working either for the government or NGO were 20.9% (73), farmers were 11.75% (41), carpenters/welders 0.29% and teachers 0.29%, with the majority of young people (62.46%) in families with one Size between 4 and 10

lived. The young people 213 (61%) had no communication with their parents and even of the young people who had communication, the majority said that they had lessons at schools 173 (49.57%). Furthermore, this study found that 124 (40.26%) of the parents had never given sex education to their children, which could be attributed to the study findings that majority of the parents surveyed (115 (37.34%)) stated that This was not the case when communicating with their adolescents, it was not able to reduce the adolescents' sexual activity at all and 125 (40.58%) reported that communication between them and their adolescents' children still cannot delay sexual activity at all. Based on the results of the study by (Perez et al., 2021), it is evident that the demographic characteristics of parents in rural communities in Palawan such as B. their occupation as farmers and their low income, are consistent with the results of the study on adolescent sexual activity and communication with parents. The study's focus on the lack of sex education and communication between parents and adolescents is consistent with the challenges faced by parents in rural communities, as shown in (Perez et al., 2021). This comparison highlights the need for targeted interventions to improve communication and sexuality education in these communities and is consistent with existing literature on the importance of parental communication on adolescent sexual behavior. The results of the study indicate that a significant proportion of parents or guardians of adolescents work in various professions, with the majority working in government, NGOs, or as business professionals (Perez et al., 2021). This could potentially impact the level of communication and sex education provided by parents, as evidenced by the study's discovery that a significant number of parents had not provided sex education to their children and reported limited communication with their adolescents (Perez et al., 2021)). Comparing these results to the existing literature emphasizes the importance of parent-adolescent relationships in shaping young adults' career success, with an emphasis on the role of mothers and fathers in career development (Sun et al., 2020). This comparison highlights the need for further investigation into the influence of parental employment and communication on adolescent development and careers.

The study also found that age-related developmental issues pose a major challenge for the majority of parents surveyed in communicating about SRH issues with their children, 80 (25.97%) to a very high degree and 55 (17.9%) to a moderate degree Extent 29 (9.4%) to a small extent and 25 (8.1%) to a large extent. "Most parents don't talk to their children about puberty and wet dreams because they think that since their children are still young, their children will try to practice this in real life. But because of this, some of us will end up doing bad things without our parents noticing." - A 19-year-old from Hai Neem. This is consistent with other studies conducted previously. According to Motsomi et al. (2016), children's age was identified as the

most common barrier to communicating about sex, as parents have no problem initiating conversations with adolescents, and according to Tuladhar and Shrestha (2021), the quality of communication was significantly related to age and gender of the respondents. On the other hand, the study also found that sexually active young people first entered into a sexual relationship between the ages of 10 – 13 years 72(50%), followed by the age group 14 – 16 years 45(31%) and 17–19 years 28(19.8%) was the smallest age group. This can have implications for adolescents as early sexual activity can have many consequences such as early pregnancy, sexually transmitted diseases, and HIV/AIDS. AIDS, abortion, fistulas, etc. This is in line with another study by Makerere Medical School on early sexual debut. Uganda states that the early age of sexual debut can be associated with complications ranging from increased incidence of multiple sexual partners to unprotected sex, risk of sexually transmitted diseases including HIV/AIDS, unwanted and teenage pregnancies, and unsafe abortions (Durowade et al., 2017). The results of the study by Bikila et al. (2021) point out that a significant number of parents find it difficult to communicate with their children about sexual and reproductive health (SRH) issues, particularly due to age-related developmental issues. This is consistent with previous research by Motsomi et al. (2016) and Tuladhar and Shrestha (2021), who also highlight age as a barrier to parent-adolescent communication about sex. Additionally, the study shows that early sexual activity is common among adolescents, which is consistent with Makerere Medical School Uganda's research on the effects of early sexual debut, including increased risk of sexually transmitted diseases, HIV/AIDS, and teenage pregnancy. These findings highlight the urgent need for effective strategies to facilitate open and timely communication between parents and adolescents on SRH matters, especially given the associated factors identified in the study (Bikila et al., 2021).

The study also found that the majority of adolescents surveyed 108 (30.95%) said they were comfortable communicating with their same-sex parents to a very large extent, followed by 76 (21.8%) to a moderate extent, 64 (18.4%) to a large extent and 26 (7.5%) to a small extent. This is in line with what the respondent said in an informant interview: "Any relationship with the puberty of girls is the responsibility of their mothers", she is the one who talks to them" - according to a chief area of the quarter council in Hai Soura, the results of the (Wainright et al., 2004) study are consistent with the assumption that adolescents' comfort in communicating with same-sex parents does not necessarily depend on the study's, focus on psychosocial adjustment and family relationships supports the assumption that adolescents' comfort level in communicating with same-sex parents does not differ significantly from that of opposite-sex parents. This result can be compared with existing literature to further examine the effects of family

dynamics on adolescents' communication and psychosocial development.

The results of the Cho & Han (2021) study are consistent with adolescents' feelings reported in current research and suggest a preference for communication with same-sex parents, especially mothers. This supports the cultural insights provided by the informant interview and is consistent with the bidirectional nature of mother-adolescent communication highlighted in his work, highlighting the importance of such dynamics in shaping adolescent experiences (Cho & Han, 2021). This comparison with existing literature strengthens understanding of the nuanced role of same-sex parental communication on adolescent well-being.

Influence of cultural factors on parents – adolescents' communication

The majority of parents surveyed indicated that culture was their biggest challenge to their communication, to a very large extent 80 (25.97%), followed by 71 (23.05%) to a large extent and 66 (21.43%) to a moderate extent, 23 (7.5%) to a small extent; but for 65 (21.1%) of the parents it was not a challenge. In the same regard, most of the young people admitted that culture was the main reason 32 (9, 17%) was that caused parents not to communicate about issues of sexual activity "Teaching children about sex or the use of condoms can even lead them to engage in sexual activity without fear because they think that "They are now protected. Most people who use condoms are prostitutes." She added: "In our cultures, it is forbidden to talk about sex topics with children, it is not easy." - An older, well-known woman in Hai Mayo responded. A chief in Hai Neggly responded, "In our cultures, we don't communicate with our children's sexual problems; You can find this information from friends and colleagues. This is how we were raised." These results are consistent with some previously conducted studies. According to Bikila et al. (2021), cultural taboos lead to adolescents not openly discussing SRH issues with their parents. In another study in Gambia, a father participating in a focus group said: "In our culture, it is rare to discuss sexual issues, let alone with your child; discussion between men and women on this topic is not practiced. Everyone is shy about it. These cultures, taboos, and traditions are passed down from generation to generation. We were raised that way and that's why we don't communicate with our children about sexuality," Sagnia et al (2020).

Influence of Religious factors on parents – adolescents' communication

The study also found that the majority of parents reported that religion posed the greatest challenge to communicating about sexual topics with their children: 86 (27.9%) to a moderate extent, 53 (26.95%) to a great extent, 45 (14.6%).

) to a very high degree and finally 38 (12.34%) to a small degree in the same respect, the study concludes among adolescents that belief in religion represents a challenge for communication between parents and their children; the majority of respondents said religion was the cause. 125 (35.8%) to a moderate extent, 72 (20.6%) to a high extent, 36 (10.3%) to a very high extent, and finally 27 (7.74%) to a low extent. "In the times of our mothers, one is not allowed to have sexual relations until one is handed over to one's husband, because it is considered a sin in religion." - A main chief area of Hai Soura in an informant interview. This is consistent with a study conducted in South Africa. One parent mentioned that their religious beliefs guided them in deciding what to discuss with their children. They focused on teaching their daughters the virtues of virginity and teaching them to forget sexual activity until marriage. Therefore, this is the barrier that prevents them from talking to their children about sexual and reproductive health issues, Motsomi et al. (2016).

Conclusions.

There is low communication between adolescents and parents on sexual and reproductive issues despite the finding that nearly half of the adolescents were sexually active. Employment, culture, and religion have significantly shown the influence on communication between adolescents and parents.

Study limitations.

Most of the parents were not at home, hence we had to move to the households twice or three times which was time-consuming and costly. Some of the chief areas of the quarter council took a long to respond, which delayed the data collection process.

Recommendations.

There is a need to increase the provision of information, education, and communication targeting adolescents and their parents to build relations in practicing sexual and reproductive health matters. Parents might not be open to their children regarding sexual matters due to cultural beliefs that talking about sexual matters with adolescents might facilitate sexual initiation and experimentation among adolescents. This belief needs to be tackled by providing evidence-based education for target audiences.

Ministry of Health to design and implement programs aimed at giving reorientation to parents, on how to effectively communicate with their children on SRH issues whilst the children are still in late childhood or early teenage years before they become sexually active.

Ministry of Education should ensure that comprehensive sexuality education and life skills education are taught to students in all primary and secondary schools to complement the little or no information on SRH issues that adolescents may have gotten from their respective parents.

Traditional and local Leaders need to be empowered to influence negative culture on attaining sexual and reproductive health in their communities.

Ministry of Gender, Child and Social Welfare together with the Ministry of Health needs to design and implement programmes that promote communication between parents and adolescents. Non-governmental organizations, CSOs, and UN organizations working with adolescents need to strengthen projects that focus on awareness raising and training both parents and adolescents on the importance of communication on SRH issues among themselves.

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List of abbreviations.

AIDS Acquired Immunodeficiency Syndrome
ASRH Adolescent Sexual and Reproductive Health
COVID – 19 Coronavirus disease of 2019
FGDs Focus group discussion
HIV Human Immunodeficiency Virus
HPV Human papillomavirus
INT. International
PAC Parents Adolescents Communication
PLWHIV People living with HIV
SJPH Scandinavian Journal of Public Health
SRH Sexual and Reproductive Health
STIs Sexually transmitted diseases
UNAIDS Joint United Nations Programme on HIV/AIDS
UNFPA United Nations Population Fund
USA United States of America
WHO World Health Organization

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