Perspectives of parents and adolescents on sexual and reproductive health communication in South Africa: Implications for sexual and reproductive health interventions

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Background

The main route of HIV transmission in South Africa is through heterosexual sex. There have been several interventions that target adolescents in improving their sexual and reproductive health and rights. Most of these initiatives have focused on peer-led education (Kim and Free, 2008), life skills education in schools (Beyers, 2013; Thaver 2012; Rutenberg *et al*., 2001) and the provision of adolescent-friendly services (Lince-Deroche *et al*., 2013; MietAfrica, 2011). In the main, these initiatives tend to attract a lot of controversy. For instance, in South Africa, the life skills programme is the largest and longest intervention. However, on the one hand (Thaver, 2012) notes that teachers have faced opposition from parents, religious and community when implementing the life skills curriculum and on the other hand, suggests that 'studies show that some educators feel uncomfortable when teaching safe sexual behaviour, as the concept can conflict with their beliefs or the beliefs of the community. Therefore, these educators experience a constant dilemma between providing safe sex education and adhering to their own personal or community values' (2012:np). Accordingly, Beyers (2013, p.551) observed that 'in theory the life orientation curriculum should empower youth for their future lives but in practise there is a need to address inconsistent implementation, the content taught, as well as the limited time spent on sexuality education nationwide'. In the same study conducted by Beyers (2013), among teachers and youth, teachers indicated that although they recognised the need for openness with youth about sexuality, they were also not comfortable to address all issues that youth might need regarding health sexuality.

The challenges faced by young people in accessing sexual and reproductive health information and services through the avenues mentioned above have led to the call for new strategies to complement existing ones and to expand on the options available to adolescents. The role of parents in promoting sexual health among young people in South Africa has attracted a lot of attention among several scholars (Salama, 2015; Coetzee *et al*., 2014; Dindili, 2014; Soon *et al.,* 2013; Bogarts *et al*., 2013; Zimmerman, 2011; Lebese, *et al*., 2010; Mtikraka, 2009; Phetla *et al*., 2008; Bhana *et al*., 2004; Allen *et al*., 2001). Increasingly, globally, family members-particularly parents-have been invited to become sexuality educators so as to strengthen and broaden the sources of information available to young people. In a study conducted by Mturi (2013) among young unmarried women in South Africa, the author reported that the teenage pregnancies among the participants were due to lack of information on sexual and reproductive health. The author further states that this could be because the life orientation programme offered in schools may be ineffective. This observation is against the backdrop of a life skills programme that was introduced 15 years ago in schools (Rutenberg *et al*., 2001). As such, it is incumbent to 'find ways to improve parent-daughter communication on sexual matters earlier in life to avoid girls falling pregnant' (Mturi, 2013:p1).

It is against this background that parents and caregivers need to be involved as part of a broader strategy in promoting sexual and reproductive health among young people. The purpose of this paper is to describe parent-child communication on sexual and reproductive health in two rural communities in KwaZulu-Natal, South Africa.

Methodology

The study was undertaken in eThekwini metro in the province of KwaZulu-Natal (KZN). Two sites were identified for the fieldwork. Both sites are located south west of Durban. The two areas are predominantly rural areas.

Data Collection

A qualitative approach was adopted to get a better understanding of parent-child communication in South Africa. More specifically, the study sought to understand the socio-cultural context in which parent-child communication takes place.

In total, six focus group discussions were conducted: four with adolescents and two with their parents or caregivers. All interviews were semi-structured. Interviews were conducted by the first author. A note-taker was also hired for all the interviews. All processes were audiotaped and field notes were taken. Participants were recruited using purposive sampling techniques using the assistance of a community member and a teacher. Adolescents were divided into boys and girls aged 10–14 and 18–19 years old. The parents and caregivers of the 10–14 year olds were recruited and interviewed first in order to gain consent for their children to participate in the study. Parents were informed about the study and were requested to sign consent forms for themselves and their children aged 10–14 years old. The 10–14 year olds were requested to give written assent.

Analysis

Four research assistants transcribed the interviews verbatim in *isiZulu*. Transcripts were translated into English by the researcher and two research assistants. Transcripts that were not translated by the first author were checked and verified. Thematic analysis was used for the analysis (Braun and Clarke, 2006). The choice of this method was largely due its flexibility, as it allows for theoretical freedom yet providing rich and detailed data (2006:p.78). Coding was done deductively (based on themes identified prior to data collection) and inductively (emerging from the data).

Findings

Adolescents' perceptions on parent-child communication about sexual and reproductive health

Younger adolescents (10-14)

Generally adolescents felt that their parents were not giving them the correct information and that there was a tendency to hide some of the information. The adolescents felt that it did not help them in learning more about sexual and reproductive health issues. This is illustrated in the narratives below:

"My mother told me that a baby comes from an aeroplane while at school they told us that a baby is conceived by two people, (a boy and a girl) who are having sex" (P1, Girl 10–14).

"My mother told me that a boy reaches a stage where he dreams about sleeping with a girl but don't know what happens then" (P6, Boy 10–14)

Despite the inadequate information provided by parents, adolescents were able to identify other sources of information such as school, teachers, radio and TV programmes. While some of the girls appreciated the information they received from school and how it validated the questions they had, they were reluctant to follow up on information that they had received at school as they feared being reprimanded by their parents. This is reflected in the excerpts below:

"She will scold at me" (P5, Boy 10–14)

"They will beat us. …They even ask why you kept that information in your mind because you are still a child". (P2, Boy 10–14)

Older adolescents (18-19)

Views were also ascertained from older adolescents. For both sexes it is clear that the information received was about puberty, HIV and the likely events that might take place. For example, some daughters mentioned that prior to menstruation their mothers sat them down and told them that once they start menstruating they should inform them. Accordingly, when the girls began to menstruate this created an opportunity for their mothers to tell them about menstruation and boys. In most instances girls were discouraged to socialise with boys particularly the first time they experienced the menstrual cycle. There was a common myth perpetuated by the girls' parents that talking to boys during the first menstruation would result in the girl being promiscuous.

For example, one of the girls mentioned that her mother told her that she should not talk to boys whilst on her period as she would then like them *(uzodlula*).

Among boys the conversations differed with both mothers and fathers emphasising on using protection.

"He told me that if you are a boy you must always watch out because I do not stay with her and I do not know what she is doing there so this means that when I will have sex with her, I must use a protection because I can be infected". (P4, Boy 18–19)

In essence, the common trigger for having discussion with the adolescent girls was mainly the anticipation of the beginning of menarche or the commencement of menarche. For the majority of the girls, the conversation revolved around staying away from the boys and not befriending them lest they become loose. The concept of *'uzodlula'* was mentioned mainly by the older girls whilst the young girls referred to a girl *'ewuvanzi'.* The former refers to being fast and the latter means being loose. Both show that culturally there was this perception that talking to boys especially at the first age of menarche was considered to be a curse.

<u>Parents' perceptions on parent-child communication about sex</u>

Parents were asked if they talk to their children about sexual issues. Some parents indicated that they taught their children about sexual issues. For others it was difficult to have such discussions but the advent of HIV and information on television and radio has reduced the shame and embarrassment associated with talking about sexuality issues. However, for the majority of parents discussions centred around HIV as illustrated below:

"Me, I have always been afraid to talk with my children about sexual issues but now with the TV thing and the nonsense, now I know that it is important that I talk with my children about things like HIV. I did not know" (P11, Mother of boy, 10–14)

"I was scared of talking to my children about sex, but because of these radios and TVs, I can talk freely about sexual issues" (P5, Mother of boy, 10–14)

"I see that the situation out there is not good for our children. I emphasize on having one partner. You'll never know where you got this disease". (P6, Mother of boy, 18–19)

Among the parents of younger girls, the nature of discussions on sexuality issues tends to be out of fear rather than from a loving and developmental view. Some examples of the scare tactics used include:

"*I'll tell her if someone touches that* (referring to female genital organs), *I would kill her. I scare them so no one would touch her" (P5, Mother of Girl, 10–14)*

"I make her to be afraid so that there should not be anyone touching in here (referring to private parts)" (Mother of girl 10-14)

Discussion

The study examined parent-child communication on sexual and reproductive health in two rural communities in KwaZulu-Natal South Africa. The study allowed for discussions between young adolescents (10–14 years) and their parents/caregivers and older adolescents (18–19 years) and their parents/caregivers. The findings from this study show that parents provide conflicting messages and at times are not forthcoming with information. In addition, adolescents felt that the conversations were usually threatening or raising fear in the child. It is for this reason that some of the participants felt that even though they would like parents to give them information, school was the preferred source since they were given the correct information. Among parents, there was a huge understanding of the present day challenges that young people were facing. As such have embraced and learnt the need to provide information to their children. Notwithstanding, there is still an opportunity to equip parents to talk more freely and honestly about sexual issues.

Conclusion

There is no doubt that there is a need to equip parents with the skills to provide sexuality education to their children. Additionally, school teachers' play a critical role as a source of information given the focus on school based sexual and reproductive health programmes in South Africa and elsewhere. The reliance on different sources of information points to the need to address sexual and reproductive health matters collectively and across multiple sectors. Thus interventions targeting young people should create opportunities for parents to work closely with other structures in society such schools, churches and the community and providing sexuality education for adolescents.

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