The Influence of Parent-Adolescent Communication on Adolescent Sexual Behaviour in the Case of HIV/AIDS

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Abstract
In Kenya, pregnancy, unsafe abortion and the high prevalence of sexually transmitted diseases especially HIV/AIDS are some of the major reproductive problems facing adolescents. This paper examines the influence of parent- adolescent general communication and parent–adolescent communication of sex- related matters on adolescent sexual behaviour. Emphasis is placed on HIV/AIDS. Data from Sameta division, Gucha District, Kenya was collected using an interview schedule. 186 adolescents, 175 mothers and 143 fathers were interviewed. The respondents were identified through a multi-stage sampling technique. The quantitative data was analyzed using descriptive and analytical techniques while qualitative data was transcribed and analyzed manually. Chi square and spearman *r* correlation coefficient were computed to test the relationship between variables. The data reveals that many adolescents are sexually active and became sexually active at an early age. Although awareness about sexually transmitted infections (STI) and HIV is high, the study found that behaviour does not match this knowledge. Parent-adolescent general communication is a key factor determining adolescent sexual behaviour.

Key words: Parent-Adolescent Communication, Sexual behaviour, Gusii, Kenya
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Introduction

In most developing countries adolescents form an important demographic group. However, they have not traditionally been considered as a health priority compared to older and other groups until the advent of HIV/AIDS (UNPF 1999). Nonetheless, in some areas such as sexual health, adolescents suffer disproportionately. The consequences of poor health at this stage also stretch into the future. In addition, health related behaviours such as sexual behaviour and help seeking behaviour developed during adolescence often endure into later life.

During adolescent period, a large proportion of adolescents are at risk from the negative consequences associated with early and unsafe sexual activity. Pregnancy and child birth at this age is common and constitute the main cause of death in 15-19 year old girls worldwide mostly through unsafe abortion or other pregnancy related complications (WHO 1998). Further, sexually transmitted infections pose a serious threat to adolescents' health, as is powerfully illustrated in the case of HIV/AIDS. According to UNAIDS (1999) and Aggleton (1995) more than 7,000 adolescents are infected with HIV each day, accounting for at least half of all new infections. These facts

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indeed represent serious and wide-ranging issues regarding adolescent behaviour.

Further, many adolescents engage in behaviours that are considered risky or unsafe thus exposing themselves to HIV/AIDS. Of particular concern is the fact that only small proportions, that is, approximately 10-20% of sexually active adolescents consistently use condoms (DiClemente *et al* 1992, Kann *et al.* 1996). Adolescents tend to engage in short sexual relationships that are serially monogamous and that increase their exposure to multiple sexual partners and, subsequently, increase their risk of contracting HIV infection (Overby and Kegeles 1994).

Concern about HIV/AIDS infection as well as sexually transmitted diseases among adolescents, has sparked a surge of research in the psychosocial context of sexual initiation and sex risk taking behaviour (Bleuetstin *et al.* 1994, Gardner and Wilcox 1993, Nyamongo 1995 and Maggwa and Ojwang 1991). However, most of these studies have negated the family, which consistently plays an important role in the sexual socialisation of adolescents (Luster and Small 1994). The exclusion of the family in understanding adolescent sexual behaviour is contrary to the social learning theory, which places a lot of importance on the family in adolescent learning, performing and subsequent changing behaviour (Bandura 1977).

In Kenya, HIV/AIDS is one of the leading medical problems with serious socio-economic implications. According to Ministry of Health (MOH 1998), over two million people mostly adolescents are infected and many more affected by this scourge. In the absence of a cure for HIV/AIDS, very limited options exist for treatment. Therefore health education to induce behaviour change remains the only hope of reducing the prevalence.

Given the significant number of young people who are affected by the HIV/AIDS epidemic, it is crucial that work is undertaken to ensure that they are able to protect themselves. This involves providing them with access to information and resources, as well as promoting a climate which is understanding of young people and their sexual and reproductive health needs which can aid in HIV/ AIDS prevention. To attain this, most HIV/AIDS prevention programmes in Kenya contain two aspects: information supply and promotion of "safer sex" practices.

The information–giving model focuses on the cognitive abilities of the individual to process information on the risks of unprotected sex with the assumption that the individual ultimately behave "rationally" through choosing to adopt safer sex (Cohen 1991). Information is assumed to empower people to arrive at health relevant decisions which take into account *inter alia* the perceived severity of the condition, the level of risk, the cost and benefits of alternative behaviour (Ingham *et al.* 1992, Hart *et al.* 1992). The information– supply model is also based on the theory of reasoned action or planned behaviour (Ingham *et al.* 1992).

Although extensive health education is reported in Kenya based on information- supply model, no significant change on sexual behaviour and related lifestyles especially among the adolescents has been evidenced. This drawback to progressive HIV/AIDS health education, however, has been attributed to economic and cultural reasons including poverty, high illiteracy rates and lack of openness in discussing sex related issues (Heisie 1988). These factors do not consider the family as an important factor in influencing adolescent health seeking behaviour as well as sexual behaviour.

Studies by Hogan and Kitagawa (1985) and Ward and Kimberly (2002) demonstrated that adolescent social context especially the family structure and processes have significant influence on adolescent learning, intelligence and behaviour in adulthood. However, in the implementation of intervention programmes on

adolescent sexual behaviour, the family is not considered as an important factor (Miller 1998).

Dealing with adolescent sexual behaviour therefore, requires a thorough understanding of the influence of the social context, especially the family which plays an important role in their sexual socialisation. Due to this, the study examined how the family processes, namely; parental-adolescent general communication and parental-adolescent sex communication influence adolescent sexual behaviour in Sameta Division, Gucha district- Kenya.

Methodology

Respondents for this study were 186 adolescents and their parents (175 mothers and 143 fathers) residing in Sameta Division, Gucha District. To participate, adolescents had to be between 13–20 years and must have been residing with the parent(s) for at least five years by the time of the study.

Selection of sample: Respondents for this study were selected from all the three administrative areas—Bassi Chache, Mokwerero and Boitangare—of Sameta Division (Republic of Kenya 2002). In determining the sample size in each location, proportionate random sampling was used. This study had a predetermined sample size of 200 households. According to the Central Bureau of Statistics (CBS 2000 as cited in Masese 2002), there are 7992 households in Sameta Division with Bassi Chache having 4,104, Bointangare 2,008 and Mokwerero 1880 households respectively. Therefore to get the sample size required in each location, the total number of households in each location was taken and a sample proportionate to size selected. The rationale of using this method in the selection of households was to ensure that households were chosen proportionately according to the total number of households in each location thus eliminating the bias of concentrating too much in one location.

In selecting households for interview in each location, systematic random sampling was used. The systematic random sampling was chosen so that every household in the study population had a calculable and non-zero probability of being selected. The sampling frame was the 1999 population census location head of household registers. These registers were used, as they were the most current, accurate and reliable records available in each location. The names of household heads in each location were arranged randomly and were not recorded with this study in mind making the sampling frame unbiased.

In order to obtain the sampling interval in each location, the total number of households in each location was divided by the size of the required sample in each location. The resultant figures were the intervals, which were used to determine the point at which to begin the selection of the first respondent and the next respondent. This went on for each location. Identification of selected households for each location was done with the help of clan elders. In selecting respondents, the study maintained gender balance by giving equal opportunity for interview to both female and male. However, due to unforeseen circumstances such as the absence of household members of the target households during the time of research and results of oral screening interview (done on the target household) to determine if the parent and the adolescent were eligible, a total of 186 adolescents, 175 mothers and 143 fathers were interviewed for this study.

Method of data collection: Data for this study was collected using an interview schedule. The interview schedule contained both open-ended and close-ended questions which allowed appropriate flexibility of the respondent as well as restrict them to relevant issues. Questions related to adolescent sexual behav-

iour were mostly open ended and the consistence of the responses of the interviewees was ensured through cross checking questions. Supplementary questions were asked where further probing was needed and recorded in a field notebook. Close-ended questions were asked to elicit quantitative data.

In formulating the questions for the interview, a number of factors were taken into consideration. This was in keeping with Bailey's (1982) caution that sensitive issues like sex are mostly prone to "social undesirability bias" (situation whereby respondents answer sensitive or taboo questions in a way that is consistent with norms even though they are false answers for fear of disapproval and social undesirability) and respondents may feel threatened to answer questions truthfully. In order to minimize the provision of normative answers, the researcher made use of "inter-locking questions" that is a question was posed repeatedly in different forms in order to enable the respondent to understand it. Further, the researcher made use of long open-ended questions when seeking information on threatening or socially undesirable behaviour.

During data collection, interviews were conducted separately for adolescents and each parent at their home. In order to reduce adolescents concern about disclosure of information to either of the parent, interviews for adolescents were conducted after the parents' interview. Further, given the community where this study was done is a patriarchal community, fathers as heads of the households were interviewed first as a sign of recognition and respect to their authority in their household. Also this gave mothers confidence to interact with the researcher freely during the time of interview.

Data analysis: This study utilized the statistical package for social sciences (SPSS) in the organization and analysis of quantitative data from closed-ended questions. This data was presented in form of frequency and percentage tables. The qualitative data from open-ended questions and further probing was classified into various themes on the basis of their central focus for the purpose of presentation and analysis. Inferential statistical techniques such as Chi-square and Spearman *r* bivariate correlation was used to test the associations that exist between various variables.

In this study the data gathered from the field was integrated with available secondary data for the purpose of interpretation, which involved the search for broad meaning to answers given and making inferences.

Results

Adolescent sexual behaviour

Sexual relations and age at first sexual relations: A total of 115 respondents (61.8%) had engaged in sexual relations with a person of opposite sex, whereas 38.2% had not. Out of those with sexual experience 27.4% had their sexual relations before the age of 12 years, 23.7% at the age between 13-15 years, 10.8% at age 16-18 years and 0.5% at age 19. These findings show that most adolescents become sexually active at a young age.

Close or best friend had sexual relation: Out of the 186 respondents studied, 73.2% said their close and best friend had engaged in sexual relations with a person of opposite sex. Only 26.9% had friends who had not engaged in sexual relations. This shows that peer pressure may be a major contributing factor to adolescent sexual activities. According Njau (1993), peer pressure encourages adolescents to have sexual intercourse. Adolescents may also get involved in sexual activity due to lack of parental guidance, counselling and supervision which encourages them to seek it from their peers (Njau 1993).

Peers are among the socializing agents whom adolescents turn to for information on

sex because of insufficient structured forum for educating them (Akong'a 1988). According to Akong'a, such peers have inadequate information on sexuality, which make them to misinform one another. They give contradicting information to one another and since most of them associate sex with fun, they are easily able to influence others to experiment.

Number of sex partners: The research found that most respondents (47.8%) had at least 1-2 sex partners, 12.4% had 3-4 sex partners and 6.5% had more than 5 sex partners at the time of research. However, data from further probing revealed that most adolescents tended to engage in short sexual relationships that were serially monogamous. This means that most adolescents normally engaged in sexual relations with multiple sex partners at different times.

Frequency of sex with partner: The study found that 45.2% of the respondents indicated that they had sex sometimes, 8.6% quite often, and 7.5% rarely. These findings show that many adolescents engage in sexual activities which may be risky. The fact that 8.6 % indicated that they had sex quite often with their partners and 45.2 % sometimes, shows that premarital sex among adolescents is neither accepted nor approved by society.

Use of contraceptives during sex: Regarding the use of contraceptives, the study found out that a small proportion of sexually active adolescents, that is, 14.5% consistently used contraceptives like condoms. Some of the reasons the study found why there was low contraceptives use were: lack of knowledge about the effectiveness of contraceptives in preventing sexually transmitted infections like HIV/AIDS and negative attitudes about using of contraceptives. For example many adolescents indicated that they would feel suspicious about their partner if the partner suggested using a condom, while others would either worry that their partner is suspicious of them or feel insulted.

Parents–adolescent general communication and adolescent sexual behaviour

Communication is an essential component of family life education programming, such as promoting effective communication between parents and their children. Because adolescents are at a great risk of negative sexual outcomes, such as unintended pregnancy and sexually transmitted diseases, communication between parents and adolescents is critical in healthy development.

In this study 17.1% mothers had very good general communication with their adolescents, 18.9% had good general communication and 64.0% had no good general communication. On the other hand, 18.9% of the fathers indicated that they had very good general communication with their adolescents, 26.6% had good general communication and 54.5% did not have good general communication.

To determine this relationship, fathers' general communication was related with adolescent sexual behaviour (that is, age at first sexual activity, number of sexual partners, involvement in sexual activity and frequency of sexual relations). The Chi-square analysis findings indicated that there was a significant association between fathers' general communication and adolescent involvement in sexual relations, age at first sexual relation, number of sex partners and frequency of sexual relations as shown in Table 1. Further, the Spearman bivariate correlation analysis indicated a strong positive association between fathers' general communication and adolescent involvement in sexual relations ($r=.242^{**}$; $p< .01$) and number of sex partners ($r=.284^{**}$; $p< 01$). However, there is not a strong association between fathers' general communication and adolescent age at first sexual relations ($r=.197^{*}$; $p< 05$) and frequency of sexual relations($r = .197^{*}$; $p<.05$).

Table 1: Relationship between fathers' general communication and adolescent sexual behaviour

	r	χ^2	df	Sign.
Independent Variables				
Fathers' general communication				
Dependent Variable				
Had sexual relations	.242**	11.480	2	.000
Age at first sexual relation	.197*	17.932	8	.022
Number of sex partners	.284**	34.891	8	.000
Frequency of sexual relations	.197*	23.721	8	.003

N=143, p*<0.05, p**<0.01

Table 2: Relationship between mothers' general communication and adolescent sexual behaviour

	r	χ^2	df	Sign.
Independent Variables				
Mothers' general communication.				
Dependent Variable				
Had sexual relation.	.264**	10.604	2	.005
Age at first sexual relation	.264**	16.571	8	.035
Number of sex partners	.282**	29.873	8	.000
Frequency of sexual relations	.214**	28.123	8	.000

N=175 p*<0.05, p**<0.01

On the other hand, this study found that there was a significant association between mothers' general communication and adolescent involvement in sexual relations, age at first sexual relations, number of sex partners and frequency of sexual relations, as indicated Chi square findings and Spearman bivariate correlation analysis as shown in Table 2.

Findings from this study indicate that when fathers and mothers have at least good general communication with adolescents they influence their sexual behaviour positively. This can be attributed to the fact when adolescents have a perception that their parents are more attentive and supportive; they tend to have confidence and every impulse to deal with the external world and may fend for themselves psychologically. Such adolescents may not be at greater risk of internalized problems. This is because adolescents from authoritarian homes or where there is no good communication, lack social competence with their peers, withdraw and do not take social initiative. As a result of this authoritarian complex parenting, it psychologically discourages adolescents' independence and individuality, thereby inhibiting the development of either psychological or social competence. This makes adolescents from authoritarian homes to be more vulnerable to external pressures like indulging in sex or other anti-social behaviours.

Also where parents have at least good general communication with adolescents, it becomes easy to advise them more freely on their

sexuality. This is because adolescents may feel more free and confident to share their fears and feelings on their sexuality. This way parents can easily counsel them on their sexuality.

Parent-adolescent sexual communication and adolescent sexual behaviour

Most parents reported less parent-adolescent sexual communication as shown in Table 3. This was found to be due to family cultural beliefs, values and norms governing sexuality and religious norms. For example, those families with conservative religious views or strong beliefs that any type of premarital sexual behaviour is immoral may be uncomfortable and less likely to encourage sexual communication. Other factors include parental beliefs that talking with adolescents on issues of sexuality will sharpen their mind on sexuality and encourage them to indulge in sex. To such parents, it is better to keep adolescents ignorant of sexual issues until they are adults.

Results of the Spearman bivariate correlations indicated a weak association between mother–adolescent sex communication and adolescent age at first sexual relations ($r=.168^*$; $p< 05$). However, the study found no relationship between mothers–adolescent sex communication and adolescent frequency of sexual relations, number of sex partners and involvement in sexual relations. This finding indicates that mothers' sex communication is not so important in postponing sexual activities in adolescents. Although the mothers' role is central to sexual socialization through the link of common female sexuality, there is need for research which specifically focuses on mother – daughter relationship in this context.

As noted by Fox and Inazau (1980) the strain especially between mothers and daughters may be a plausible explanation to why mothers' sexual communication may not have much significance on adolescent sexual behaviour. The source of strain especially between mothers and daughters derive from daughters wanting information and guidance but not at the price of revealing their attempt or lack of knowledge about sex explorations. On the other hand, mothers want to ensure that their daughters are informed about sexual matters, yet do not want to inform them since they feel as if they are encouraging them to practice sex by informing them. Sexual guidance, despite these difficulties, is critical in providing responsive sexual norms.

The role of fathers in sexual socialization of their adolescents has not been systematically investigated and seems to have been overlooked. Yet fathers have been found to be involved in the direct transmission of sex information to their children (Nicholas *et al.* 1994). Fathers' critical role, albeit indirect influence on their children's sexual attitudes, self concept and gender role behaviour has been well documented (Bennet 1984). For example the significance of young women having good rapport with their fathers and having the

Table 3: Parental adolescent sexual communication

Sexual Communication	Freq. (fathers)	% (fathers)	Freq. (mothers)	% (mothers)
Good communication	16	11.2	27	15.4
Inadequate communication	127	88.8	148	84.6
Total	143	100.0	175	100.0

opportunity to discuss sexual topics, is worthy to note and should encourage mothers to include fathers when daughters broach the topic of sexuality with their mothers.

In this study, results from the Spearman bivariate correlations indicate a weak association between fathers–adolescent sex communication and adolescent age at first sexual relation (r=.184*; p< 05) and involvement in sexual relations (r=.205*; p< 05). This means that fathers' communication with adolescents on sex matters is important in postponing adolescent sexual intercourse and engagement in sexual relations.

In this study the imbalance in parental communication in sexual socialization has been attributed to the perception that child rearing activities, sexual decision making and sexual instructions are the responsibility of mothers. The family environment for sexual learning could be greatly enhanced by both paternal involvements. As noted by Hepburn (1981), though fathers may be minimally involved in direct sexual socialization, it is possible that fathers in two- parent families exert a conscious and significant influence on their daughters' developing sexual attitudes and values.

Conclusion

This study shows that good general communication between parents (mothers and fathers) and adolescents was associated with positive adolescent sexual behaviour. Positive general communication may foster identification with parental values and may reduce the probability of engaging in sexual activities. This means that higher levels of general communication are more strongly and consistently related to lower levels of risky adolescent sexual behaviour. One of the explanations for this is that general communication serves as a proxy for the overall quality of the parent-adolescent relationships, which consistently has emerged as a powerful predictor of adolescent behaviour. Therefore, the effect of parents on their children's sexual activities is through the transmission of attitudes and values. Thus, the quality of parent-child interaction may be important in conveying parents' sexual standards to their children. From this perspective, it is the overall quality of the relationship between the parents and adolescents which is an important predictor of adolescent sexual behaviour.

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